State of Kuwait
Series of Publications of
Islamic Organization For Medical Sciences
Islam and Recent Medical Problems

Health Policy, Ethics and Human Values, Islamic Perspective

Rabi II 14-15, 1409
November 24-25, 1988

Supervised by

Dr. Abd El-Rahman Abdulla Al-Awadi
President of
IOMS

Edited by

Dr. Ahmed Rajai El-Gindy
Secretary General Assistant
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The seminar on Health policy, Ethics, Human value - Islamic perspectives was held Jointly by :
Ministry of Public Health, Egypt,
Islamic Organization for Medical Sceinces
and
Council fo International Organizations of Medical Sciences

بسم الله الرحمن الرحيم

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In the name of Allah most gracious and most compassionate

FOREWORD

By: *Dr. Abdulrahman Abdulla al-Awadi*

Thanks be to Allah, Lord of all being, and His peace and blessings be upon Mohammed, his family and companions.

Medical sciences have made tremendous advances over the last fifty years. Most of these achievements have now found their way into practical application. Dreams have, indeed, come true. All over the world, lives have been saved and the pain suffered by millions has been alleviated, while countless sick people have been cured of ailments and diseases hitherto thought to be incurable.

However, no sooner have these achievements been realised than they came face to face with ethical and moral considerations. Unethical medical practices have since come to light in many parts of the world.

Alarmingly, man's cruelty to his fellow humans has been widely witnessed. The strong are exploiting the weak, the have's find no scruples in encroaching on the have not's, and in using them to further their own prosperity and material enjoyment and wellbeing. Some have even given themselves the right to violate other people's bodies and use them as repositories of human 'spare-parts'.

Faced with such flagrant infringements and wrong practices, those with caring hearts and honest consciences have taken it upon themselves to make passionate and concerted calls for such unethical practices to be stopped. Groups and organisations have been set up for this very purpose, meetings have been convened, resolutions passed, and recommendations made with the purpose of eliminating such behaviour and establishing the right terms and proper principles for dealing with it.

One of the bodies that have emerged was the International Federation of Medical Organisations (IFMO), which is an affiliate of the World Health Organisation, the foremost international body concerned with health affairs.

These organisations are motivated by human considerations, based on respect for human rights. Of course they are not infallible, which may explain the views and demands, expressed in some gatherings and conferences, which are totally irreconcilable with religious principles and teachings, but whose advocates could find various cultural justifications for them.

The Islamic Organisation for Medical Sciences (IOMS) is distinguished from other organisations by its unique approach to its work. It derives its codes and views from the teachings of the religion of Islam as contained in the Quran, the teachings and example of the Prophet Mohammed, and the rich legacy of his successors and Islamic scholars throughout the ages. The IOMS's most over-riding objective has always been to determine how far medical codes and practices are acceptable, or otherwise, from an Islamic point of view.

With that in mind, the IOMS, in collaboration with IFMO, convened a symposium with a programme based on the following premises:

1. That Cairo should be its venue, being the city of al-Azhar, the internationally acclaimed seat of Islamic culture and learning.
2. To extend an invitation to the most representative group of scholars from various Muslim countries, thereby affirming the fact that differences of geography do not necessarily imply differences of Islamic views, since the sources of reference are one and the same.
3. To demonstrate how Islam is capable of incorporating and assimilating modern innovations of all types, since it addresses fundamental issues aimed at achieving happiness and prosperity for all men as God's representatives on earth. What Islam approves is universally wholesome and good, and what it rejects is likewise bad and evil.
4. To facilitate the exchange of cross-cultural views and ideas between Muslim scholars and IFMO members, and to remove all misunderstandings or misconceptions about Islam and Muslims.
5. Finally, to introduce Islamic views to people from other cultures, establish direct dialogue, and provide the opportunity for learning about Islam from its own followers and advocates.

These were our aims, and we sincerely hope that we have succeeded in achieving them. Personally, I believe that, by all accounts, the experience has been a resounding success.

Let us pray to God that we will be able to organise more such events and discuss various other subjects.

In the name of Allah most gracious and most compassionate

EDITOR'S ADDRESS

Dr. Ahmed Rajai El-Gindy

Thanks be to Allah, Lord of all being, and His peace and blessings be upon Mohammed, his family and companions.

After much adversity and uncertainty, we are grateful to be able to present to you the proceedings of the important symposium organised by the Islamic Organisation of Medical Sciences in collaboration with the Council of International Organisations of Medical Sciences and the Egyptian Ministry of Health, and held on 14-15 Rabi'e al-Awwal 1409 AH, 24-25 November 1988.

As you know, these proceedings were scheduled for publication in late September 1990. They had been edited, revised, type-set, and were ready to go into print when the Iraqi invasion of Kuwait took place. As a result of that brutal event, some of the material was lost.

However, as soon as circumstances permitted we set out to collect all we could of the papers and documents relating to the symposium, and ever since, no effort has been spared in bringing it out in the best possible form.

The first symposium was held jointly with the Council of International Organisations of Medical Sciences, a body affiliated to the World Health Organisation, under the title: **"Health policy, ethics, and human values, from an Islamic perspective."** Such a perspective is a consequence of the fact that Islam has always assigned great importance to the ethics and codes of conduct of the medical professions.

The Council had already convened meetings in Greece and Holland to discuss the ethical and moral pitfalls which had always plagued medical practice as a result of the dichotomy between science and philosophy. In

those meetings, the effect of those pitfalls on scientific study and research, was discussed. Also subjected to study and debate were the effects of modern technological advances, especially in fields such as genetic engineering, which have overwhelmed scientists and greatly influenced their relentless efforts to apply them, with positive as well as negative consequences, to human beings, regardless of moral and religious considerations.

Some of those discussions had been marked by a general trend not wholly conducive to meeting our expectations of putting matters right. Common sense and spiritual values had been completely submerged. For, we can see no future for mankind without heavenly religious guidance; no future for religion without faith; and no future for mankind without heavenly religious guidance; no future for religion without faith; and no future for useful knowledge without a strong faith in God that will bring study, research, and implementation under the rigours of a vigilant and vigorous conscience.

For these reasons, the Islamic Organisation for Medical sciences, jointly with the Supreme Council of Medical Sciences Organisations, convened a conference to discuss Islam's contribution to the preservation of moral and ethical values, and the role it can play today in stemming the growing moral and ethical degeneration in the world.

Among its aims was the introduction of the essential and desperately-needed spiritual dimension of Islam which would help those in leadership and responsible positions to take the right decisions and adopt appropriate policies.

In choosing the participants the aim was to assemble together a balanced team of philosophers, thinkers, scientists and practitioners of Islamic Sharee'ah, law, sociology, and medicine. The aim was to highlight various aspects of the Islamic outlook on man; how it caters for his needs at all states of development, in sickness and in health. The conference looked into how Islam identified and established the basic rights of man, in life as well as after death, and how it had assigned him such a superior position in the world, so as to enable him to harness all the energies and resources of the physical world, and ensure the happiness and welfare of all mankind, in this life and in the life to come.

The conference objectives also included the following:

1. To identify areas of ethics relating to health policy and spiritual and human values, as seen from an Islamic perspective.

2. To focus, in particular, on areas relating to issues of public health in the year 2000. These included, in the face of world-wide shortages, the fair distribution of health supplies and equipment to meet the requirements of those who in most urgent need for them.
3. To encourage all countries to seek and discover these values within their own societies and cultures.
4. To encourage the Council of International Organisations for Health Sciences to promote dialogue among scientists from varying religious backgrounds. The world has never been in more dire need of religious guidance. Discussion among Muslim scholars and scientists would be a fitting start, enabling them to see and be reassured of Islam's respect for, and protection of, man's dignity, as God's representative on earth , and to affirm that Islam places no obstacles whatsoever in the way of scientific progress.

The aims and objectives of the conference could not be more beautifully and concisely expressed than by the following Quranic worlds:

> ***"Say: 'Come, I will tell you what your Lord has prescribed for you, Do not take other gods besides Him; show kindness to parents; do not kill your children because of poverty, We provide for you and for them; do not indulge in foul acts, public or private; do not take any human soul, made sacrosanct by God, except with lawful justification. This is what God urges upon you, that you may understand."*** (Al-An'am: 151)

We are, therefore, pleased to present to you the proceedings of the symposium, confident that you will give them your best consideration. We look forward to receiving any comments or contribution you may wish to make, or any views you wish to express, with respect to these proceedings.

May God guide us all to what pleases Him most, and may God's peace and mercy be upon you.

PROGRAMME

PROGRAMME OF THE SEMINAR ON HEALTH POLICY - ETHICS - HUMAN VALUES ISLAMIC PERSPECTIVES

24-25 November, 1988

FIRST DAY: THURSDAY, NOVEMBER 24, 1988

MAIN ROOM

OPENING CEREMONY: (09.00-10.00)

— Recitation from Holy Quran
— Inaugural Speech by Dr. M.H. Al-Khayat
— Speech by Prof. Francisco Vilardell
— Opening address by Prof. John H. Bryant
— Speech by Dr. Husain Al-Gezeiry
— Welcome address by H.E. Dr. Abdul Rahman Abdulla Al-Awadi
— Welcome address by H.E. Dr. Ragheb Dowidar
— Background paper I by Prof. J. Baryant and Prof. Z. Bankowski
— Background paper II by Prof. H. Hathout

BREAK (10.00-10.05)

MAIN ROOM

FIRST SESSION: (10.05-11.05)

PLENARY LECTURES:

Chairman : **Prof. Rushdi Fakkar**

Moderator : **Dr. Ahmed El-Kadi**

Speakers : **1. Prof. Dr. Hassan Hathout** (10.05-10.35)
Why an Islamic perspective?

2. Prof. Dr. Zaki N. Mahmoud (10.35-11.05)
Human Life as a Value

ROOM I:

SECOND SESSION: (11.15-12.30)

SANCTITY OF HUMAN LIFE

Chairman : **Prof. S. N. Salem**

Moderator : **Prof. M. N. Yaseen**

Speakers : 1. **Prof. M. Abdussalam** (11.15-11.30)
Problems of Aging in a Changing world

2. **Dr. Esam AL-Sherbini** (11.30-11.45)
Euthanasia

3. **Sh. M. B. Hosam Al-Diin** (11.45-12.00)
The Sanctity of Human Life: the problems of old age and euthanasia

DISCUSSIONS: (12.00-12.30)

ROOM II:
ISLAMIC VALUES, ETHICS AND BEHAVIOUR

THIRD SESSION:

Chairman : **Prof. Abdul Aziz Kamel**

Co-Chairman : **Prof. Helmy Wahdan**

Moderator : **Prof. Ayhan Songer**

Speakers : 1. **Dr. Zaki Hasan** (11.15-11.30)
Alcohol and Narcotics Dependence - an Islamic Perspective

2. **Dr. Haitham Al-Khayyat** (11.30-11.45)
Health and Islamic behaviour

3. **Dr. Mohd. Al-Hawaari** (11.45-12.00)
Health and behaviour in Islam

DISCUSSIONS: (12.00-12.30)

BREAK AND PRAYERS (12.30-13.00)

DISCUSSIONS: (13.00-14.30)

BREAK AND PRAYERS (14.30-16.00)

MAIN ROOM

FOURTH SESSION: (16.00-18.15)

PLENARY LECTURES:

Chairman : **Sh. Mohd. M. Al-Salami**
Moderator : **Dr. Nabeel Al-Taweel**

Speakers : **1. Prof. Rushdi Fakkar** (16.00-16.30)
Current Civilization and Man's Soul

2. Prof. Dr. Mehmet Aydin (16.30-17.00)
Spiritual Values, Ethics and Sciences

3. Reports of Room I and II (17.00-17.30)

DISCUSSIONS: (17.30-18.15)

BREAK AND MAGHREB PRAYERS (18.15-18.30)

MAIN ROOM

FIFTH SESSION: (18.30-19.30)

PLENARY LECTURES:

Chairman : **Prof. Hamdi Al-Sayyed**

Moderator : **Prof. Saeed Ashour**

Speakers : **1. Prof. John H. Bryant** (18.30-19.00)
Equity in the face of scarcity - dilemma of health care in the Third WORLD

2. Prof. Ihsan Dogramaci (19.00-19.30)
The place of Islamic civilization in the history of art, culture and science in the West.

SECOND DAY: FRIDAY, NOVEMBER 25, 1988

MAIN ROOM

SIXTH SESSION: (09.00-10.00)

PLENARY LECTURES:

Chairman : **Dr. Mamdooh Jabr**

Moderator : **Prof. Dr. Mehmet Aydin**

Speakers : 1. **Dr. Abdul Hadi Abu Reeda** (09.00-09.30)
Islamic Concept of Life and Death.

2. **Prof. Dr. Ibrahim J. Badran** (09.30-10.00)
Knowledge, attitude and wisdom - added values in health care - an Islamic Perspecive.

ROOM I:

SEVENTH SESSION: (10.10-12.10)

LECTURES:

Chairman : **Prof. Hassan Hathout**

Co-Chairman : **Dr. M.B. Hussam Al-Dlin**

Moderator : **Dr. Mohd. Ali Al-Bar**

Speakers : 1. Prof. Dr. Omar Alfi (10.10-10.25)
Prenatal Diagnosis and Fetal Anomalies.

2. **Prof. Hasan Al-Shadlii** (10.25-10.40)
The Fetus - Its Life and Rights in Islamic Law

3. **Prof. Mukhtar Al-Mahdi** (10.40-10.55)
Brain Death and Organ Donation

4. **Prof. M. Naeem Yaseen** (10.55-11.10)
The rulings for the donation of human organs in the light of Shar'i rules and medial facts.

DISCUSSIONS: (11.10-12.10)

BREAK AND JUMAA' PRAYERS (12.10-13.00)

DISCUSSION CONTINUED: (13.00-14.00)

LUNCH AND PRAYERS (14.00-16.30)

DISCUSSIONS CONTINUED: (16.30-18.00)

BREAK AND MAGHREB PRAYERS (18.00-18.30)

ROOM II

EIGHTH SESSION (10.10-12.10)

Chairman : **Dr. M. Abdul Jawwad**

Moderator : **Dr. Maher M. Hathout**

Speakers : **1. Prof. Dr. Adel El-Sobky** (10.10-10.25)
An Essessment of Freudism from an Islamic Perspective.

2. Prof. M. E. Fadli (10.25-10.40)
Scientific Evaluation of Freudism

DISCUSSIONS: (10.55-12.10)

BREAK AND JUMAA' PRAYERS (12.10-13.00)

DISCUSSION CONTINUED: (13.00-14.30)

LUNCH AND PRAYERS (14.30-16.30)

DISCUSSIONS CONTINUED: (16.30-18.00)

BREAK AND MAGHREB PRAYERS (18.00-18.30)

MAIN ROOM

CONCLUDING SESSION: (18.30-19.40)

Chairman : **H.E. Dr. Abdul Rahman Al-Awadi**
President, Islamic Organization for Medical Sciences.

Moderator : **Prof. Francisco Vilardell**
President, Council for INTERNATIONAL Organizations of Medical Sciences.

1. Reports of Room I and II (18.30-19.00)

DISCUSSIONS ON REPORTS: (19.00-19.40)

CONCLUDING SESSION: (19.40-20.40)

— Reflection and Prospects
— C.I.O.M.S.
— I.O.M.S.

FAREWELL DINNER (20.40)

INAUGURAL SESSION

REPORT ON THE INAUGURAL SESSION

The inaugural session of the seminar on "Health Policy - Ethics - Human Values - Islamic Perspectives" was held on 24th November 1988 at the Arab League Building in Cairo. The Chief Guest of the ceremony was His Excellency Dr. Mohammed Ragheb Dowidar, Minister of Health of the Arab Republic of Egypt. The function started at 9 hrs with the recitation from Holy Quran. Thereafter, formal speeches were delivered.

Professor Francisco Vilardell, President of CIOMS was the first to address the session. He pointed out that, now-a-days, most health decisions raise ethical questions that confront the legislators with increasingly difficult dilemmas and hoped that this seminar will provide a distinguished forum for the views on the fundamental values of Islam on life, suffering and death.

Professor John H. Bryant of the CIOMS acknowledged the joining of CIOMS with IOMS in this noble venture and appreciated the importance of this seminar which brings an Islamic perspective to the questions of Health Policy - Ethics and Human Values, particularly from two points of view - one is a point of view that is sensitive to the Islamic context in which these issues and problems have arisen; and the other point of view is global, asking: what clarification of understanding, or deepening of insight or even of uncertainty, does the Islamic perspective bring to our global concern for the nexus of health policy, ethics and human values.

Dr. Husain Al-Gezeiry, Regional Director of W.H.O., while addressing the session underlined the fact that Islam welcomes openness to listen to truth and that it has greatly honoured man, regards the human mind as the most noble creation on earth, defends the freedom of man to make whatever decisions he chooses to make, exhorts man to listen to all points of view and opinions and then to think about what he has heard. He pointed out the importance of faith and how it influenced the thoughts and attitudes of the Arabs before and after Islam. He declared that the teachings of Islam in different areas, if applied correctly, will provide salvation for all the problems of humanity.

H.E. Dr. Abdul Rahman Abdulla Al-Awadi, President of the Islamic Organization for Medical Sciences, heartily welcomed the delegates to this seminar which, he said, acquires increased importance because of the fact that this is the first time that CIOMS joins with the IOMS which derives its founding principles from Islam, and hoped that through this dialogue people will become more informed of the viewpoint of Islam towards the problems facing the world particularly on innovations in research in the field of medical sciences. He pointed out that Islam has sanctified the right of life, enhanced it through education, directives and laws and supported it socially, psychologically and culturally. Islam considers life a gift from God which no one is permitted to take away: it has forbidden suicide: to the extent that fetus in the mother's womb has an inviolable sanctity, even if it were the product of an illegitimate relationship. He clarified several points from Islamic teachings which protect the humanity and make the society compassionate and secure. While appreciating the unprecedented technological revolution, he cautioned that science would be an extravagant form of indulgence if it has no objective other than itself, that is science for science's sake. Science is an admirable tool for human objectives but science without wisdom could become an awesome tool for destruction. In the end, he offered his gratitude to Dr. Ragheb Dowidar for his efforts in facilitating the holding of this seminar. He also thanked the CIOMS members for giving an opportunity to hold such an important and vital gathering, and also to all the participants.

H.E. Dr. Mohammed Ragheb Dowidar, the Minister of Health, Arab Republic of Egypt welcomed the delegates and appreciated the efforts made by the IOMS to bring together the jurisprudence scholars and medical scientists to overcome the difficulties that Muslim researchers are facing because of the emergence of a number of trends in medicine and in ethics that affect contemporary man. He asserted that it is incumbent on the concerned parties in the Islamic world to give their view on such developments. He concluded his speech by welcoming the delegates and wishing them a pleasant stay. He also thanked all those who contributed towards preparation of the Seminar and all participants.

Editors

INAUGURAL SPEECH

Deliveryed By
Dr. Haythum Al-Khayyat
TO THE OPENING SESSION

IN THE NAME OF ALLAH, THE MOST BENEFICENT, THE MOST MERCIFUL

H.E. Dr Ragheb Daweydar, Minister of Health, Arab Republic of Egypt, The Honourable Dr. Abd-ur-Rahman Abdullah Al-Awadi, Head of the Islamic Organization for Medical Sciences.

Learned brother Dr Husayn Al-Jazairi, Director of the Regional Office, The World Health Organization, Dr. Prof. Francisco Vilardell, Head of the World Council for the Organizations of Health Sciences.

Brothers and Sisters

Al-Salamu Alaykum wa Rahmat Ullah wa Barakaatuh:

It gives me great pleasure to welcome your excellencies to this Seminar being held under the joint auspiecs of the Egyptian Ministry of Health, the Islamic Organization for Medical Sciences and the World Council for Organizations of Health Sciences. The Seminar is taking place immediatley after the end of Fifth International Conference on Islamic Medicine and the Second Conference on the Medical Miracles in the Holy Quran, held at Cairo. We are benefitting from all the arrangements made by the Islamic Organization for Medical Sciences, and the medical and legal efforts, aimed at solving the difficulties faced by Muslim Researchers in this area.

We have no doubt that this Seminar, will further an Islamic HeaLth Policy with respect to ethics and human values and forge strong links between the Science of Medicine (Tibb), as a means for the treatment of

disease, and ethical Islamic conduct. Thus this coordination will assist Islamic Medicine in the spread of its message.

Ladies and Gentlemen: The Islamic Ummah played a significant role during the era of Islamic awakening which was based on two basic pillars, namely a firm faith and a belief in the utility of knowledge. Benevolence and prosperity were extended to all regions of the globe. We are duty-bound to stand shoulder to shoulder as real brothers, for the revival of this awakening. We call for adherence to Islamic Ethics and character building as commanded by islamic Shariah.

I have the honour to present the programme of the Seminar, which includes significant topics for all who work in Medical Sciences and for the Muslims in particular. Because it deals with man who was honoured by Allah and was made His vice regent on earth, it is required that Man's status be raised and protected on sacred peace and security.

Brothers and Sisters:

This Seminar will examine certain problems in its deliberations in order to achieve its objectives. Numerous scientific and ethical trends affect mankind in the world today and you are required to deliberate on specific matters for the Islamic World, represented here by opinion makers. The problems include the difficulties of old age, where stress is laid on Islamic policies aimed at providing the old with honour and care. This problem requires the attention of us all.

I would also like to point out here the steps taken by the Arab Republic of Egypt towards medical care for the aged, including the services provided, cooperation among the Health and Social Organizations for such care, the contribution of the Ministry of Health to all conferences and its support for research into the development of policy and implementation. The recommendations of the Seminar for Health and Conduct will convince all of us that good health can not be attained, without good conduct. For this reason, the Ministry of Health desired the collaboration of the Ministry of Education and Media to fulfill these needs and to help implement the policy for the dissemination and popularization of Health Education. In order to teach the principles of health to our children from an ealry age, this government is also mobilizing the media to spread information and to emphasise the importance of health. These highlight the importance of ethical and moral conduct for health.

Ladies and gentlemen! The last part of the 20th century is witnessing the appearance of numerous medical problems, which need solving for

the benefit of humanity. It is essential to clarify behavioural attitudes towards these problems and their impact on health care.

In view of the eminent scholars participating in the Seminar, each subject for discussion, will present the essence of their knowledge and benefit the Muslim Ummah in general and its youth in particular.

To conclude: I welcome our distinguished guests and wish them a most comfortable stay in Egypt. I extend my thanks to all those who contributed to the preparation of this important Seminar and to all those who participated with their wisdom and knowledge. I pray that Almighty Allah may be pleased with them, may grant them a good reward and weigh their efforts on the scales of their good deeds.

May Allah accept your efforts and may He forgive your mistakes.

Wa-al-Salam Alaykum wa Rahmat Ullah wa Barakaatuh

SPEECH DELIVERED AT THE OPENING CEREMONY

Prof. Francisco Vilardell
President, Council for International Organizations of Medical Sciences,
SPAIN

Your Excellencies,
Distinguished Colleagues and Guests,

It gives me great pleasure to address you on behalf of CIOMS at this Opening Ceremony of the Seminar on "Health Policy - Ethics and Human Values - Islamic Perspectives" which will take place during two days here in Cairo. The Council of International Organisations in the Medical Sciences is an international non governmental scientific organization established jointly by WHO and UNESCO in 1949. Through its membership, CIOMS represents an influential portion of the biomedical scientific community. Its main objectives are: to promote international activities in the field of biomedical science especially when the participation of international associations and national institutions is deemed necessary, to maintain collaborative relations within the United Nations and its specialized agencies, in particular with WHO and UNESCO and to serve the scientific interests of the international medical community in general.

It is nowadays agreed that most health decisions raise ethical questions. Dilemmas having to do with who shall receive services, how resources should be allocated, which criteria should be used to establish priorities when resources are scarce, who shall live and who shall die, confront the legislators with increasingly difficult decisions. Different national, cultural and religious traditions may in their own particular way establish different ethical value systems.

In the fall of 1984, CIOMS organized a meeting in Athens, under the

general title Health Policy, Ethics and Human Values in which health policy makers, health professionals, ethicists, philosophers and theologians from 40 different countries representing various cultures, ideologies, religions and traditions were brought together in order to sort out scrutinize the interactions and implications on health policy making of ethics and human values and beliefs. One of the major contributions to that meeting was made by Muslim participants who exposed their views on the fundamental values of Islam on life, suffering and death. The present conference, organized by the Islamic Organization for Medical Sciences, will now provide a distinguished forum for the presentation and discussion in depth of these views.

The great contributions of Islamic Medicine, the true inheritor of the Greco-Alexandrian tradition, as exemplified by such names as Al-Razi, Ibn Sina, Ibn Ridwan, the famous Egypcian, Ibn al-Jazzar, with his commitment to treat the poor, etc. should provide a rich background from where to start what promises to be a most interesting and fruitful dialogue. Personally speaking, as a native of Spain, a country which for seven centuries was under the influence of Islamic culture that has left in my country imperishable testimonies of its civilization, I am most pleased to attend this conference. As the President of CIOMS, co-sponsor of this meeting, May I thank the organizers, most specially his Excellency the Minister of Health of Egypt, and the Islamic Organization for Medical Sciences for their hospitality. May we all learn from the cultural exchanges that are going to take place and may this conference result in a renewed version of an Arab cogent with the WHO goal of Health for all. Thank you.

OPENING ADDRESS

Prof. John H. Bryant
Professor of Community Health Sciences, Aga Khan University,
PAKISTAN

It is an honour and a pleasure for the Council for International Organizations of Medical Scienes to join with the Islamic Organization for Medical Sciences in sponsoring this seminar on "Health Policy, Ethics and Human Values- An Islamic Perspective". This seminar is an integral part of a series of conferences that CIOMS has been pursuing, along with other interested organizations, now including the Islamic Organization for Medical Sciences.

The sequence of confereces and related discussions has transformed the field of inquiry concerning issues of health policy, ethics and human values. It has been the focus on the three interrelated issues, bringing together health policymakers, ethicists and health professionals, all concerned with human values and with countries at all levels of development, that has given these exchanges their richness and depth.

To fully appreciate the origins of this line of inquiry, it is necessary to go back to the first Conference in Athens, in 1984. There, Dr Edmund Pellegrino set out the meanings of the major terms of the title of that Conference - Health Policy, Ethics and Human Values - which have remained as the guiding direction for the series:

— The health policy of a nation or a community is its strategy for controlling and optimizing the social uses of its medical knowledge and resources.
— Human values are the guides and justifications people use for choosing the goals, priorities and means that make up that strategy.
— Ethics acts as a bridge between health policy and values. Ethics examines the moral validity of the choices that must be made and seeks to resolve conflicts between values, which inevitably occur in making those choices.

At the same Conference in Athens, Dr Robert Veatch focused attention on value systems as the key element of our inquiry. Value systems - drawn

from cultural, religious and philosophical ideological systems - are logically central to health policymaking. They play at least four different roles:

— Value systems provide a framework for choosing among policy alternatives;
— Value systems provide a framework for choosing who the policymakers will be;
— Value systems influence the choice of facts on which health policy decisions will be made;
— Value systems are critical in determining the possibilities for intercultural cooperation in health.

The range of questions that have been considered during this series of conferences has been very wide. To illustrate very briefly:

— The value of human life: what kind of life is worth living, and worth preserving?

— Care of the vulnerable and handicapped: the handicapped often judge a handicapped life to be of greater value than do non-handicapped people. How is this to be taken into account when deciding whether a handicapped infant is to be kept alive?

— What are the elements of a life of quality? All the major religions sanctify human life, but while some hold that life is infinitely valuable and must be protected and preserved at all costs others point out that living is part of dying, that they are each part of a cycle, and that one must yield to the other.

— Who owns genetic information? The time when genetic information about an individual was a secret between the individual and the doctor is giving way to recognition that the importance of genetic information can extend beyond the individual in its importance, to other people, to other generations. Thus, others may have a right to know, even the duty to know. But, also, the right to know raises questions about the right not to know.

— Transplantation technology raises the need for sound policies to facilitate and govern transplanation procedures and to ensure their ethical application. Questions having to do with the availability of organs and with criteria for determining who will be donors and who will be recipients represent striking challenges to policymaking in all countries.

— Health care of the elderly is already a pressing problem in the more developed world, and one of growing importance in the developing

world. Dan Callahan, of the Hastings Institute for Biomedical Ethics, speaks of the endless frontier of ethical questions that are to be addressed in relation to the elderly.

The Athens Conference led to the establishment of the "International Dialogue on Health Policy, Ethics and Human Values". CIOMS, which is located at WHO Headquarters, Geneva, and for which Dr Bankowski is executive secretary, became the Secretariat for the Dialogue. A steering Committee was formed, and the series of conferences has followed. It is useful to recall the goals of the International Dialogue:

— To strengthen national capacities for addressing and making decisions about ethical and human values decisions involved in health policies;

— To contribute to improved understanding for WHO's goal of Health for All, particularly its value content;

— To develop transcultural and transdisciplinary approaches to working in this field;

— To use these approaches to prusue deeper understanding of human values across cultural and political lines.

It is necessary to appreciate the importance of this seminar, which brings an Islamic perspective to the questions of health policy, ethics and human values. Dr Callahan spoke of the "endless frontier" of ethical questions that confront policymakers about health care of the elderly. The same term, and the same range of concerns, can be applied to the entire field of health policy, ethics and human values. There will continue to be advances in biomedical technology that will raise new questions about the value of life and about choices relating to preserving life or letting patients die. Costs of health care will continue to escalate, against which there will continue to be an insistence on equity, on caring particularly for those who have nothing. Social choices about life and life-styles will continue to present puzzling options to policymakers and ethicists. These are not local, country-bound issues (though they will be strongly defined in terms of local values); rather, they are global issues.

We have before us an important opportunity- a gathering of distinguished Islamic scholars, policymakers and ethicists, together with their counterparts from other parts of the world. The purpose of this seminar is to put forward an Islamic perspective on selected issues, and to reflect on that perspective, from two points of view. One is a point of view that is sensitive to the Islamic context in which these issues and problems have arisen. The

other point of view is global, asking: what clarification of understanding, or deepening of insight or even of uncertainty, does the Islamic perspective bring to our global concern for the neuxs of health policy, ethics and human values.

Our intent here is to share values, ideas, questions. Later, at the end of this seminar, and even later, when we have had time to absorb its lessons, we can consider the next steps in our persisting response to the "endless frontier".

SPEECH DELIVERED AT THE INAUGURAL SESSION

Dr. Husain Al-Gezeiry
Regional Director, WHO, EMRO
EGYPT

Your excellency Dr. Abd al-Rahman al-Awadhi, the President of the Islamic Organization for Medical Sciences,.

Your excellency Dr. Ragheb Dowidar, the Minister of Health,

Your Excellency Dr. Bankowski, the Secretary of the Council of International Organizations of Medical Sciences,

Ladies and gentlemen,

This gathering is one that gives me great pleasure. As this is one of the very few times when scientists are willing to listen with their ears and hearts to the message of Islam. They have not closed their ears lest they hear the words of truth, they have not blocked their minds with prejudice and indifference, nothing will stop them from remembering Allah, and the truth He revealed.

Islam welcomes this openness to listen to the truth. A religion that has greatly honoured man, regards the mind of man as the most noble creation on earth, defended the freedom of man to make whatever decisions they choose to make, exhorts man to listen to all points of view and opinions, then to think about what he has heard....The Koran celebrates all those:

"THOSE WHO LISTEN TO THE WORD, AND FOLLOW THE BEST (MEANING) IN IT:" (Zumar, S.XXXIX, v.18)

and at the same time God tells all human beings:

"LET HIM WHO WILL, BELIEVE, AND LET HIM WHO WILL, REJECT (IT)." (Kahf, S. XVIII, v.29).

Islam holds high respect for different points of view:

On faith, the Koran says:

"TO YOU BE YOUR WAY, AND TO ME MINE." (Kafiruun, S. CIX. v.6)

On work, the Koran says:

"AND SAY: "TO US OUR DEEDS, AND TO YOU YOURS;" (Qasas, S. XXVIII, v. 55)

These refer to dealing with someone who is non-Muslim.

Under Islam binding *"shura"* leaves no room for a tyrant to force people to do what he wants. Nor is there a place as well for an elite that permits itself to think and plan on behalf of people for what it wants; also, there is no place for a meek follower who says I am with the people if they do well, and if they do wrong then I am merely following them.

Islam has given the highest status to thought, in fact it has summed up the whole issue in reflection and thought:

"SAY: 'I ADMONISH YOU ON ONE POINT: THAT YE DO STAND UP BEFORE GOD, — (IT MAY BE) IN PAIRS, OR (IT MAY BE) SINGLY, — AND REFLECT (WITHIN YOURSELVES):" (Saba', S.XXXIV, v.46).

Islam also gave the highest status to knowledge and scholarship, as it says:

SAY: "ARE THOSE EQUAL, THOSE WHO KNOW AND THOSE WHO DO NOT KNOW?" (Zumar, S. XXXIX, v.9).

The Koran says:

GOD WILL RAISE UP, TO (SUITABLE) RANKS (AND DEGREES), THOSE OF YOU WHO BELIEVE AND WHO HAVE BEEN GRANTED KNOWLEDGE." (Mujaadila, S. LVIII, v.11).

Islam commands everyone to seek knowledge, in fact it makes seeking knowledge an obligatory religious duty *(fariida)* for every Muslim, with all the sincerity and purity that this word implies.

Islam, however, defined knowledge as "useful knowledge", the prophet (ﷺ) used to pray to God to grant him "useful knowledge" and to ask Him to preclude "useless knowledge". The Koran severely reproaches those who

"...LEARNED WHAT HARMED THEM, NOT WHAT PROFITED THEM". (al-Baqqara, S. II, v. 102).

Islam honours both man and woman giving them virtual equality, the Koran says:

"WE HAVE HONOURED THE SONS OF ADAM..." (al-'Israa', S. XVII, v.70).

The Prophet (ﷺ) said:

"Women are but the siblings of men."
Islam made it a matter of dignity that man should possess that which prevents him from sinking to the level of the animals, so it denounces those who are

"LIKE CATTLE, — NAY MORE MISGUIDED: FOR THEY ARE HEEDLESS (OF WARNING)." (al-'araaf, S.VII, v.179),

and those who:

"...TAKETH FOR HIS GOD HIS OWN PASSION (OR IMPULSE)?" (al-Furqaan, S. XXV, v.43).

Islam provides us with all the social solutions which protect us from all forms of social disease. It made it the duty of society to make marriage available for those who are unmarried:

"MARRY THOSE AMONG YOU WHO ARE SINGLE..." (al-Nuur, S. XXIV, v.32),

so as to build the virtuous family, which in the view of Islam is the basic building block of society. That which allows the individual whether man or woman, to possess a sound and healthy psyche, as it provides him with "comfort, peace, cordiality, and compassion". God has created the two sexes from the same soul,

"AND MADE HIS MATE OF LIKE NATURE, IN ORDER THAT HE MIGHT DWELL WITH HER (IN LOVE)." (al-'araaf, S. VII, v. 189), "AND AMONG HIS SIGNS IS THIS, THAT HE CREATED FOR YOU MATES FROM AMONG YOURSELVES, THAT YE MAY DWELL IN TRANQUILITY WITH THEM, AND HE HAS PUT LOVE AND MERCY BETWEEN YOUR (HEARTS):" (al-Ruum, S. XXX, v.21).

It also set obligations on those who are still unmaried in society that they remain chaste so as to save their society from evil and sin:

"LET THOSE WHO FIND NOT THE WHEREWITHAL FOR MARRIAGE KEEP THEMSELVES CHASTE,.." (al-Nuur, S. XXIV, v.33).

Islam has upheld the position of woman, and guaranteed her an honourable life, so it obliges man, as father, brother, and husband, to be fully responsible for her, to provide for her needs, thus making it unnecessary for her dignity to be humiliated. Islam rejects the role of mistress for woman, but accepts the role of a second wife (if necessary), provided that she receives fair and equal treatment. Islam has made woman's virtue the key to paradise, and the final wish of the prophet (ﷺ) was

"Be sure to take good care of women".

We claim, distinguished colleagues, that if this Islam is correctly applied, then it will provide salvation for all the problems of humanity. In fact,

it will set the foundation for a human life, which is safe and secure and free from evil and sin.

We claim that it is our duty as Muslims to interfere to save the stranded ship of humanity, as God made us the best nation for the good of humanity. This religion provides the best solutions for all the problems of humanity and the best methods to improve its condition.

Therefore, we welcome the present dialogue.

We want to show the rest of humanity what we have, guide them to the right course, and then leave the choice up to them, without force or obstinacy...but we invoke them to do their utmost, since our religion gives the sincere and serious thinker *(al-mujtahid)* the greatest reward.

We hope that this meeting will be a source of good for the whole of humanity.

Peace and blessings of Allah be upon you all.

WELCOME ADDRESS

H.E. Dr. Abdul Rahman Abdulla Al-Awadi
Minister of Planning, State of Kuwait,
and
President, Islamic Organization for Medical Sciences,
KUWAIT

Praise be to God and peace and prayers be upon the most honoured prophet Mohammed and on his family and all his companions.

Your Excellency the Minister of Health, Dr. Ragheb Dowidar,

Your Excellency Dr. Hussein al-Gezeiry, Regional Director of the World Health Organization,

Dr. Vilardell, President of the Council of International Organizations of Medical Sciences,

Distinguished Scholars:
Peace and blessings of Allah be upon you,

I heartily welcome you all to this gathering which acquires increased importance for various reasons. This is the first time in which the Council of International Organizations of Medical Sciences meets with the Islamic Organization for Medical Sciences, which derives its founding principles from Islam.

As I greet the officials of the Council of International Organizations of Medical Sciences, I hope that our meetings will continue so that they will become more informed of the viewpoint of Islam towards the problems facing our world.

I also hope that similar meetings will be held between the Council of International Organizations of Medical Sciences and the representatives of other religions as a preliminary step to establishing an international dialogue on innovations in research in the medical sciences.

Our Council gives its highest priority to this issue, since it deals mainly

with ethics and values, which are at the same time the core of all of God's religions. Man is created by God, and the Creator knows his creatures more than anyone else. Any deliberate neglect of this principle will constitute a serious breach in the course of human history.

Hence, the Islamic Organization for Medical Sciences and the Council of International Organizations of Medical Sciences have seen fit to discuss some of the most controversial issues in this field.

The issues included on the agenda for this meeting have always received the highest priority in the Islamic Organization, yet our previous gatherings were always a dialogue among Islamic scholars in the areas of Islamic Jurisprudence and Medicine.

Today, however, we are trying to establish an exchange of opinion between Islamic scholars and scholars from other religions. Our deliberations in this meeting are open to everyone with the sole purpose of reaching the truth. Perhaps our non-muslim colleagues will come to realize how Islam has sanctified the right of life, how it has enhanced this right through education, directives, and laws and how it has supported this right socially, psychologically and culturally. Islam considers life a gift from God, which no one is permitted to take away: it has even forbidden suicide. As far as this right is concerned, Islam does not discriminate between people, on account of colour, sex, or race. The fetus in the mother's womb has an inviolable sanctity, even if it were the product of an illegitimate relationship and Islam does not allow any violation of its right to life. Verily God says:

"...NO BEARER OF BURDENS CAN BEAR THE BURDEN OF ANOTHER." (al-'an aam, S. VI, v. 164)

Islam instructs us to provide every human being with his basic needs for life such as food, clothing, housing, and medical treatment. The prophet (ﷺ) says:

"He who feels secure amongst his family, is sound of body, and possesses his daily livelihood, seems to have the world on his side."

This means that such a person fully enjoys safety and security in body and soul. Obligatory alms *(zakaat)* are stipulated not only to provide for the individual need of a poor person but also to provide fully for the needs of those deserving amongst his kins.

What is said about *zakaat* here applies to all the other five pillars of Islam which are designed to train the soul, to strengthen the will, to enhance compassion, mercy and interdependence between all the members of the community in general, and the poor in particular.

Islam also directs us to take good care of our parents and to support them, God Almighty says:

"WORSHIP NONE BUT GOD; TREAT WITH KINDNESS YOUR PARENTS AND KINDRED, (al-Baqara, S. II, v.83).

Islam also introduces many rules which attempt to make both the individual and the society more compassionate. We are now living in a technological revolution which has contributed to the material welfare of man in terms of food and health. However, this revolution is not all good, as it is accompanied by numerous temptations: such as to worship science for its own sake and to separate scientific applications from the guidance of God. A matter which has led to a frenzied scramble for the acquisition of power as a means of imposing control on others. This quest for power has now become society's highest objective and may now in fact become the new religion.

The question is: Is man the recipient of the benefits of this scientific progress? What kind of progress do we seek? In which direction do we wish to go?

Dear bretheren,

Science would be an extravagant form of indulgence if it had no objective other than itself, that is science for science's sake. Science is an admirable tool for the service of human objectives, but science without wisdom could become an awesome tool for destruction.

I am afraid that poor societies may become a field of experimentation for the rich, the poor may come to be looked upon as guinea pigs and as a source of spare body parts for the rich. Furthermore, it is quite possible that new campaigns will appear calling for the exterminaton of specific people because of their backwardness or because they are economically dependent on the world community.

I believe that humanity is facing a serious choice, and I therefore call upon scholars and scientists not to be rash and subjective in making their decisions. The young of today will become the old of tomorrow, and the rich of today may become the poor of tomorrow, for no one knows in which direction the wheel will turn.

I call upon you to join us in meditating on the message of Islam which exhorts people to pursue only that which is beneficial for man. A religion that honours man by ranking him highest among all the other creatures, that in fact has mobilized all other creatures for the service of man, and that has

given man the goal of worshipping God, who has put him on this earth as His vicegerent to populate it.

The principle of monotheism in Islam shuns the separation of science and faith, as everything in nature is a sign of the presence of God and His might, and the recognition and understanding of God's creation is an integral part of the worship of God.

Before I leave this podium...I call upon scientists and researchers working in all areas to uphold the ethics stipulated in the Holy books so that their likes and dislikes *(al-'ahwaa')* will not be their only guide to the truth. The situation is really serious, arsenals all over the world are overflowing with nerve gases, germ bombs and neutron bombs. All these are directed at man and man alone. This is a sad and serious tragedy for those who possess the insight to enable them to truly comprehend what is going on.

Dear brothers,

On behalf of all of you, I convey my sincerest thanks and gratitude to my brother and colleague. Dr. Ragheb Dowidar, the Minister of Health, for his efforts in facilitating the holding of this symposium.

I would also like to extend my thanks to our brothers the members of the Council of International Organizations of Medical Sciences who have given us the opportunity to hold such an important and vital gathering.

I would also like to extend my thanks to the scholars who were keen to participate and have taken the trouble to come to this meeting. I pray to God to reward them for their good efforts...and may God guide us to implement His will.

Peace and blessings of Allah be upon you all.

WELCOME ADDRESS

H.E. Dr. Mohammed Ragheb Dowidar
The Minister of Health
Arab Republic of Egypt

In the name of Allah most Gracious and most Compassionate

Dr. Abd al- Rehaman al-Awadi, the President of the Islamic Organization of Medical Sciences.

Brother Dr. Husain al-Gazeiry the Director of the Regional Office of the World Health Organization.

The president of the Council International Organizations of Medical Sciences

Brothers and Sisters,

Peace and blessings of God be Upon you all,

I am pleased to welcome you to this seminar held jointly by the Egyptian Ministry of Health, the Islamic Organization for Medical Sciences And the International Council for Medical Science organizations. This seminar comes in the wake of the Fifth International Conference for Islamic Medicine and the Second Conference for Islamic Medicine and the second Conference for Medical Miracles in the Quran, which Cairo was honoured to host. We follow with interest all the activities of the Islamic Organiszation for Medical Sciences in its attemps to bring together jurisprudence scholars and medical scientists to overcome the difficulties that confront Muslim researchers in this respect.

There is no doubt that this seminar, in dealing with health policies from the Islamic perspective of ethics and human values, is in fact emphasizing the close relationship between medicine as a means of treating disease and the correct code of moral behaviour which complements medicine towards its goals.

Ladies and gentlemen,

Our Muslim nation brought about the era of Islamic civilization based on the two main pillars of steadfast faith and useful science, and its contribution benefited all parts of the globe. We have to collaborate in sincere brotherlines to revive this renaissance, as we steadfastly hold onto the moral Islamic code of conduct derived from our compassionate Islamic Sharia.

I am pleased t o see that the program of this seminar is replete with issues that are of interest to those working in medicine and to Muslims everywhere. This is because it deals with mankind that God has honoured and to whom God has bequeathed the earth, who must be sanctified and surrounded with security and safety.

The choice of the issues under consideration in this seminar addresses the emergence of a number of trends in medicine and in ethics that affect contemporary Man, that made it incumbent on the schoars in the Islamic world to give their view of such developments. Therefore, the choice of some issues such as the problems of the elderly and emphasizing how Islam deals with the elderly and the necessary respect and care for them it imposes, is an issue that brings all interested parties face to face with their responsiblities.

At this point, I would like to note the interest that the Arab Republic of Egypt shows in geriatric medicine, and the services and care it provides to the elderly, and the cooperation between medical and social institutions in this respect in order to provide them with the best possible care. I would also like to mention that the Ministry of Health contributes to all conferences concerned with this issue and supports all research projects concerning care for the elderly. Furthermore, the fact that this seminar deals with health and conduct is commensurate with the fact that excellent medical care can only be provided in accompaniment with appropriate behaviour. For this purpose the Ministy, in collaboration with the Ministry of Education and the mass media, has emphasized the importance of including the correct concepts of health education in school curricula so that they can be taught to our children from the earliest grades, in addition to the importance that the media devote to correct life styles.

Ladies and gentlemen,

The last part of the twentieth century has witnessed the emergence of a number of medical issues that require complete clarity of vision. It has become essential to determine clearly our position on these issues, and to provide the evidence necessary for maintaining these positions.

I am positive that the participants in this conference are among the scholarly elite; therefore, all the issues under consideration will receive the highest calibre of scholarly research and study, which will obviously benefit our Islamic nation in general and particularly its youth.

In conclusion, I would like to welcome our esteemed guests and wish them a pleasant stay. I would also like to thank all those who contributed towards the preparation of this important seminar and all the participants, praying God Alimighty to reward them for their useful and constructive efforts when we are all judged on the day of judgement.

May the Almighty guide your steps.

Peace and blessings of God be upon you all.

BACKGROUND

THE EXPERIENCE OF CIOMS AND WHO IN ADDRESSING THE PROBLEMS OF HEALTH POLICY, ETHICS AND HUMAN VALUES

Prof. Dr. John H. Bryant and Dr. Zbigniew Bankowski
SWITZERLAND

Inquiry and discussion in the field of health policy, ethics and human values have been literally transformed in recent years through the work of CIOMS, WHO and participating individuals and countries.

That transformation has taken place through two mechanisms:

— by bringing together policy makers, ethicists and health scientists from different countries and cultures, and jointly exploring questions and experiences of common interest;

— by establishing an International Dialogue on Health Policy, Ethics and Human Values as a mechanism for planning and pursuing critical issues in the field, including forming an agenda of important questions, identifying interested participants--persons, institutions and countries--and sponsoring or encouraging conferences or other forms of communication for dealing with the issues.

The conference in Cairo, entitled: "Health Policy, Ethics and Human Values--An Islamic Perspective", offers a special opportunity to add importantly to the earlier exchanges in this field through a sharing of the richness of the ideas, cultural values, traditions and experience of Islam.

It needs to be appreciated that inquiry in this field involves much more than recounting traditional values and documenting established religious positions. It respects those values and positions, and builds on them as

essential foundations, but then moves on to the new ground of considering emerging health policy issues, some of which involve ethical questions that have not been confronted before. It is here that exceedingly interesting and important explorations take place, in which traditional values and positions serve as guides in searching for ways through new dilemmas that confront policy makers, ethicists and health professionals.

One of the special contributions of the International Dialogue is the identification of new questions that are emerging in this field--ideas that are either appearing for the first time in a given country, as when technology is transfered from a developed to a developing region; or are appearing for the first time anywhere, as when entirely new technologies raise questions that were previously only latent, or possibly not even seen.

To more fully appreciate the extent of background developed through the International Dialogue, it is helpful to review those experiences. While there have been a number of contributions, here we will reflect on two--the first meeting on this subject, which took place in Athens, Greece in 1984, and another, in Noordwijk, Netherlands in 1987. At these two meetings, issues were discussed that span the broad range of concerns from the least developed to the most developed societies.

ATHENS--THE BEGINNING

The planning of the first in this series of conferences on Health Policy, Ethics and Human Values began with appreciation of the role of the policy maker. Given a technological advance, whatever the biomedical content and the ethical implications, it is often at the policy level that the societal impact will be determined. And health policy makers usually form their decisions under pressure from a variety of social, economic, political, technological and ethical sources.

The Athens conference began, therefore, with the policy makers, and explored their interactions with health professionals and ethicists around specific health policy dilemmas. The question was, could these three parties listen to one another, learn from one another about current problems, and then go on to new concepts and unexplored ground?

The results far exceeded expectations, particularly in terms of how different cultural perspectives sharpened the debate, added new insights, and, in the end, brought better understanding of the differences.

Dr. Edmund Pellegrino established the ground on which the Athens conference would do its work when he defined the major terms of the title:

— The health policy of a nation or a community is its strategy for controlling and optimizing the social uses of its medical knowledge;

— Human values are the guides and justifications people use for choosing the goals, priorities and means that make up that strategy;

— Ethics acts as a bridge between health policy and values. Ethics examines the moral validity of the choices that must be made and seeks to resolve conflicts between values, which inevitably occur in making those choices.

He went on to point out three general purposes that motivate health policies:

— First, to attempt to control the social and economic impact of the unrestrained use of advanced medical technology in treating individual patients;

— Second, to achieve a more equitable distribution of the benefits of medical knowledge;

— Third, to use medical knowledge in an anticipatory way for the collective good of present and future generations.

Then, in one of the most perceptive remarks of the conference, Dr. Pellegrino added:

> Health policies are rarely derived from explicit and systematic analysis of the moral values that shape them. Much of the art of national and international policy consists in structuring decision-making in such a way that value issues are not confronted. The aim is to keep peace between, and within, divergent belief systems. However, once framed, a health policy unerringly reveals the values that drive a society; and these cannot escape examination retrospectively.

Dr. Robert Veatch focussed his attention on the interactions between health policy and values. Health policy-making is always, and inescapably, an evaluative task. It is not only that value systems inevitably creep in to bias decision-makers, although they do. It is rather that policy-making logically requires a system of values. In large part those values are determined by culture.

He pointed out that value systems play at least four different roles:

— First, value systems provide a framework for choosing among policy alternatives. It requires taking different feasible options and deciding

which among them is the most valued pursuit, according to the ethical and other values of the group;

— Second, value systems provide the framework for choosing who the policy makers will be. To choose the decision maker is to choose the value system upon which decisions will be made.

— Third, value systems are critical even in providing the medical and other facts upon which health policy decisions must be based. The cultural system of beliefs is critical for deciding which facts will be taken into account and how they will be used for purposes of policy making.

— Fourth, value systems are critical in determing what the possibilities are for intercultural cooperation in health.

The conference then, led by Pellegrino's observations about the nature of health policy making, and by Veatch's insights into the place of values in policy making, proceeded to examine some specific policy dilemmas.

That conference was planned, by agenda and membership, so as to explore how cultural and value differences interact with policy making and related ethical thinking. 150 participants from more than 50 countries, representing a dozen cultural and religious groupings, brought a rich mixture of ideas, experiences and value systems.

It became apparent that different countries make different policy choices, but also that they see different questions as important according to their economic resources, patterns of disease, cultural traditions, and ethical and other value commitments. Here are a few examples of those differences.

The importance given to human life in a philosophical or religious sense is strikingly similar in many cultures, but the ways in which those lives are seen, counted and cared for in real life vary greatly. Human life is seen as of divine origin in the major religions, and even as having infinite value, but in villages and cities at the social periphery the question is asked: this infant who died of diarrhea this morning--was it a person yet?

Care of the vulnerable and handicapped brings forward a number of conflicts between values given to life and the practical difficulties of day-to-day care. Ethics aside, much seems to rest on the willingness of a society to protect the vulnerable and absorb the handicapped, whether the handicap is that of having a cruel deformity, of being elderly and helpless, or of being born female.

Quality of life issues inevitably surface in relation to questions of resource allocation and treatment. What kind of life is worth preserving and who should decide that a life should be prolonged? In some countries, these questions are examined with great care, and much is to be learned from the ways in which the questions are framed and answered.

In developing countries, such questions often appear to be crushed under the immense burden of human need and the difficulties, even impossibilities, of dealing with them. The subtleties that attract attention in the developed countries may not even be noticed.

Let us use an example from the sub-continent of Asia--the question of who should decide whether or not a woman is to have a cesarian section for obstructed labor is influenced by family values, where the husband and mother in law (his mother) often control decisions, but this question may not have a chance to be asked because of the impossibility of getting the woman to a place where her life might be saved--the desert is too wide, the ox cart too slow.

Here, the most meaningful questions are stripped of any ethical subtlety; they are plain policy questions: when will life saving health services reach these people?

Perhaps at no time during the Athens conference were the differences among the values of its participants more apparent than when the discussion focussed on the meanings given to life, suffering and death. Let us simply call attention to two statements that will give you indications of the range of the differences.

Avraham Steinberg reflecting on the religious values of Judaism about life, suffering and death said: Since the value of life is infinite and beyond measure, it follows that any part of life is of the same worth. One life is worth as much as a thousand lives--infinity is not increased by multiplying it. Man is obliged not only to sustain life by all means, but also to cherish it and preserve it in good health.

And Pinit Ratanakul provided a Buddhist perspective: Death is not a one-time event; it occurs every moment of life. Birth and death are always present in juxtaposition to each other. Through an understanding of death we gain an understanding of life, and through finding the meaning of life we define the meaning of death. Life and death are two inseparable aspects of one entity. Life is like a dream--brief and fleeting.

With respect to the state of inquiry into bio-ethical issues in the Third

World, it is probably fair to say that it is relatively early in its development, at least in terms of the questions and approaches being used in the North. There is a paradox here, since the culture and values of the South and East are as old as history itself. But there is an interest and a readiness to pick up the inquiry.

That line of thinking led to an important outcome of the Athens conference, which was that the participants urged CIOMS to take the lead in facilitating an expanded dialogue around these issues, so that other countries and other parties might contribute to and benefit from such explorations. CIOMS responded by establishing a new program, called An International Dialogue on Health Policy, Ethics and Human Values. The CIOMS Office in Geneva serves as the focal point and ensures that the concerns of WHO are kept in the forefront. The International Dialogue has the following purposes:

— to strengthen national capacities for addressing and making decisions about the ethical and human values issues involved in health policy;

— to contribute to improved understanding of WHO's goal of health for all, particularly its value content;

— to develop transcultural and transdisciplinary approaches to working in this field.

— to use these approaches as way to pursue deeper understanding of human values across cultural and political lines.

A Steering Committee has been established and has been formulating guidelines for further discussions. The Steering Committee welcomes this conference in Cairo and the contributions it can make to the International Dialogue.

NOORDWIJK--FURTHER STEPS

The agenda of the Noordwijk Conference, which took place in 1987, was built around some of the most vexing health policy issues of our time. That it was situated around European and North American perspectives did not lessen its relevance for the rest of the world, including Third World countries.

Indeed, it became clear that some of the policy questions being asked today in the North, such as new ethical questions raised by technological advances, will be faced tomorrow in the South. But we will also see policy

decisions lately forced on the North, such as the retreat from universal access to services for the elderly required by rising costs and economic stringency, that the South is already living with.

A PHILOSOPHER FOCUSES ON THE INTERACTIONS OF ETHICS AND POLICY MAKING

The stage was set for the deliberations at Noordwijk by Professor Gorovitz, who provided a perfect illustration of the ethicist acting in relation to the policy maker. He outlined eight policy problems, each with important ethical content, which together showed the range of difficulties encountered, at least in the U.S., in trying to generalize about interactions of health policies and ethics.

Let us recall some of them:

— *The problem of setting policies relating to abortion.* There has not been a stable policy in the U.S. in relation to abortion. A bitter and divisive debate has ensued, and part of the population has actively opposed the policy. Here is an example of necessary policy failure, but not because the policy is necessarily wrong, but rather because any other policy on abortion would also fail. There is no common ground in the nation for a stable, incontrovertible policy.

— *A policy prohibiting the sale of kidneys for transplantation.* In the early 1980s, reasons were put forward to defend the sale of kidneys in relation to renal transplantation. Opposition to this were strong and consistent. The 1984 Organ Transplantation Act made it a Federal offense to engage in commercial marketing of kidneys or other human organs for the purposes of transplantation. Here is an example of a stable, widely supported and incontrovertible policy.

Other illustrations could be drawn from the presentation of Professor Gorovitz, but these indicate how he previewed many of the issues that were to be discussed during the conference, and focussed our attention on the importance of keeping before us both the ethical content and the policy making problems of these dilemmatic issues.

SCREENING AND COUNSELING--A PARADIGM

Of the considerable discussion about genetic screening and counseling, that having to do with the ownership of genetic information provides insights into the possibilities and dilemmas of this field. Professors de

Wachter and Niermeijer presented a series of concepts illustrating new developments in this arena.

Who owns genetic information?

The traditional moral viewpoint has been that professional secrecy is in both the patient's and the doctor's interests. But now must we not be concerned with the availability of genetic information to the relatives of the patient? If the health and well-being of the relatives are at issue, does the obligation to keep a secret then turn into an obligation to tell?

There are other arguments in support of the communication of genetic information that challenges the traditional notions of privacy and bodily integrity. In the past, it seemed as though the individual "owned" all such information. Genetic medicine is clearly exploding such a view into a wider concept of corporate ownership i.e. extending to the family, even to others with legitimate interests. It now seems that the totality of one's physical existence exceeds the limits of one's body--genetic information should coincide with one's genetic extension, and consequently the traditional right to secrecy may turn into a duty to share information. Contrawise, the previous non-existent right to know about others that which might affect me could very well turn into a new right to know.

There is also a *right not to know.* There are several reasons for wanting not to know. One reason has to do with the accuracy of such tests: false positives would give inaccurate predictions. A second reason is that some people are unable to cope with the burden of knowledge. Third, information obtained from predictive testing can be misused. Nevertheless, the probable increase in predictive testing raises the issue of whether the *right* to receive information also contains a *duty* to receive information about the future prospect of one's own life, since what one does with one's own life inevitably affects the lives of others. This notion raises provocative questions in relation to, say, those who might carry the Huntington gene: Is there a right to know? Is there a right not to know? Is there a duty to know?

A fundamental principle of patient autonomy would seem to be that it is the basic right of the person to be tested or not to be tested, and to choose to be informed fully or only in part. Here, then, is an area of interaction between developments in biomedical science, ethics and health policy-making that needs further elaboration--the fundamental principle of the ownership of genetic information.

TRANSPLANT POLICIES

European and North American Perspectives

Among the many possibilities of transplantations of organs and tissues, the conference chose to deal with those relating to kidney, heart and liver. Improvements in the survival prospects for patients with these transplants, due to major advances in surgical and immunosuppresive technologies, have transformed the policy and related ethical issues in this field. Renal transplantation has better survival expectations than renal dialysis, and one-year patient survival rates for heart transplantation exceed 80% and for liver 60%. Drs. van der Werff and Vilardell provided carefully developed background material for this discussion.

The combination of the life saving power of these technologies together with cost and organ scarcity problems creates a dramatic policy making environment, including the most fundamental of ethical questions. And looking ahead to the turn of the century, increases in technology and changing resources constraints provide strong indications that the future cannot be ignored in considering these dilemmatic issues.

In considering transplant policies, a number of determinants must be kept in view:

Ethical Values. Policy development in organ transplantation should largely be directed towards saving lives and improving the quality of life. The Hastings Center (USA) report on this subject recommended that policies should not only contribute to an increase in the number of cadaver organs obtained for transplant, but also acknowledge and advance the moral values and concerns our society has regarding individual autonomy and privacy, the importance of the family, the dignity of the body, and the value of social practices that enhance and strengthen altruism and our sense of community.

Religious Traditions. While the Christian tradition no longer occupies an official regulative position in Western life and culture, it does remain highly influential. The Christian and Jewish emphasis of the "embodied self", rather than a sharp dualism of "spirit" and "body", involves a respect for bodies both before and after death that sometimes leads to opposition to organ transplant. Nonetheless, Judaism and Christianity generally support organ transplantation. As was noted at the conference, in matters so fundamental as the donation of human organs, giving and receiving are better than routine taking and getting, and certainly to be prefered to buying and selling!!

Policies to increase the supply of organs. Several policy options exist for increasing the supply of organs, each with strong ethical implications, including: informed consent, required consent, presumed consent, sale of organs, tax credits, organization of organ procurement.

Equity in organ transplantation. Organs for transplantation will be scarce for the forseeable future, and it is therefore essential that criteria and procedures for patient selection be publicly stated and publicly defended.

> **Selection criteria** should not be based on morally irrelevant characteristics, such as sex or race. There is general agreement in Europe and North America to use broad medical criteria to establish waiting lists, and then to use narrower medical criteria to determine who should actually receive the organ that becomes available.
>
> **Access and ability to pay** have obvious importance in terms of both ethical and practical considerations. Given the high costs, yet undeniable life-saving qualities of organ transplantation, dilemmas arise that have no easy resolution. In view of more general policies of cost containment in the health sector, it is not surprising that transplant programs would be caught up in these economizing efforts. There is consensus in some countries that governments should not restrict organ transplantation on the basis of such cost containment policies; at the same time, there is agreement that transplants for saving lives of a few should not be done at the expense of providing other forms of health care for many others who need it.

Legislation in relation to transplantation. There is considerable variation in legislation governing transplantation, some of which is current and progressive, others out of date or not in existence. There needs to be a progressive approach to legislation in this field, and, where possible, a harmonization of legislation, dealing with such issues as: living donors, determination of the time of death, cadaver organ donations, commercial trade in organs, organization or procurement, equity in organ transplantation, certification of transplantation centers.

The Third World will be able to proceed only slowly in this field. While the surgical and immunosuppressive technologies are not insurmountable, the problems of organ procurement are substantial (they will rely on live donors for some time), and, as with other forms of high technology medicine, the problems of access and equity in the availability of services will continue to be very large in the poorer nations.

HEALTH CARE OF THE ELDERLY
A NEW FRONTIER OF POLICY AND ETHICAL QUESTIONS

The elderly represent a different set of issues than those of screening and transplantation. With both screening and transplantation, the ethical and policy issues rise largely from a technological base and from the problems of sorting out the applications of the technology. With the elderly, the issues have much more to do with the nature of the elderly as a population group--how distinct are they as a subset of society? What are their entitlements? What social and economic burdens do they represent for society? What are reasonable expectations in terms of the length of and quality of life? Daniel Callahan and Sir Douglass Black provided the conference with leadership in addressing the complex problems of the elderly.

The ethical problems of resource allocation for health care of the elderly will be as difficult as any we face in the health sector. Given the rising demographic profile of the elderly in the population and the increasingly effective and expensive technologies that will be applicable to them, we are at the edge of a new and endless frontier of ethical inquiry.

Daniel Callahan's summary toward the end of the conference capped the consideration of the elderly in a far-ranging way. He divided the major issues into three groups: conceptual problems, moral dilemmas, and moral reforms.

The conceptual problems--with important moral and value implications.

Can one generalize about the elderly? Is it possible to generalize about the elderly while at the same time taking into account individual differences? Or could that very effort itself be harmful to the individuality and variety among the elderly? How does one avoid stereotyping the elderly? How does one avoid classifications that may be demeaning?

How do we want to define the old and the aged? Who are they? There are shifting ideas and policies on what constitute retirement age. Distinctions are sometimes made between the young-old, the old-old, the frail-old, and the very old. Such classifications have a bearing on not only the way society understands the old but also on the self-understanding of the old--the old will understand themselves in great part in terms of the way society understands them.

What are the minimal levels of health care? First, what levels of health care are minimally necessary for all age groups, and then what for the

elderly? This raises the further question: What is the relationship between health and aging? How do we relate health needs to our understanding and classification of the elderly?

Is aging a normal process? Of course it is a normal process, but given the possibility of biomedical intervention it is possible to consider that aging has the characteristics of disease. Whether it is defined as normal or not could determine one's perspective as to whether aging ought to be fought or accepted.

Can we define quality of life for the elderly? What would be the constituents of such a definition? How will need relate to quality of life? We can talk about medical need, or social need, but the effort to define need or quality introduces scientific and technical definitions that tend to be value-loaded.

How are we to understand the nature of the life cycle? At times we tend to use adulthood as the paradigm, and we see children as those who have not reached adulthood and the elderly as those who have passed adulthood. Should we understand the life cycle in a richer way, not using one particular stage as the paradigm but rather recognizing that each stage has its particular problems and benefits, opportunities and possibilities?

The moral dilemmas--those issues where important values are pitted against each other, but it is unclear which is the appropriate choice.

Is there need for a theory of limits pertaining to health care for the elderly? Is it appropriate to talk about limits for the elderly as distinguished from limits of health care for other groups? Does not singling out the elderly for discussion of limits raise problematic questions about the way we understand and classify the elderly?

Is it possible to define a proper balance of resources among and between generations? What is the right way to apportion resources between the young and the old?

How are we to find a proper balance between home care and institutional care for the elderly? That raises another question: the distribution of obligations. How are we to balance family obligations to take care of the elderly against governmental obligations?

Euthanasia, a general moral dilemma. While euthanasia is a moral dilemma very broadly for society, does it represent a special moral dilemma in the care of the aged and the way society values its elderly?

Moral reforms that are necessary--these do not appear to divide people or create agonizing choices, but nonetheless are important moral concerns.

Participation of the elderly in determining their own fate and welfare. They ought to be particularly represented in policy decision-making, and there should be advocacy groups for the aging.

Better care is needed for older women. Older women receive poor care particularly in poor communities. This represents a distinct and unfair situation where strenuous corrective efforts should be undertaken.

The need for new social roles for the elderly. There is great uncertainty in all our societies as to just what the elderly are supposed to be and to do. How might we redefine or clarify the present roles of the elderly?

The need to strengthen the family. If the family is to be the major source of care for the elderly, then the welfare and strength of the family is critical. In those countries where the extended family is still in place all the more attention should go to preserving its protective and supportive role for the elderly.

Here is a field of biomedical and sociomedical science that is much earlier in its development and maturation than those involving screening and transplantation. The medical, ethical and policy issues are just being discerned, and many of the key issues are not technologically based but rather are linked directly with delivery systems, societal perceptions, and with value systems that shape those perceptions.

Paradoxically, while the elderly and their needs for health services have been with us all along, there are entirely new issues precipitated by demographic shifts, technological advances and related escalations of costs. These new issues create a fresh context in which the most fundamental ideas, terms and values must be re-examined.

The implications for the Third World are clear. There is no reason not to expect that the demographic patterns of the elderly of the Third World will evolve in the same direction as in the West, and that many of the ethical and moral concepts, dilemmas and reforms will be similar. The critical challenge to the Third World will be to address those issues in terms that are consistent with their own societal needs and values.

FURTHER REFLECTIONS AT NOORDWIJK

In further discussions at Noordwijk the following comments were added:

— Our traditional values do not suffice, even when they are clear, to answer many of the problems we face in health policy. You cannot look up organ donation in the index of the Bible. The Koran does not speak about the limits of genetic therapy. The works of Plato and Aristotle are silent on the use of life-extending therapy for the very ill and very old. S. Gorowitz, U.S.A.

— There should be continuous dialogue between policy makers and other parties, such as researchers, scientific workers in the ethical field, professionals in the health care field, and organizations of patients. All these parties must be addressed by government in a more systematic way than is the case at the moment. R. Abbington, the Netherlands.

— It would be unrealistic for the developing world to talk about health policies, ethics and human values without reference to primary health care. B. Osuntukun, Nigeria.

— There is a clear need to recognize the inherent limits of resources, to become skilled at the application of criteria for setting priorities, to use these priorities to ensure meeting the most serious of human needs, and to promote social justice. In the health sector, we must become familiar with the economics of scarcity, and since scarcity is relative, it becomes a common ground for all countries--rich and poor. J. Bryant, Pakistan.

LOOKING AHEAD TO CAIRO

In looking ahead to the conference in Cairo, it was useful to consider the goals of the International Dialogue on Health Policy, Ethics and Human Values:

— To strengthen national capabilities for addressing and making decisions about ethical and human values issues involved in health policies.

— To contribute to improved understanding of the concepts inherent in WHO's Goal of Health for All, particularly its values content.

— To develop transcultural and transdisciplinary approaches and methods for working in this field.

— To use improved understanding of the approaches of various societies to the ethical and human-values aspects of health policy as a way to pursue deeper understanding of human values across cultural and political lines.

— Cultural issues and particularly value differences should be retained and protected in the Dialogue, otherwise they might be overshadowed by technological questions and analytical methodologies.

— There should be sensitivity to the needs of the under privileged and under represented sectors of the population.

The patterns of exploration set in Athens and Noordwijk served the discussions in Cairo usefully, but the dialogue at Cairo was to have its own form and content, and thereby contributed richly to the International Dialogue.

BACKGROUND PAPER II

Prof. Dr. Hassan Hathout
U.S.A.

(1)

The word 'Religion' has fallen out of favour in many scientific and nonscientific circles. Experiences in many international meetings clearly indicate that words like 'God' and 'Morality' are almost taboo. Even clergy-men attending these conferences tactfully avoid their mention as if they were obscene words. It was a bold step on the part of CIOMS therefore to invite religious points of view among discussions relating to Health Policy, Ethics and Human Values, and the experience was quite enriching. One could not miss, however, that the prevalent pattern of thinking was the 'Godless' one, expressed in the Athen's Conference by the views of 'Secular Humanism' (branded a new religion by News Week) claiming that human values have to be made by human beings and without reference to any supernatural power! The goings-on in the Eastern and Western superpowers that assume the leadership of humanity, clearly show that whereas the one denies the existence of God altogether, the other acknowledges His existence but confines Him to the sphere of personal worship and denies Him access to such human fields as politics, economics, public morality etc.

The explanation of this state of affairs is forthcoming if we look at the historical background. Human knowledge accumulated since the dawn of history and leaped forward through the Egyptian, Greek and Roman era in the West and the Sumerian, Persian, Indian and Chinese civilizations in Asia. The ministry of Jesus Christ was an important landmark along human history, but after him, christians were the target of harsh oppression and savage persecution until well into the fourth century, when by a stroke of

luck things underwent complete reversal. Leading a military campaign in North Europe, Constantine came to know of a plot to oust him from his position in the government of Rome succeeding his deceased father, and decided to turn back to fight for his right. Approaching Rome, he noticed one of the signals of the christians, written on which was the phrase 'Under this you win'. He pledged to support those people if he won, which he did and became the first christian Emperor. The oppressed became the rulers overnight, and in its over-reaction the Church took hold of all human affairs, obstructed scientific progress, persecuted and executed scientists and reigned over what Europe now calls the dark ages. When science won its long battle again, the over-reaction was to put in social exile the Church and all it represented, including God Himself. The schism between religion and science was then created, and still remains.

(2)

The history of Islam was not subject to this experience. The first word revealed in the Qoran was "Read" and the pursuit of knowledge was a mandatory religious duty. There is no clergy in Islam and no censorship on intellectual and scientific pursuit. In fact it was contact with Islam that shook Europe out of the dark ages into the enlightenment and renaissance.

Moreover, Islam is a comprehensive way of individual and communal life and Qoranic instructions cover the whole spectrum from worship to legislation. In the latter it describes a broad flexible legal system within the framework of which the human mind has to work hard in order to legislate for new situations ensuing upon changing times and circumstances. The sources of Islamic jurisprudence are the 'Qoran' and the 'Teachings of the Prophet' (ﷺ), but also 'analogy' and 'consensus', for one should not expect every future happening to be mentioned by the Qoran or the Prophet (ﷺ) . As Sam Gorovitz mentioned in Noordwijk, "You cannot look up organ donation in the index of the Bible. The Qoran does not speak about the limits of genetic therapy". This is indeed fortunate, or else the human intellect would have been superfluous, and Man reduced to a programmed creature. Islam gives goals, guidelines and limits not to be transgressed.. otherwise the whole arena of human life has to be based on in-depth study and sound judgement ever evolving and never with a closed end. Conclusions so derived are adopted provided they are not in conflict with the spirit or clear instructions of religion: and on this basis Islam acquired a tremendous wealth of jurisprudence based on the intellectual acumen of varying scholars or juristic schools. In between themselves they might arrive at different conclusions, but there is a built-in acknowledgement and

acceptance of divergence of honest human opinions as long as they do not contradict the basic teachings and as long as the ethics of disagreement are not breached.

Because of the all-encompassing nature of Islam, the pursuit of knowledge and scientific research (in religious jargon referred to as the unraveling of God's tradition in His creation) must be applied in all spheres of life, and hence the great contributions of the Islamic civilization to such sciences as medicine, physics, chemistry, mathematics, astronomy and all the rest, as well as to the humanities, language, jurisprudence, philosophy etc.

(3)

Since the pursuit of knowledge is an aim in itself, it is inevitable that self-imposed isolation from any potential source of knowledge would be self-defeating. Open windows on other cultures are a must, as well as a full opportunity to scholars of all creeds, cultures or religions to unfold their full potential in forwarding knowledge. This was admirably observed during the ascent of Islamic civilization and should guide humanity forever. Values should never be imposed by force or pressure, but an awareness and understanding one another's views is always enriching.

The ongoing dialogue on Health Policy, Ethics and Human Values organized by CIOMS has been a successful forum where various cultural and religious (and even irreligious) backgrounds are engaged in exchanging ideas in an open and civilized way. We attended and contributed as Muslims to Athens and Noordwijk, but in both instances we did not feel that the opportunity was ample enough to fully explain Islamic views. New advances in medical sciences are confronting the world with a full battery of ethical issues that are knocking policy-makers off balance. No budget can satisfy all that is needed.. yet the ladder of priorities seems to vary quite appreciably when drawn on a dollar-based scale from that drawn on a "Value"-based scale. Shall we heed values or prices? And who should spell the values: God or Man? It is felt that Islam has something to say on these issues, something that we would like to offer and share with the rest of humanity. To create an adequate opportunity we thought it worthwhile to hold this conference under the title of "Islamic Perspectives". At least it should provide some knowledge of Islam's stand on such issues. At most it might offer a few thoughts that the nonmuslim world may wish to quote, adapt or adopt. During the process of healthy dialogue we are sure to sow the seeds of better mutual understanding and break more and more of the shackles of long-time prejudice and mis-understanding. On this conference we cannot loose. We can only win.

PART ONE

SANCTITY OF HUMAN LIFE

CHAPTER I
PLENARY LECTURES

I. REPORT ON THE SESSION

The session was chaired by Professor Rushdi Fakkar and moderated by Dr. Ahmed Al-Kadi.

At the beginning of each lecture, the Chairman introduced the individual speakers, namely - Professor Hassan Hathout and Professor Zaki Najib Mahmoud, who then delivered their respective plenary lectures entitled "Why an Islamic Perspective?" and "Human Life as a value." At the end of each lecture, the Chairman thanked the respective scholars for their valuable presentations. And, finally, he opened the floor for discussion. Several scholars participated in discussion.

Editors

The Chairman: Professor Rushdi Fakkar:

Professor Hasan Hathout, scheduled to deliver the first paper in the plenary session, is a well-known scholar who needs no introduction. Suffice it to note that our venerable speaker worked until recently as a Professor of Gynecology and Obstetrics in Kuwait University, where he enriched the university with his knowledge and thought, but moved a few months ago to the Islamic Center of Southern California to continue his vocation. He also is a member of the Board of Trustees of the Islamic Organization for Medical Sciences, under the banner of which we are all proud now to work, to formulate the Islamic perspective that we are all seeking to instate. Through good words, advice, conviction, wisdom and objective reasons we seek to view human values and ethics through the perspective of Islam. I call my dear brother Dr. Hassan Hathout to the podium to deliver a paper entitled "Why an Islamic Perspective?"

WHY AN ISLAMIC PERSPECTIVE?

Prof. Dr. Hassan Hathout
U.S.A.

For a brief introduction, we state that Islam is the last of the three monotheistic religions, Judaism, Christianity and Islam. The three believe in one and the same God, the God of Abraham and of all the universe, but Islam exhibits basic doctrinal differences from the followers of the other two. It blames the Jews for claiming that they are the only chosen people of God and for rejecting Jesus of Nazareth when sent to them and accusing his mother as unchaste. Islam asserts that Mary was pure and that Jesus was genuine. But with Christians - at least most of them - Islam takes exception to the creed of the Trinity, which eventually was decreed by the Congress of Nicea in 325 AD during the reign of Constantine. Yes, Jesus was created by the Will of God through the Immaculate Conception of virgin Mary, whom God had purified and chosen over all the women of the world. Jesus is described in the Qoran as the Spirit of God and His word and messenger to the Children of Israel, but as a human prophet, not divine, and not the only son of God, for God never begot, never was begotten and none is like unto Him. Islam also upholds individual responsibility and accountability and the direct access to God's forgiveness and mercy without vicarious sacrifice. Those Israelites who believed Jesus were the first ferment of Christianity that later became widespread, the turning point after an era of oppression was the endorsement and adoption by Emperor Constantine of the Christian religion in the fourth century. When Islam came, elements of both, as well as others, adopted it and Islam also became widespread.

Although the recognition by Islam of the other two religions is not reciprocated by their followers, and despite their doctrinal differences that Islam teaches are man-made and not part of the teachings of Moses and Jesus, Islam does not categorise Jews and Christians as non-believers but

rather assigns them to the special category called "The People of the Book" or "The People of the Covenant". It preaches our friendly attitude with them, we may eat their food and they eat ours, the sacred unit of matrimony may be held between a muslim and a bride from them, and, legally, they have our rights and owe our duties. This bond of friendliness can only be broken if the other side becomes unjustly hostile, and the Qoran says:

GOD FORBIDS YOU NOT WITH REGARD TO THOSE WHO FIGHT YOU NOT FOR (YOUR) FAITH, NOR DRIVE YOU OUT OF YOURS HOMES, FOR DEALING KINDLY AND JUSTLY WITH THEM, FOR GOD LOVES THOSE WHO ARE JUST[1].

It is unfortunate that these facts about Islam were twisted or concealed from the Western mind for many centuries propagating a rigid atmosphere of hatred. And yet recent times are witnessing a happier change. From the traditional assertions since Urban II called for the Crusades describing Muslims as "a people without God ... an impious people ... dogs ... chaff destined for eternal fire etc."[2], is a far cry from Pope Paul VI's encyclical in 1964 where the official view of the Church on Islam reads: "Upon the Muslims, too, the Church looks with esteem. They adore one God, Living and enduring, merciful and all-powerful, Maker of heaven and earth and speaker to men. They strive to submit wholeheartedly even to His inscrutable decrees, just as did Abraham, with whom the Islamic faith is pleased to associate itself. Though they do not acknowledge Jesus as God, they revere him as a prophet. They also honor Mary, His virgin mother, too, with devotion. In addition they await the day of judgement when God will give each individual his due after raising them up. Consequently they prize the moral life, and give worship to God especially through prayers, alms-giving and fasting"[3].

With this introduction we hope to have established the fact that Islam and the other two monotheistic religions can indeed be on speaking terms, in a trialogue free from the traditional negative stereotyping with which Islam has been viewed for many centuries. This is indeed very opportune, for it comes at a time when on the one hand our globe has shrunken by modern communication technology to the status of almost a small village. On the other hand the actual and potential consequences of our current civilization based on materialism, sensuality and selfishness, are threatening humanity at large. Unless brought to the right course indicated by Divine guidance through all religions, the ship of humanity will be wrecked and all its passengers face the danger of drowning. Islam illustrates how change in course can be brought on by a change in people. Give the people a better purpose in life and they will adopt it. An illustrative case is the prohibition of

alcohol. Our memories are still fresh how America tried it by police force and the result was utter failure. Fourteen centuries ago the Arabs were no less drinkers than any human society could ever claim. When Islam touched the heart of its followers they were transformed as if to a new breed of people, so that on the same day the verse of the Qoran forbidding drink was revealed, every household brought out their stores of liquor and split it out in the street. The problem of drinking vanished overnight, and almost everyone was his own censor.

It is this change of heart that is needed to save our current civilization. People should be convinced that unless they are ruled by God, they will be ruled by tyrants: whether tyrants are dictators, greeds, creeds or desires. Atheism and Humanism already fell into this trap.

Islam shares with the other religions the same code of personal morality. But beyond this common area Islam encompasses a much wider sphere than the word "religion" imparts in a western perspective. Both conscience and government are within the domain of Islam. Worship has its place in Islam but so does law. The historical European schism that lead to separation of Church and State does not pertain in Islam .... for in Islam the institution of the church does not exist, and Qoran addresses the legal as well as the spiritual needs of human societies, all human societies. Law is a human necessity, and the noble values and high goals of a community, though relying in essence on individual conscience, can never in actual practice do without parallel harmonious legislation to protect and support them.

Perhaps current western mind and muslim mind do not see eye to eye to this point... and to the muslim this seems to be one of the inconsistencies of western life. To us it seems that in the west the question of individual rights has been overplayed and overstretched, perhaps because the concept is individual versus society. In Islam society is individual multiplied. As the Prophet (ﷺ) says, that the members of a community are like the organs of the one body, if one is afflicted the others will rally in support. It seems to us that the physical aspects of life are very well heeded in the west, but not so the moral aspects. The concept of traffic lights to prevent accidents is very well guarded in the west and no one dares to break the red light... whereas on the moral side the need for red lights is more than obvious and the toll exacted for ignoring them is enormous: and yet they are. Environmental pollution is well emphasized as a health hazard and its combat has become a major sanitary and political issue, and yet moral pollution and its sequelae play havoc with whole nations without evoking a

commensurate enthusiasm. Morality has become a bad word, and several attempts at legal reform aiming to curb the vagaries of licentiousness including health and financial losses, are apt to be defeated just because they associate themselves with morality. We seem to live "The Triumph of Immorality". Statistics and projections denote that this is incompatible with "The Triumph of Humanity". At this cross-roads the World has to make a decision, and before it is too late. We sincerely hope that we here - unanimously - will opt for "Humanity" ... and from here take the message to the rest of the world.

One last warning. If Islam is all that nice... why are the Muslims so retarded? Why are they the third world and not the first? Believe me ladies and gentlemen, that our shortcomings derive not from Islam but from departure from it. So many muslims are a misrepresentation of Islam, whether at individual or communal levels. Those outsiders with a penetrative look that can realize the realities of Islam, do realize that it offers the solution to many a problem that plague our contemporary world in both east, west, north and south. Since Islam is neither an Arab or a middle-eastern religion but rather a universal call described specifically as mercy to the worlds in the words of the Quran, we feel it is our duty to reach out and cooperate and share our values with all who would like to make this world a better and healthier place for us, our children and our grandchildren. We feel no reservations, bitterness or sensitivities, for the Quran addresses us saying:

SAY WE BELIEVE IN GOD AND THAT WHICH WAS SENT DOWN TO US, AND THAT WHICH WAS SENT DOWN TO ABRAHAM, ISMAIL, ISAAC, JACOB AND THE TRIBES, AND THAT WHICH WAS GIVEN TO MOSES AND JESUS, AND THAT WHICH WAS GIVEN TO THE PROPHETS FROM THEIR LORD... WE MAKE NO DISCRIMINATION BETWEEN ONE AND ANOTHER OF THEM... AND TO HIM WE ARE SUBMITTERS... (i.e. MUSLIMS)[4].

Thank you.

REFERENCES

1. *Qoran:* 60: 8
2. *Synodalis Concio Urbanis Papae Ilae, in Mansi :* Coll. Conc., p. 20, cc 821-824.
3. *Declaration on the Relationship of the Church to non-Christian Religions.* No. 3, p. 663, 1964.
4. *Qoran:* 2: 136.

The Chairman: Professor Rushdi Fakkar:

We would like to thank Professor Hathout for this valuable and rich presentation which combines, accuracy of content, ease and conviction. I will not repeat or summarize what Prof. Hathout presented, but I would like to note briefly that his presentation was coherent and comprehensive. I would like to say, with your permission and that of the speaker, that it is Islamic perspectives – let me repeat it is Islam – that the speaker is referring to here. It is this Islam that is conveyed through divine revelation without coercion, domination or force; Islam, which gives us full freedom of choice, as there is no coercion in religion, which has given us this comprehensive perspective. Anyone genuinely searching for answers in Islam will find that this religion addresses him in various yet homogeneous frameworks, and provides him with a comprehensive framework that gives the soul a sense of comfort, security and contentment. What more can I say about Islam, without taking too much time or repeating myself – the perspectives of Islam, which have always been generous in giving and encompassing in its path to cover the whole of humanity. We look forward to an Islamic horizon which seeks to restore balance and equilibrium to man's life, a lost balance between man's technlogical and scientific advance and his humanity and ethics from an Islamic perspective.

We now open the floor for discussion, and I propose that if anyone has a question he should leave it until the end. Some of my esteemed colleagues have suggested that the discussion be postponed until after we listen to the next paper, to be delivered by the distinguished Professor Zaki Najiib Mahmoud. Professor Zaki Najiib Mahmoud is a philosopher and a distinguished writer, the Professor of Philosophy in the Faculty of Arts at Cairo University, a fellow of numerous scientific and academic associations and institutions, and the recipient of many scientific and academic awards and honours. He has also been a visiting professor in many American universities, and is a promonent author who has enriched the Arab Library with more than fifty books in philosophy, literature, criticism, and culture as well as numerous newspaper articles on modernizing Arab culture. Sir, you have the floor.

HUMAN LIFE AS A VALUE

Professor Zaki Najiib Mahmoud
EGYPT

The first issue

Life in relation to man may be defined as the presence of two attributes in him namely "will" and "knowledge". The definition of life as presented here does not even refer to man's physical condition or his body, nothing that is not related to the processes of the will or knowledge is included in this definition of life. I believe that I am supported in this by some of the views mentioned by Islamic scholars on the meaning of life when it refers to Almighty God. I would like to refer here in particular to 'Abu al-Hamid al-Ghazaali in his book entitled *al-Maqsad al-'asna fi 'asmaa' Allah al-Husnaa.* In this book al-Ghazaali shows us that the attributes of Almighty God which are implied in God's good names *('asmaa' Allah al-Husnaa)* are attributes determining the highest ideals and values for man's moral life, with one main difference when these characteristics are attributed to Almighty God, and when they are attributed to man. In the former case, the quality is absolute and infinite whereas in the second it is delimited and conditional on the circumstances. However, the definition of life is the same in both cases, which as we mentioned before, is the presence of the two attributes of "will" and "knowledge" (we may substitute the terms "perception or awareness" here for the term knowledge).

Concerning "will" we repeat here that for Almighty God it is absolute and infinite, whereas for man it is restricted and delimited. It is limited in the first place by man's abilities, and secondly by the nature of things to which this will is applied. As for the attribute of "knowledge" or perception it is the same for God Almighty, in that knowledge is absolute and encompasses everything. I would like to point out here that the term knowledge is the appropriate quality that may be attributed to God Almighty in addition to his will. Another difference may be added here concerning the attribute of knowledge, namely that God's knowledge is prior to the actual physical existence of that which is the object of that knowledge since it is eternal

knowledge which is not restricted to a specific time or place, whereas man's knowledge, in addition to its limitations, comes only after the existence of that which is the object of this knowledge. Man may remain ignorant of things for a period of time, whether short or long, or he may remain ignorant of these things throughout time. Therefore, when we attribute the terms knowledge or awareness or perception to man we are really refering to his ability to acquire certain knowledge which would enable him to control those things of which he was pre-determined to be aware of.

The conclusions of the first issue

Since man, unlike all other living creatures, is the only species that wills and knows, a matter which has led to man being the only creature that is to account for his actions, a moral responsibility implying his reward and punishment. Since man possesses knowledge and will, he is endowed with specific rights that no other living creatures such as plants or animals or indeed non-living creations possess. The first of these rights is the right to "life" itself. This right is not restricted to mere physical existence but goes beyond this to encompass other attributes necessitated by the innate nature of the individual such as thought, faith, emotions and a right without which he would have no life that is the right to freedom.

Freedom is an essential condition implied in man being a creature of will and knowledge by virtue of the very definition of man's life. Will would be an empty shell if it were not free will, free to make its own choices, so that it can be held responsible for them. Perhaps this responsible freedom which may make the correct choice and be rewarded or the wrong one and be punished is what is referred to as responsibility *(al-'amaana)* in the Quran, that which was offered to the heavens, the earth and the mountains who all found it too heavy a burden to bear and declined to bear it, whereas man accepted it. The heavens, the earth and the mountains go through their courses without error because they are pre-determined and have no ability to make choices, whereas man is the only creature permitted by his innate nature to make free choices so that he becomes responsible for them.

If the attribute of will necessitates that the creature who possesses such a will must be free, the attribute of knowledge necessitates that the creature who acquires this knowledge has the recognized right to continue to acquire such knowledge so long as he wishes to and can continue to acquire it, and that different individuals vary greatly in this respect, therefore there are among them those who know, and those who do not know in all areas of life. Whenever we have in one area, those who know and those who do not know, then views should be left to those who know, and those

who do not know, if they are rational, should be guided by those who know, freedom is guaranteed in both cases. Those who are capable of acquiring knowledge of the nature of things in a specific field should be free to pursue their interests and those who are incapable of doing so themselves are free to be guided by the acquired knowledge or to ignore the acquired knowledge. Everyone has the freedom to choose and everyone bears the responsibility for his choices.

Since man is free by the fact of his innate nature which makes him a creature possessing a will and capable of acquiring knowledge whether about that which can be directly known and perceived or indirectly through someone who knows, then this right to freedom necessitates "the right to equality among individuals, unless certain individuals suffer from certain deficiencies that prevent them from being equal with everyone else". This difference becomes very clear if we know that freedom, in its deepest sense, is the freedom of the individual who possesses adequate knowledge to behave in the proper manner in his area of knowledge, and there is no freedom for an individual in an area which he is ignorant of, and since there are differences between individuals in their abilities to acquire knowledge in one field or another, hence there is a difference between individuals in their capacity for the right to freedom. A corollary emerges from this, namely that individuals will differ in their ability to achieve the right to equality for themselves. What is important here, however, is that these rights are secure for those who want them and are capable of bringing them about by means of innate human nature.

The essence of human life is therefore, will and knowledge, and from these two attributes the right to freedom becomes inevitable, which is the right of all individuals equally. From the latter emerges the right to "equality", and if this is the case then a clear truth emerges before us which is in turn the basic principle to which everyone must refer if we face a problem connected with human rights. This principle is the one which views every individual, whoever he may be, as a creature created by Almighty God with all his attributes and circumstances to exist in his life as an entity that possesses first a will and secondly knowledge which allows him to find the means to implement his will in the world of work and behavior. So that in the end he is held responsible for the outcome of his life, what he did and what he did not do, before his conscience during his life and before his God on the day of judgement.

This individual responsibility which falls on every adult Muslim leads to a conclusion which is the most distinguishing feature of man, since it views every adult individual as a separate world in himself, co-operating or not

co-operating with all other individuals. However, in both these cases every individual is independent in his own right and his existence is as important as that of any other. I am repeating this conclusion to make it as clear as possible, namely that every individual has an independent existence in which no one may replace or substitute for anyone else. Perhaps this truth is part of the meaning of the Islamic principle which makes the killing of an individual without a just cause or reason just like the killing of all human beings. Why is that so? Because he who kills an individual unjustly, has violated this basic principle which views every individual as a separate and independent world, - regardless of whether there are others with him or not. Hence, no individual, whoever he may be, has the right to put another in a situation where he becomes merely a means for another, but this surely does not deny the possibility of co-operation among individuals, a form of co-operation based on their own free will. Therefore, it is not permitted for a powerful individual to sacrifice another individual so that others or even millions may live; likewise it is not permitted for a scientist or a researcher to conduct his scientific experiments on an individual or a group of individuals on the pretext that this is done in the interest of the human race so long as this is done without the knowledge of this individual or group of individuals. The question that emerges here is: is it the right of the individual to agree to sacrifice himself in certain contexts? But this is another matter, in which right or wrong are provisional on conditions that should be investigated in another context.

We have established our concept of human life and the rights and duties emerging from it on the basis of a definition of the meaning of life in this context taken from an Islamic source and mentioned by a number of Islamic scholars, among whom is the authoritative Islamic scholar Hujat al-Islam Abu al-Hamid al-Ghazaali, but we may be making a grievous error if we take this "definition" as our premise and reach a conclusion to the effect that as long as the ability to acquire knowledge or science is part of our definition of human life which is based on an Islamic source, then it follows that it is our duty or it is incumbent on us to make the Holy Quran our source for scientific matters, to the extent that we derive from it the laws of the physical sciences or the laws of the liberal arts. This point of view has recently become widespread among us, so that it has become incumbent among us who disagree to make their opinions known. If we are wrong then we hope for a reward from God for expressing our opinion, but if we are right then we would hope for a double reward.

My opinion is that there is a difference between saying that our sciences, in their diversity, must be based on Islamic values or values that

at least do not violate Islamic values, and saying on the other hand that the laws of these sciences must be derived from the Holy Quran. To explain this difference it suffices here to mention two points. The first is the value or criterion or principle which does not specify what is being measured by this criterion, value or principle. The meter for example is a unit of measurement for measuring length but it does not in itself tell us what is being measured, is it a wall or material or something else? The scale is an instrument by which we measure the weight of objects, but its presence in itself does not tell us what objects we will use it to weigh, whether these are bales of cotton or steel rods. The same is true of values and principles, the value of honesty is imposed upon us regardless of the nature of the situation in which we are committed to honesty. It could well be the situation of a scientific researcher who is committed to honesty in recording and announcing his results. The same is true in relation to the principle of equality among people, it is a moral obligation before being anything else and one that we accept before we know in which area of life it will be implemented, whether in education, conscription or the distribution of the national wealth among the citizens? This is what the relation should be between the values and principles of religion and scientific fields in human life. Religion provides us with principles and values to which we are steadfastly committed, as to when and where this commitment will be demonstrated that is a matter that is left to the course of life, where there is no difference between a situation in which there is a transaction between a buyer and a seller or between a scientist and his research. I would like to add another illustration here that may clarify things further, namely that the difference between the values and principles of religion on the one hand and the real life situations in which these values and principles will be implemented is like the difference between the foundations of a structure and the building that will rise on these foundations. Though the existence of the building depends on the presence of these foundations, yet this does not imply in any way that the foundations should also have rooms and furniture like the building.

This then is one of the two points which adequately define the difference between our commitment to the values and principles of Islam and the cases in which these values and principles are to be applied. The second point deals with the sciences in particular, namely should we or should we not derive them from the Holy Koran. In this regard, I would like to say that "the absolute essence of all scientific work is its methodology" and not its subject matter, the subject matter of scientific work can be anything you wish it to be but it will not be considered scientific unless it follows a scientific method that has been developed by scientists over the ages. We are not claiming here that scientists have reached the ultimate or perfect

method, because the history of science is based on the notion that later stages correct the errors of previous stages and rectify their deficiencies. Anyone can freely choose the subject he wants to become a scientist in, provided that he follows the scientific methodology. Despite the fact that the sciences differ in their accuracy, depending on the nature of their respective subject matter, the scientific method in its major stages is basically the same. I must also point out that all the principles and values of Islam are included in the fundamentals of the scientific method. Therefore, every Muslim should engage in scientific research as the Holy Quran urges him to do, without fearing any adverse effects on his belief. So that when it comes to the stage of the implementation of the results of scientific research in human life, such implementation will be controlled by guidelines which will differ in accordance with the difference in situations and circumstances. This point of view may suffice to distinguish between establishing our comprehension of human life on an Islamic basis, based on the will and knowledge (or science) which does not lead of necessity to the assumption that the subject matter or cognitive content be derived from the Holy Quran, since the content in itself emerges and accumulates with the passage of time. All that is required of the believer is that his knowledge or science is based on values and principles that do no contradict the values and principles of Islam.

The second issue

"Oneness" is one of the fundamentals *('Usuul)* of Islam, and from this other branches emerge which are relevant to what we are about to discuss. God Almighty is "one" with no peers or partners. God is one, whose attributes are fully consistent with Himself with no contradictions or paradoxes, as previously mentioned when discussing the meaning of "life" based on the views of al-Imam al-Ghazaali. We will refer to God's oneness and unification here again, as it applies here to the idea that the attributes included in God's names are themselves the ideal attributes, on the basis of which a Muslim tries to organize his moral life, with the obvious difference between the two cases namely the attribution of specific qualities to God Almighty and the attribution these qualities to a human being. We have already made this difference clear in the first paragraph of this paper. On this basis, the Muslim must do his utmost to preserve the "oneness" and the "singularity" of his individuality. Meaning that he does not mould his character in a mould made by others, since he has been created as a singular and unique individual, as if he were a world on his own. He should not therefore give up the characteristic that God endowed him uniquely with, a fact which does not conflict with being a member of a community,

co-operating with all its other members within legitimate bounds, namely those that do not invade the entity of the individual. This oneness also aims at keeping the individual as a whole entity, i.e. not fragmented by the different components that make him up. That is an individual is made up of a brain, emotions and instintcs, and the different needs of these components may well be in conflict with each other. What one of these components needs can be in conflict with the others. However, an ideal life comes from setting up moral guidelines which in turn will enable these different components to co-operate to bring about a single goal. The goal determined by the "will" from the very outset, then comes "science" or knowledge which helps to determine the steps leading to this ultimate goal, using for this the different aspects of human abilities, such as the brain, the emotions and instincts provided that they all act together consistently, without any destructive conflict between the different components that might lead to the destruction of the individual soul.

Some early Islamic scholars made a comparison between the individual on the one hand, and the universe on the other; they found a striking correspondence between the two, to the extent that they decided to call the universe the macrocosm and the individual the microcosm. The same contrast is found in Western thought. Perhaps the basic concept underlying this similarity between the universe and the individual is their oneness and the unity of their components working together, at least the universe with its myriad phenomena all working uniformly and consistently together. This unity and consistency of the different components of the individual may be exposed to imbalance, when one of the components dominates the others and takes over, thus causing a state of imbalance. I believe that the possibility of unity and consistency is more likely in the case of an individual who believes in one God and no other. If the individual is sincere in his faith, then it rapidly flows through him, and is reflected in his thought and behavior.

Then this unified view extends to cover other vital aspects, perhaps the most important of which from a cultural point of view is the tendency of man to unify the sciences, or more accurately to unify "knowledge" in general. In this context, I would like to point out that the difference between "science" and "knowledge", is that "science" deals with that which is general, comprehensive and what is of necessity in existence, such as the fundamental principles and the laws of the universe based on these principles whereas knowledge deals with separate diverse events which may have or have not occurred; even if they have occurred then they may disappear in a while. Therefore, it is more correct to refer to the unity of the sciences and not the unity of knowledge, the different sciences are actually

clusters of laws where each cluster deals with an individual field, but all these fields are interrelated in the unified texture of the universe. Man as a student of the universe has divided the universe into separate fields so that specialized scientists could devote themselves to the in-depth study of a specific field. Each field was still further sub-divided so that each specialization became a yet narrower and deeper study. More often than not people are fooled by these divisions, in fact scientists themselves are also fooled by these divisions so they believe that they are real, whereas in fact all these divisions of science are tightly bound together in one single texture. This close relationship between the different subdivisions of science makes no distinction between the physical and social sciences and the liberal arts as they are all sciences concentrating on the study of parts of reality aiming to deriving and inferring the laws that govern those parts of reality,except may be the mathematical sciences since their main function is to provide the other sciences with the quantitative means that permit them to formulate their laws in a more accurate manner. If a great thinker is fully convinced of this close family relationship among the sciences, then his next inevitable question will be: Who is the progenitor or the original source of all these divisions of science? What was the primary fundamental idea that like a pregnant mother carried within it the seed of all these scientific disciplines and then gave birth to them gradually over time? This is the major question and many great minds have attempted to answer it, but I believe that those who have faith in religious "oneness" are more capable of answering this question, since as I mentioned previously if a believer is sincere in his religious faith then it is not restricted to being mere words but goes beyond to become a comprehensive "vision" through which the believer sees everything else. The writer believes that if Islamic scholars want to Islamicise the sciences, that is to say make them Islamic, then the right and rational course of action is not to change scientific methodology or to look for other methods which would lead to this objective (we have already pointed out that we define science in its method and not in its subject matter), but that the only possible meaning of the Islamicization of the sciences is that scientists should move towards their unification.

The results of the second issue

Anyone contemplating the life of man as a "value" in itself can only compare man with all of God's other creatures, only then will he see that one of the most sublime attributes of man, one that places him far above all other creatures, is that he combines in his single being both "science" and religion. Even if creatures other than man have some kind of worship which

is manifested in their conformity to the laws of their existence, are there really any other creatures who possess both science and religion? This is not just restricted to the presence of both science and religion in one sould but what is more striking is that each of those two proceeds separately on its course in subject matter and method and that both of them ultimately meet at one common point which is "unification". If this is the goal of the journey, then it really does not matter that "science" uses the mode of rational logic in its analysis and inferences and that religion reaches the same goal through feelings, emotions and the light of the soul. As for the unification of the sciences we have already defined its meaning in the previous paragraph. As for unification in the Islamic faith, every Muslim knows it starting from the proclamation that he is a Muslim through the whole scale of religious knowledge in all its details. What we wish to add here, relevant to the subject under consideration, is that both religion and science meet in one "innate instinctive nature" *(fittra)* that of man, meaning that when man learns and takes up religion, he is in both cases motivated by his innate instinctive nature. What exactly do we mean by using innate instinctive nature *(fittra)* in this context? We mean that if we conduct a large scale analysis, through which we intend to derive manifest diversity from one single origin just as we do when we derive a family tree from a single ancestor, an operation that is termed "the law of identity" in logical analysis. A law indicating that if we perceive X, then we are capable through human nature of recognizing X if we meet it again and again under different circumstances, however different the circumstance may be. This law is formulated as (X Y X X) and it means that perceiving the similarity between two similar things is the most primitive human ability, which in itself is an adequate basis to function as a foundation for all human knowledge from beginning to end, and this is the innate instinctive source *(fittra)* from which the paths of science and religion emerge. Science must have a beginning for its path, and this starting point is mathematics and this is what is called axiomatic. For the physical sciences and the liberal arts, the starting point is the observations and data collected by the scientist as a basis for his inferences. How does a scientific mind know that a specific result that can be inferred from the starting point is the correct result? In other words, how does the reasoning scientific mind know that it has made the correct inference? The answer to this question is that he will see the unity of common "identity" between his premises and data on the one hand and the inferred results on the other hand. Despite the difference in the verbal or numerical manifestation of both the premises and the conclusions, it is as if we see a specific person in two different attires, and despite the difference in attire we are still able to recognize that it is the same person because of

the perceptive power implanted in our human nature which permits us to perceive the similarity between two similar things, a matter which is expressed by the law of identity in logic.

This is the law of identity in science; as for its role in religious faith, it is the ability of the Creator as manifested in all his creatures despite their extreme diversity of appearance. In clarifying this we provide the following example, where an expert in Arabic poetry is capable of attributing a verse of this poetry to its period, and perhaps even to the poet who wrote it? Is not an art expert, for example, capable of attributing a specific painting to its original painter, and capable of distinguishing the original from the copy? The abilities of experts in all fields are well known, each expert in his own field is capable of recognizing what is and what is not original and of attributing anything to its origin. The same is true of the believer who contemplates God's creatures, if he scrutinizes these creatures he can see the one and only Creator,he can see Him in a flower, a bird, rain, a plain, a mountain, the sun, the stars, the light, a sound, electricity, gravity, the wind and everything around him.

All that the believer in the process of contemplation has to do is to go beyond the outer appearance of things to their inner identity, so that the common language that all God's creatures speak will become manifest before him, and he is aided in this by his ability to perceive, in which the law of identity resides. The law of identity in the logical sense recognizes the similarity between things, however different their outer appearances may be, and recognizes their common source and origin. Man's innate perceptive skill is able to recognize this single source which divides into two main branches each with its path, both of them revealing the truth "so that man may see it through his eyes on the one hand and through his vision on the other". One of these branches is that which man uses to go on his way guided by his senses, such as eyesight, hearing etc., whose data are delivered to the brain, which in turn processes these data to transform them into practical laws, which are characterized by being general, abstract, comprehensive, and rising above the limitations of time and place to become laws just like the law of gravity, that is to become true whatever the events occurring may be. From the sum total of the comprehensive laws of the sciences with their different sub-disciplines, man with the aid of great thinkers can derive one "principle" or one "vision". The same is true of science where man begins with observations and data and ends with a comprehensive and unified vision, but here the scientist depends on the logic of reasoning in his analyses and inferences.

The second branch from the source of perception in the innate nature of man is that which starts its perception process from the point where the first branch stops. If the unified vision of the truth is the last of the stages of rational perception, then this unified vision in the second branch descends as a revelation from heaven, then it is perceived by those who believe in one language perhaps by a beat of the heart, this is religious faith and the way in which it is perceived, here there is no analysis, reasoning or inference making based on deriving conclusions from premises. All this belongs to reasoning and its methods, as the brain perceives what it perceives in an indirect manner, that is it uses intermediate stages to mediate between premise and conclusion. Religious perception on the other hand is immediate and direct perception, in which there are no intermediate stages.

Islamic thought in its early creative stages, which lasted for nearly nine centuries, produced a number of scholars who tried to exemplify in detail, how reasoning can lead to the same vision that was divinely revealed in Islam, the concept of "unification", which reason reaches through various stages moving from the perceivable to the law to the principle, is the same concept of unification with which the believer contentedly starts, satisfied in his belief without the need for proof to protect him. Ibn Tufail in his book *Hay Ibn Yaqdhan* shows how the mind without reading a single page, can reason and infer the presence of one unified God and Ibn Rushd in his book *Fasl al-Maqaal fima Bayn al-Hikma wa al-Shari a minna 'Itisaal* shows how the light of reasoning leads ultimately to religious truth which is the product of faith.

The innate unified perception of man has divided into two branches, each of them leading back to the same unified vision, despite the differences in their respective paths and methods. It suffices in this context to point out that whereas the brain starts with the details of knowledge and then seeks to unify them under one concept, religious faith starts with the unified concept and then examines it in detail later on in what are called the religious sciences. I would like to repeat here that if this is the case then each branch should have its independent method, with neither side questioning the other about its method. The religious method, implying direct faith in what a prophet says whether revealed by God or not, this is sufficient for the faithful, and it does not matter if the believer hears nothing further from other religious scholars:

OUR LORD! WE HAVE HEARD THE CALL OF ONE CALLING (US) TO FAITH, 'BELIEVE YE IN THE LORD', AND WE HAVE BELIEVED.

(al-'Imraan, S. III, v. 193)

This, however, is not the method of science, no scientist would say that he had received a revelation revealing the laws of electricity so that he believed in them, rather the scientific method is based on experimentation and proof, which a researcher establishes before his peers, and it is up to his peers to accept it because of the validity of the proof or reject it because of its inadequacy.

This independence of the two branches is not just a matter of setting limits so that each branch will stop at a certain point, it is also a matter of not putting the lamb and the wolf in the same cage or that of putting a stone and a book in the same box. It is more like two eyes or ears in the same head, seeing together or hearing together, even if each eye or ear can see or hear on its own. Science and religion are both in the same individual, each of them independent in its own way, yet the comprehensive vision is ultimately identical and I am referring here in particular to the primary concept, the concept of "unification", in science it is an "idea" or "principle" and in religion it is a "faith" or "belief".

The right of science to take its proponents to infinity is restricted to the "theoretical" level only as this is the domain of scientific research, however, if scientists move over with their theoretical research to the field of application to "human life" then this movement would be considered an illegitimate invasion by one branch of the other. Human life is made up of knowledge and objectives, man with his innate instinct wants to achieve specific goals, hence he chooses those sciences and knowledge which will enable him to achieve his goal motivated by his will towards this goal. The religion in which he believes has set limits for him that he should not transgress or violate. A poor man who is driven by his desires to steal or kill or betray someone's trust, finds in his religion the limits that stop him from bringing about his desires through such means. The same that is true of the goal is also true of the "means of bringing about the goal", even if it is desirable to maximize profits in trade or business, yet not all the means of bringing about the goal are allowed. All that this means is that science has absolute freedom on the theoretical level, but when it comes to its application to "human life" then it has to be restricted by the limits imposed on life by religion, as well as further limits that may be imposed by different cultures, traditions and customs. Some might think that such obstacles should not be placed in the way of the application of science to life. We can only ask now, are there no situations in actual life where there is confusion between religious limits and limits imposed by tradition or culture? Meaning that a specific obstacle might be the result of an inherited social custom which may be interpreted as a religious limit? Who would then decide in

such a situation? Axiomatically, we would say that an answer should be provided by researchers and scholars, though they tend to squabble among themselves, we have no alternative but to leave the door open for all those seeking to find an ultimate answer to such a question.

It might rightly be said, is it valid to restrict science to the theoretical level without encompassing man's life? In such a question there is some confusion between the two aspects of what we have called "human life". The first of these two aspects is the life that we determined as being that of having a goal and that a person wants to acquire the knowledge that will allow him to achieve his goal. The second includes the elements of the environment in which man lives and which he uses to bring about his objectives. Since we have restricted the transfer of theoretical science to human life in its first aspect, we have not done the same in the second. Atomic power, for example, should not be applied to human life in the sense that it paralyses the will and obstructs the way to the goal, but it is acceptable when it is used as a beneficial environmental tool for example as a source of electric power or as a means of therapy.

In brief, in all this man is the beginning and the end, he is the focus for whom things are permitted *(dja'iz)*, imposed as a duty *(wadjib)*, or forbidden *(mumtani)*. The centrality of human life is in itself one of the rights of man which define his "value" in relation to all other creatures. We could well say that this centrality of human life has never in any previous age received as much attention as it receives today. It was commonly believed in the past that man is the product of his natural and social environment, but now we say that man is the maker of his own environment, as he is surrounded by the elements and components of his environment and he is capable of making the environment he wants out of these.

Education in the past used to be viewed as made up of two components, namely, a student and a curriculum and no one hesitated in saying that the student should accept what has been assigned for him to study whether it agreed with his nature or not. Now we say that it is the curriculum that should be adapted to the nature of the student.

Final ruling

If a question is posed, in the light of what we have already mentioned concerning the relationship between our health policy and human ethics from an Islamic perspective:

What do we say about many new areas that have been invented by science, such as organ transplants, test tube babies and other similar issues. Our

answer to this question will have two parts.

1. Science should be left to proceed in its theoretical domain to its ultimate end without anyone attempting to halt it.
2. If it is a matter of application or experimentation on "human life" then we should implement controls and limits, so that the religious and ethical aspects of human life will be protected from harm.

The Chairman: Professor Rushdi Fakkar:

First of all we would like to thank our distinguished speaker, Dr. Zaki Najiib Mahmoud, for his paper, in which he presents different concepts of human life from the Islamic perspective, and emphasizes freedom of choice in thought and work. Undoubtedly, there are many different concepts of human life, and different views of it in the light of different approaches. I do not want to be too long-winded in my intervention, so if our distinguished speaker permits me, I would like to open the floor for discussion. I would also like to seek Dr. Hassan Hathout's permission to start with the questions directed to Professor Zaki Najiib Mahmoud because of his health condition. The floor is open.

DISCUSSION

DISCUSSION

Dr. Dori Hasan Izzit:

Professor Zaki Najiib Mahmoud deals with psychological problems. No one here would disagree that psychosis and mental disease are on the increase. This is due to the contradiction between aspirations and the actual potential for their fulfilment, this often causes psychological problems, these in turn, if they continue, lead to frustration, and frustration lead eventually to psychosis, as we are all aware. However, religious faith as a human value undertakes the role of creating psychological equilibrium, which in turn protects us from psychological outbursts, mental disturbances and delinquent behaviour. Faith as a human value in itself has a shielding or a protective function, in the sense that it protects us from such psychological disturbances.

The Chairman: Professor Rushdi Fakkar:

Thank you. I would ask my esteemed colleague to excuse me from answering this question now, since in the afternoon session I will present my paper on the human soul, and we will discuss this matter in detail. I believe that you also agree with me here.

Professor Abu Reeda:

I have a remark on the issue of knowledge or science, and that it is derived from the Holy Quran. First of all I would like to define what is meant by "science" or "knowledge" as it is used in this paper. Do you mean by science the details and fragments of knowledge or are you referring to the general rulings and conclusions reached by the human mind as it faces this world? Science is made up of theories which are drafted in formulae, symbols, equations and definite rules and concepts. These are rational and not perceived as concrete. Reason confronts reality and conceives it, and reason has its sensory means for perceiving the material world, and then the reasoning process leads to the creation of science or knowledge. This science emerging from reasoning is not

directly related to the material or physical world, but is directly related ot the representation of the material world in the mind. Science, as I have just said, does not all emerge from reality, but rather from reasoned conceptions of reality. Reality is mearly the starting point of reasoning; thus, if we look at modern science, we find that the Quran gave us a method for its study, a method based on the use of the senses with reason at the same time. According to what I heard from our distinguished Professor Zaki Najiib Mahmoud, science is free and unlimited, and in fact Man's ambition is also unlimited, because there is something infinite and absoltue about Man. Anything that Man does is limited however ambitious it is, and Man will always be limited by his mind and the confines of his world, accompanied by an ambition for the absolute. And the absolute cannot be attained until the veil before us in this world and the veil within us is lifted, that is, until we can see the absolute truth, which is God; and with this, faith and unification are attained at one and the same time. This problem arises frequently as it is a decisive and important one. It has been raised frequently from different perspectives in Egypt and elsewhere, because religion itself is excluded from being a scientific issue. Nevertheless religion deals with reality; religion in itself is a psychological inner reality, and anyone who does not study religion in terms of reality is actually shirking a heavy scientific responsibility linked to reality – that is, religious feeling, a religious perspective on things and the sources of knowledge which are found in a divinely revealed religion. Even in religions that are not divinely revealed there are the origins of knowledge, such as the god of something or other' there is also a world, reason and reality, and a mind that thinks and links with science. But what are the fundamentals or the major aspects that science preoccupies itself with? And what are the general rules which we want from the Quran, since the Quran is singled out as being the revealed and preserved words of God, unlike the previous religions. The Quran is also distinguished by frequency of reference to the world from all sides, and to Man from the inside and the outside, to his senses, mind, heresy, faith etc.. This distinguishing feature sets our task for us, and this is the purpose of the Quran. It wants us to think using all the means of acquiring knowledge available, so that we achieve a science and the results of this science. At the same time, the Quran provides us with a methodology and general rulings. I would like to take a moment to think whether these general rulings are the details of the science, or are they a realistic view of the world? For example when the Quran says

> *"EVERY SINGLE THING IS BEFORE/HIS SIGHT, IN DUE PROPORTION"*

and we look at the world *"miqdaar"* (proportion) in relation to worlds like *"al-qadir* and *al-taqdiir"* in the Quran, we find that it is either a matter of order, higher authority or action and so on. A world like *kayf* (how) for example,

> *"DOTH NOT MAN SEE HOW WE MADE HIM?", "HAST THOU NOT TUNRED / THY VISION TO THY LORD? HOW HE DOTH PROLONG/THE SHADOW!"*
>
> (XXXV, v.45)
>
> *"HOW PLANTS APPEAR?"*

How Man finds everything? Science is quantity, quality and results. The Lord has also told us that everything has its own specific nature and it own rules. There is nothing imaginary or unreal about this. He has given us reality and the rules; He did not just say that everything was created in accordance with the rules of the Almighty, and that there is no imbalance, disturbance or chaos. He has also given general rules. For example, when the Quran says to an ordinary individual.

> *"DOTH NOT MAN SEE HOW WE MADE HIM?"*

or for example...

For example, when God says that he has raised the heavens and set the scale or the balance. We can observe the heavens and see whether or not there is a scale or balance. Is the universe balanced or is it merely chaos? Why does the Quranic verse say:

> *"DO NOT THE UNBELIEVERS SEE THAT THEHEAVENS AND THE EARTH WERE JOINED TOGETHER (AS ONE UNIT OF CREATION), BEFORE WE CLOVE THEM ASUNDER?"*
>
> (al-'Anbiyaa', XXI, v.30)

This verse is a challenge to the unbelievers, and the issue here is a universal one, not a sermon or a rhetorical statement. And when the Lord says that He will show them his signs in the horizon and in themselves so that they can determine that it is the truth, these are scientific verses, not fiction, poetry or literature. The issue is that the Quran primarily provides us with scientific topics, a methodology, work programmes, general and absolute rulings which include the order and the rules governing the world and the universe. The world up to its very end is governed by time; this is a fact that every human being knows.

The Chairman: Professor Rushdi Fakkar:

Then, concerning peace of mind there are several points of view; if there were no plurality, reasoning would be futile. I believe that with this we conclude the issue of the value of human life. At the same time we hope we can meet again in gatherings like this one, and open our minds for intellectual deliberation. The intellectual contribution of the philosophers is always filled with originality and renewal.

There is some time now for discussion. I mean now, please note that we benefit from both the questions and the answers, and we are sorry again because of the limited time available for discussion. Once again, I repeat to those of you who want to pose questions please be brief so that the person answering could also be committed to brevity.

Prof. Esam Al-Sharbeni:

The question is really for Dr. Hassan Hathout or any of the distinguished participants. prof. Hathout hinted that the morality in certain circles is a bad word. I have had similar experience and I asked why? I could not get an answer at all. It was in a conference on "AIDS" in Europe. All the preventive measures mentioned were moral measures. When you mention the word morality, every body shrinks back. I asked why? I could not get an answer. I went even to ask, is moraltiy in any civilization, in any culture or in any organization considered worse han "AIDS"? No answer. Could this conference give me some light on this. Thank you!

Prof. Hassan Hathout:

Well this has been the experience in a number of conferences that I attended and it seems that, YES. To some people morality is far more worse than "AIDS". In certain cultures you can not imagine how proud an AIDS patient is and how proud the AIDS communities are. So much so, that they have become a political power and I feel very shy when I find that the others who believe in Divine Guidance or believe in moraltiy etc. are so subdued and booed whenever they speak and they could never muster any political power that can stand in the face of immoralists.

It has been the experience in some of the International conferences I attended, that even clergy, even priests could not say "God" and could not say "Moraltiy", because it seems that the tidal wave goes in the direction that calls itself autonomy or individual freedom etc. etc.. I am a firm believer in freedom, but I think the coin has two faces: one is my "rights"

and the other is my "responsibilities", and yet I think that in some parts of the West, I have come to the conclusion that every human whim, every human desire, anything you can imagine is your right. Yes, it is your right to err, it is your right to sin, because you are free and as prof. Zaki Najeeb said that human being is free and freedom is the essence of humanity and the freedom is the thing that characterizes humanity versus the animal world. But freedom does not absolve you of your responsibilities and the fact that you are free to do something does not take away your responsibility for doing it, and since you sin at the expense of the community, be it in terms of health hazards or in terms of financial debits, because I think the treatment of "AIDS" in America surpassed the budget of the education. So, it would be unfair that you do whatever you lik and I pay the expenses. That would not be fair. Somehow people should be firmly told that your freedom stops where my nose begins and you are free, provided you bear the responsibilities but to enjoy your freedom while someone else has to foot the bill, I think this is not fair. I was in some of conferences, as my friends here would testify, one of those very rude people who talked about God and talked Morality, I earned some respect but much hatred, but I think by and by, one should be steadfast and perservere and join forces with the others. Nothing is static. Things can change and they should change. Thank you!

Prof. Alexander Capron:

I have a question for both of our speakers, it is really a question for Dr. Mahmoud, but also on the comments Prof. Hathout has mentioned. In the West we have had a seirous issue i.e. issue from science and issue for science. The issue of animal experimentation. And some have proclaimed that they are already against animal experimentation. A large part of knowledge has been gained by scientists about the capabilities of animals, particularly the higher primates, has helped them in accumulating the knowledge for the ability to reason and ability to manipulate the world; the two characteristics that were cited by Dr. Mahmoud. These are very serious problems for scientists who have a tradition of using animals as a means of scientific advancements particularly in biomedical area that has yielded great benefits for mankind. But, the scientists are now confronted by people who assert on behalf of animals as they are also lviing beings. And, as with other living objects, the animals too have their rights and thus, should be free of manipulation from human beings.

I will be very interested to know what perspectives Islam has on this issue, because it is becoming very difficult in Europe and United States.

Prof. Hassan Hathout:

Well, I think, one of the things that really puzzles me is that issue of animal rights etc. etc.. prevails or is uttered in communities where millions of human lives are sacrificed in abortion under the banner of choice or freedom etc. It seems that the West has gone schizophrenic. So much heat is generated in defence of animals and so much heat is generated in defence of killing millions of human fetuses by abortions. I think that there is a lakc of constant yard-stick to measure with, because once you depose God from His throne and you become your own gods and say I will make the human mind the ultimate arbitrator of things, the human mind is very unstable and is very suggestable and very changeable.

As to this specific question of the use of animals in scientific experimentation, may be wrong you quote me on the "Verse", but I think provided the animals are treated kindly and not subjected to pain, I am inclined to use animals in scientific experiemtnations, because after all we eat them. Is that enough? Thank you.

Prof. Alexander Capron:

I appreciate the answer. I think that the answer you have given is the one which majority of scientists in the West would have given, i.e. animals having no rights but are to be used for food, for clothing and so on and so forth. I was wondering whether there are any specific Islamic teachings in this respect. I am afraid, I am not sure what would be the response to the point between abortion and animal rights in western thoughts. I am not sure whether you will find the same people arguing for both sides, but even assuming that some argue, there are, who I believe like Peter Singer, from Australia, who contends that before birth he will allow abortion of human being but after birth, he will not allow any experimentation. Even this question of pain to the animals, certainly we give and have been giving pain to the animals or birds from the Biblical time, we do not worry about their pain and yet now they raise the issue of pain to animals during research. I wonder, if there are any teachings in Islam for the use of those animals particularly that seem to have higher capabilities, which are very important for certain types of researches of human diseases.

Prof. M. Abdussalam:

I would just like to elaborate a little bit on the answer that prof. Hathout gave, because some years ago CIOMS held a meeting or a conference just on this subject. In this connection, we examined lot of philosophies; Eastern and Western, in relation with the rights of animals. In the views of Western philosophers like Spinoza and in the Cartisian Hypothsis, we found that animals have no rights. There is a new school of philosophers in California who are pleading for animal rights and there is a man in Switzerland called Franswaber, who has even created a charter of animal rights, like the charter of human rights of the United Nations and he has formed an International court of justice in which he has tried scientists like those who are sitting around these tables, for torturing animals. As far as the Islamic aspect is concerned, I think Prof. Hathout has rightly pointed out that they have the right to be treated kindly and humanely. But when it comes to animal versus man, I think the interests of the human beings have primary rights in this case. Thank you!

Prof. Hassan Hathout:

I would like to answer your question under two issues. The first one is, considering that life begins from birth, but before birth abortion is all right. I think on this we have very clear, straight forward Islamic guidance on the rights of the fetus and I think later in the programme there will be a full session on the rights of the feuts. But the fetus has the rights all emanating from the right to live.

As for Islamic teachings regarding animals? yes. In the opening speech of Dr. Al-Awadi, mentioned the Teachings .of the Prophet ( ), on the woman, who imprisoned the cat until she died and she was punished. There is the Tradition of Prophet ( ) that says, "If you slaughter, slaughter gracefully and get the animal, give it water and food, give it comfort before you slay it". And there is the Tradition of prophet ( ) that says, "Do not overload your load animals." So. all this makes mercy to animals, an Islamic Teaching. As to the use of animals, I think we are allowed to use them for food. They are for our needs and if our needs become scientific research, as well as feeding, I think that would be all right, provided you do not hurt them and you treat them gracefully and kindly. Thank you!

Sheikh Mohamed Mokhtar al-Salaami:

I would like to thank the two distinguished speakers in this session, Dr. Hassan Hathout for his description of the six aspects of biological life,

and Dr. Zaki Najiib Mahmoud for his presentaiton of aspects of intellectual, rational and spiritual life. Man is a compound of those two sides, a combination of physical sensations, feelings and mind. As a combination of all these elements, mankind was selected by God to inherit the earth. That is, there are different ranks of life. Plant life is a specific rank; then on a higher rank, there is animal life. Finally there is the human level, which is more perfected in its amazing combination of all aspects of life. When we look at this hierarchical structure, we find that animals dominate and govern plants, whereas Man dominates and governs both plant and animal life. Man's domination is not as arbitrary or as haphazard as the mindless animal domination of plants, it is a responsible domnation in the sense that Man can make full use of everything in the universe, and that such use is beneficial for Man, animal and plant. When we observe all Islamic legislation, we find that Man is strictly forbidden to torture animals, whether this torture is beneficial or merely a whim. Any such torture of animals is absolutley forbidden in Islamic Sharia, as was clealry demonstrated in the example provided by his excellency Dr. Awadi, an example I would like to clarify once again. The woman concerned was punished because she imprisoned a cat for no reason until it died. The Prophet (PBUH) instructed us not to ride a beast of burden while the animal is stationary. A beast of burden is to carry its load to its destination, but when it reaches its destination it is forbidden to remain mounted, since this represents unnecessary torture for the animal. The animal may undergo hardship so long as it is for the benefit of Man. It is also forbidden to use animals as a form of target practice, since Man can practice shooting without the need to shoot animals. In conclusion, if science will not progress without experimentaiton on animals as guinea pigs, then this is considered part of God making Man inherit the earth. But if animal experimentation can be replaced with some other form of experimentation, then it becomes forbidden from an Islamic point of view for Man to continue to torture animals. Thank you.

The Chairman: Dr. Rushdi Fakkar:

I would like to thank His excellency al-Mufti for his comment, but if you permit me, despite the requests for further questions and comments, I welcome you in this room. The other session will be held in room B. Thank you.

CHAPTER II
PAPERS PRESENTED

II. REPORT ON THE SESSION

This session was chaired by Professor Salem Najm Salem and moderated by Professor Mohammed Naeem Yaseen.

At the beginning of each lecture, the Chariman introduced the individual speakers, namely - Professor M. Abdussalam, Dr. Esam Al-Sherbini and Sh. M. Badr Hussam Al-Din, who then respectively spoke on "Problems of aging in a changing world," "Euthanasia" and "The sanctity of human life: the problems of old age and euthanasia." Thereafter, the Chairman separately thanked each speaker and invited the participants for discussion. Some of the scholars took part in the discussion.

Editors

The Chairman: Dr. Salem Najm Salem:

We have three papers scheduled, the first by Professor Abdul-Salaam entitled "The Problems of the Elderly". It is followed by Dr. Esam Al-Diin Al-Shirbini's paper entitled "Euthanasia or Mercy killing", and the third is the paper by Sheikh Badr al-Diin Husaam al-Diin, which provides the Islamic perspective on the two previous issues.

I present to you Dr. Abd al-Salaam, a scholar who is interested in Islamic scholarship. He was born in 1913 in pakistan, where he was educated, then finished his graduate studies in India, England and the United States. He has occupied many and various positions and is now working in Geneva. Dr. Mohammed Abdul-Salaam, you have the floor...

PROBLEMS OF AGING IN A CHANGING WORLD

Prof. Dr. M. Abdussalam
SWITZERLAND

1. Introduction

The elderly[1] have always been present in all societies, but they have formed a relatively small proportion of the population. During the present century and particularly in its second half their numbers as well as their proportion has increased almost all over the world and this trend is expected to continue well into the next century. Of the present world population of 5000 million some 300 million (6 per cent) are aged 65 years or over. Their numbers will rise to over 400 million by the end of the century and to 820 million (10% of the population) by the year 2025. Most of the elderly (i.e. 168 million) are at present living in the developing regions of the world and only 132 million[2] in the developed regions. Most of the projected increases during the next several decades, will occur mostly in the world's poorer countries where the numbers as well as the proportion of old people will cause tremendous and hitherto unimaginable problems of health care and social services as well as important economic and possible political consequences. Particular problems will be caused by the very old and frail individuals (aged 80 or over) whose numbers are also increasing with prolonged survival at advanced ages. It has been estimated that by the year 2000 there will be twice as many people aged 80 years and over in the world as there were in 1970. This increase in a population at high risk of morbidity and disability clearly creates tremendous problems of health care, social services and family relations. The children of some of the very old persons may themselves be quite old and the family may be composed of 3 or 4 generations.

The present paper attempts to identify and define the main problems resulting from the foregoing demographic changes with special reference to

countries in the Eastern Mediterranean Region. In order to assess their full impact on the need for reappraisal of official and social policies, these problems have to be looked at in the background of rapid social changes taking place in most countries of the Region. These include industrialisation (also of agriculture), more and more women joining the work force, urbanisation, international migration of young people and the unpredictable economic fluctuations. These changes and diffusion of imported cultural examples, especially through audio-visual mass media, tend to weaken the traditional values concerning the family, the extended family and the position of grand parents in it.

2. Manifestations of aging

It has been found in several studies that the elderly are not a uniform group and the manifestations of aging do not appear uniformly at a particular age. The functional capacity of many individuals at the age of 70 may be quite well preserved and comparable in certain respects with that of an average person of 30. For others the functional decline may, on the other hand, be quite advanced at 70. All the reasons for this difference are not known but some of these are: heredity, lifestyles (nutrition, smoking, alcohol), sex, living conditions and past disease.

It has been postulated that functional ability declines with age at a rate of approximately 1% per year from the age when this decline begins and proceeds more rapidly in very old age, so that ultimately these manifestations of aging could become the main cause of death[3].

Changes in the central nervous system which are associated with aging are of special significance as many activities (physical, behavioural, intellectual, etc.) are coordinated and integrated by the nervous system. Recent research[4] has increased our understanding of age-related changes, such as: continued proliferation of glial cells (particularly astrocytes), development of brain-reactive anti-bodies and reduction of neuronal plasticity (adaptation) that may be responsible for the distortion and loss of sensation and perception. Progressive deterioration of senses (sight, hearing, taste, smell, and touch) is a well known manifestation of aging. The molecular events of neuronal aging lead to an increase of reaction times, decreased speed and accuracy of movements and impaired integration of activities, which collectively alter behavioural patterns and increase the susceptibility of the elderly to falls and traffic accidents.

It is important to distinguish between the manifestations of the physiological aging process and the signs and symptoms of disease.

Failure to do so may lead to over-diagnosis on the one hand and under-diagnosis on the other. Unfortunately, differentiation of the adverse effects of the aging process from disease is not always easy. For example, shortness of breath (dyspnoea), a slightly higher blood pressure and a greater heart volume than in younger people may be physiologically normal at the age of 70. These manifestations are often considered as evidence of cardiac failure and treated as such. Another example of over-diagnosis is diabetes in the aged as a higher blood sugar level in them does not always indicate disturbed metabolism as in younger age groups.

Under-diagnosis may also be due to altered symptomatology, or the elderly themselves considering some diseases as mere signs of old age. For example, precordial pain which is one of the commonest diagnostic criteria of myocardial infarction is often absent in the elderly. Fever observed in acute diseases in younger patients is often absent in the aged. Conditions like urinary incontinence and certain forms of depression are often considered by the elderly as normal to their age and are not mentioned by them to their doctors or other health workers.

In spite of recent progress, there is an urgent need for the development of diagnostic criteria (clinical and laboratory) for use in the elderly populations.

3. Disease and disability

The old idea that old age is a disease by itself (cf. Latin saying *Ipsa senectus morbus est*) has been proven wrong by recent epidemiological studies. In fact, many of the elderly are relatively healthy and the majority are fit enough to take an active part in social life and continue to fulfil social roles. The demographers projecting increased life expectancy beyond 60 years, assure us that this will mean also improved health and prolonged period of freedom from disability and handicap.

In spite of the foregoing facts, the burden of disease is admittedly higher in the elderly as compared to that in the younger age groups. Most of the surveys and epidemiological studies in this field have been done in Europe, North America, Japan and Australia. Information from the Eastern Mediterranean countries (with the exception of Kuwait) is fragmentary. In the present discussion information summarised in some WHO (EURO) supported studies and reports[5] will be used as the trends are likely to be similar in our Region. No attempt will be made to review the diseases in detail or even to list them all. Reference to more important or otherwise

significant conditions or disease groups will be made in order to indicate the need for health care and social measures required to deal with them.

There are only a few diseases which are confined solely to the elderly (Polymyalgia rheumatica is a rare example). Many chronic diseases which occur also in other age groups are more frequent in old age. In considering diseases of old age it is important to distinguish between diseases which do not interfere markedly with activities of daily life, including capacity for self care, and those which are incapacitating and require assistance at home or in institutions. The conceptual model of disablement envisaged in the WHO International Classification of Impairments, Disabilities and Handicaps (Geneva, 1980) is as follows:

Disease or disorder → impairment → disability → handicap.

The assessment of an individual's problem is based on medical, functional and situational aspects of each case.

The following diseases and disorders are commonly responsible for impairment, disability or handicap. In general, many of them are more frequent in women than in men and their prevalence increases with age, becoming much more frequent after 80 years.

a. Cardiovascular diseases - hypertension, cerebrovascular disease and ischaemic heart disease are major causes of chronic morbidity and mortality especially in urban areas of the Region.

b. Malignant tumours are more frequent in old age than in earlier years.

c. Diseases of the musculoskeletal system are important causes of disability; among them rheumatic disorders being dominant. Falls are a frequent cause of fractures of bones already affected with senile osteoporosis especially in women.

d. Respiratory illness - chronic bronchitis, asthma and emphysema.

e. Nutritional problems - An increase in the prevalence of diabetes has been reported but some of this may be normal increase of blood sugar in old age. Rich retired people in our Region generally become obese while a large number of other elderly people suffer from nutritional deficiencies.

f. Dental decay is a frequent but neglected problem and difficulties of chewing are often experienced even by those wearing dentures.

g. Mental disorders - The two most important groups of these disorders responsible for disability in old age are depressions and dementias.

The latter include senile dementia of Alzheimer type and multi-infarct dementia which are irreversible and present serious problems of management. Other conditions which may become exacerbated in old age include paranoia, hypochondriasis and alcohol abuse. Most people drink less alcohol with advancing years but a few have a reverse tendency.

h. Sensory and other disorders - Difficulty of seeing, glaucoma and cataract are common. Hearing defects and psychomotor problems have already been mentioned. Difficulties of the control of urinary and anal sphincters and uterine prolapse pose troublesome problems.

It may be noted that multiple pathology is characteristic of the elderly and in patients over 80 years 4 to 10 diseases may be present at the same time. This may cause difficulties in diagnosis and therapy.

4. Factors that influence health

The health and well being of the elderly is strongly influenced by several interconnected factors of their social and physical environment. The more important factors include lifestyles, family structure and support, social and economic support systems and provision of health care. Much has been written on this subject in sociological and gerontological literature. The following is only a brief reference to the more important points:

a. Healthy lifestyles followed from early life are a good basis for expecting a healthy old age. Most significant of these are proper diet, regular exercise and sleep, as well as avoidance of tobacco, alcohol and similar harmful substances. Regular mental and social activity is important in maintaining health and effective functioning in later years.

b. Family structure and support - It is generally believed that married men and women are healthier and live longer than widowed and divorced persons. This may be due to the fact that married life induces regularity in habits, diets and lifestyles thus promoting health. The family is an important source of support for most elderly individuals. In traditional Islamic society the aged are considered as an integral part of the family and generally enjoy high esteem and prestige. There are signs of the weakening of this system with "modernisation", migration of young adults and women joining the work force. Moreover, a chronically ill person, especially if he/she is unable to care for himself may eventually cause tiresomeness in the family and be sent to an institution for old people. Even so instances of utter neglect of the elderly are very rare in traditional societies.

c. Economic factors - In most poor and agricultural societies there is no formal retirement at a fixed age and people continue to work as long as they can. With the exception of few who have accumulated wealth, most are quite poor and depend on very low earnings from light work, on handouts from relatives (children) or on charity. In times of famine the elderly are particularly affected and their mortality from hunger and disease increases markedly. In the industrialised countries, retirement may bring relief from stress (and sometimes occupational hazards) of the work environment but it may also mean a loss of status, income and companionship. For many it is a major life crisis and may cause psychological and social damage[6].

d. Adequate housing is an important need of the elderly but most of them cannot afford it and live in poor housing in rich and poor countries alike[7]. Even in rich large towns, they live in old dilapidated buildings often lacking water and sanitary facilities and proper heating in winter. In the developing countries the streets in the poor quarters are badly surfaced, the footpaths are often absent or broken and the street lighting is poor. Accidents and falls are therefore an important cause of morbidity and mortality among the aged.

e. Social welfare services have a long tradition in the west and are run by the state, churches and other philanthrophists but their development in different countries is uneven. They provide care and support where the individual and family are unable to manage by themselves. Even at a modest level, these services are an important adjunct to the health care system and help to maintain the elderly in the community and enable families to cope. In the developing countries these services are rudimentary and require considerable strengthening. Very often they are non-existent.

f. Provision of adequate health care requires a comprehensive system of primary care, hospital based services and home visiting. Such a system should be integrated with social welfare services mentioned above. Easy accessibility is a major factor in the utilisation of the system.

5. Organisation of services for the elderly

In developing countries, specialised and separate services for the elderly hardly exist[8]. The aged have to depend mainly on family and self care and to some extent on community organisations mainly of a religious character. The general health care system of the country is, of course, available to them but it is generally unsuitable and quite inadequate for their

needs. With the increasing numbers of the elderly (vide demographic predictions mentioned in section 1) and the loosening of family ties as a result of socio-economic changes, the present system of family and societal care is going to become progressively and seriously inadequate. It is therefore necessary to organise a system of health and social care of the elderly in accordance with the needs, resources, social conditions, and traditions of each country. In this connection, experience of other countries[9] may be only partly relevant and would need modifications before adoption.

The old people themselves have followed two ways of dealing with the strains and stresses to which they are subjected. One group tend to disengage themselves from the activities of this world as far as possible and retreat to isolation in the home, in a temple, a monastery or similar institution in the desert, on a mountain or on the banks of a holy river. The second group tends to remain active and exerts extra efforts to compensate for failing strength and skills in order to maintain a sense of purpose and satisfaction. Monastic isolation (seen commonly among hindus and budhists in south-east Asia) is not practised by muslims but tendencies to isolation in the home and avoidance of daily contacts are not uncommon. Indeed, most old people swing between disengagement and activity and this fact has to be kept in mind in providing social and health care services. Another common tendency is a greater interest in religious practices which is quite marked in muslim societies. Indeed, religion is a very important source of strength and protection from stress in old people. Thus, social organisations for the elderly (seniors' clubs) should, as far as possible, be placed in, or connected with, mosques, churches, temples, etc.

The objective of health care should not only be prevention and cure of disease but also to prevent or delay disability and to rehabilitate when impairment cannot be prevented. Every effort should be made to maintain the elderly at home for as long as is consistent with their condition and with the capacity of relatives and other supporters. This objective underlines the primacy of primary health care provided by the family, home visitors, nurses, social workers and family doctors.

Primary as well as secondary level care can be provided effeciently by specialised centres or hospitals. Such an establishment should be able to offer a comprehensive programme comprising the following elements:

— Complete range of diagnostic services for early detection of illness.

— Full investigation of social, psychiatric and medical states.

— Multidisciplinary staffing including physicians, nurses, psychiatrists, home visitors, social workers, etc.

— Adequate resources for treatment, support and final placement.

— Provision of appliances ranging from a walking stick to spectacles, hearing aids, dentures, etc. with facilities for periodical monitoring and modification.

— Close contact with relatives and community services.

— Continuity of care on a long term basis.

It is clear that the full programme which would cover the entire elderly population would be expensive but the costs can be kept in check by greater emphasis on primary care in the home. Most old people are relatively poor and would be unable to pay for the care they receive, especially for the modern secondary level care which is quite expensive.

6. Education and research

Although elements of geriatrics are included in the training of health professionals (physicians, nurses, physiotherapists, psychiatrists) they are not enough to deal with the peculiarities of diseases of the elderly, their early diagnosis, therapy and management. They should also be aware of the social aspects of old age and of the available services in this field. Unfortunately, geriatrics is not a popular postgraduate specialisation with the result that there is acute shortage of qualified health professionals in this field.

It is also necessary that the elderly themselves, their families and supporters as well as community health workers be informed about the best ways to deal with day to day health care and provision of social support. Popular literature giving scientific information in this field should be made freely available. The public should be kept informed of the problems of the elderly and should be involved in an open debate of the ethical and policy issues mentioned in the following section.

The World Health Organization, which has an active programme in geriatrico-gerontology should be approached for guidelines, bibliographies, training manuals and other educational materials. The WHO Regional Office for the Eastern Mediterranean could be approached by member states for cooperation in holding training courses, seminars and workshops especially for geriatric epidemiology and survey methodology, urgently needed in the Region.

Research on aging[10] should aim at "understanding the basic process of aging; find ways to prevent and control clinical manifestations of age-related disorders; and to promote interaction between elderly people and society, and increase the opportunity, motivation and support for older people to contribute to society".

In the Eastern Mediterranean Region, urgent attention is required for epidemiological and social research and research in nutrition and mental disorders of the elderly.

It is evident that the foregoing work requires multidisciplinary research teams composed of members trained in research methodology in various disciplines concerned.

7. Some policy and ethical issues

The current demographic trends show that the proportion of the elderly may increase from 5% to 8 and even 10% in many developing countries in the next three or four decades. At the same time, the cost of the fast developing medical technology is also going up equally rapidly. This means that the present approaches to the care of the elderly in which the family shoulders the major burden with a trickle of societal help cannot be expected to function for long without important modifications and the official and social policies in this field have to be reconsidered urgently.

In the industrialised countries, the subject has been publicly discussed in political, social, medical and philosophical forums[11] and it is necessary that such a public debate takes place also in countries of the Eastern Mediterranean Region, especially in relation to equity envisaged in the goal of health for all by the year 2000.

Following is a selection of a few of the more important policy issues; many more will arise in the course of the debate when it takes place.

a. Resource allocation for health and social care of the elderly is an important policy issue which raises ethical and moral questions. There is little doubt that the care of the elderly requires relatively more resources than does that for working-age groups or children as has been observed in industrialised countries. In the United Kingdom, for example, the combined costs of health and social services per head in 1980 were: age 0-4 years, £ 160; 5-64 years, £ 85; 65-74 years, £ 250; and 75+ years, £ 635[12].

In the United States, six times more Government money is spent on the age group over 65 years as compared to that on those under the age of 18. Should such a large proportion of resources be spent on a population that is contributing relatively less and does not have the future that children and young adults have? Should health care of the elderly be rationed? If so, how and on what criteria? How should one balance the high costs of the care of the elderly against other societal needs?

Protagonists of "health care of the aged according to their needs", argue that they have contributed to the well being of society for a long time and have also paid taxes during their working years. Thus they deserve to be taken care of properly in their later years.

b. The family surroundings in which the elderly maintain direct liason with the younger generation and take interest in their affairs is certainly better for them than institutions and homes for the aged. However, the family in the modern and rapidly changing world is becoming less and less capable of taking care of parents or grand parents (or both). Family care generally boils down to care by a daughter or daughter-in-law. These ladies have to look after the children also; moreover, an increasing number is joining the work force.

   The questions which arise in the changing conditions are: should the family be helped with public resources; if so to what extent? What should be the balance between institutional and home care? How to deal with possible psychological conflicts in the family, for example, the difficulties between the husband's mother and the daughter-in-law which is wide-spread in many cultures?

c. Discrimination against the elderly as "useless and burdensome" (anti-agism campaign in America) is evidently unethical and would be considered immoral in the cultures prevalent in our Region. A question, however, arises in case of terminally ill people as to the extent of medical and intensive treatment justifiable to prolong life when there is no hope of a cure. In some cases, this may mean simultaneous prolongation of suffering and pain; in others it may mean use of machines to keep a moribund person alive, sometimes in coma.

   Active euthanasia in the foregoing circumstances (being advocated by small groups in Europe and America) would be unacceptable. It would be against the traditions of the monotheistic religions. It is, however, known that in some cases the physicians may tacitly and informally limit

treatment sometimes at the request of, or in consultation with relatives. What should be done in such cases and who should take decisions and on what basis?

d. Should research objectives have emphasis on prolonging life (cardiovascular and malignant diseases) or on improving quality of life (rheumatic diseases, slowing the process of aging)?

e. There are several other policy and ethical issues. For example, what should be the minimum health and social care in relation to the conditions of a particular society? How to calculate the extent of this level?

Women generally live longer than men but it is known that they suffer more frequently from functional disabilities caused by aging and by various age-related diseases. They are generally poorer than men, especially if widowed, without children, or living alone. They are more often victims of crime and cheating. Should special care and services be created to look after women?

Lastly, to what extent the elderly themselves should be consulted in determining policy, resource allocation and management of services to take care of them? Should they participate actively in formulating these policies and taking important decisions?

REFERENCES AND NOTES

1. The term elderly is traditionally used by WHO to designate persons aged 65 years or above. In the United Nations' demographic projections and in several developing countries, 60 years is considered to be the starting point of old age.
2. The figures cited in this paper are taken from demographic data published in various issues of the World Health Statistics Quarterly (WHO, Geneva).
3. World Health Organization - Epidemiological studies on social and medical conditions of the elderly. EURO Reports and Studies No. 62, Copenhagen (1982).
4. For a detailed discussion reference may be made to a WHO study Group Report entitled Neuronal aging and its implications in human neurological pathology. WHO Techn. Rep. Series No. 665. Geneva (1981).
5. These included: Heikkinen, E. - Health implications of population aging in Europe. Wld. hlth. statist, quart., 40, 22-40 (1987); WHO Scientific Group on the Epidemiology of Aging. - Report. WHO Techn. Rep. Ser., No. 706, Geneva (1984); WHO Report: Epidemiological studies on social and medical conditions of the elderly. EURO Reports and Studies, No. 62. Copenhagen (1982); Heikkinen, E. et al. (eds.). - The elderly in eleven countries - a sociomedical survey. Public Health in Europe, No. 21, WHO Copenhagen (1983).
6. GATHERER, A.A. - Retirement. In Shegog, RFA (ed.). The impending crisis of old age: A challenge to ingenuity. London: Oxford Univ. Press (1981).
7. SELBY, P. and SCHECTER, M. - Aging 2000, a challenge for society. Lancester (UK): MTP Press (1982).
8. Psychologists explain that political leaders and even health policy makers may be afflicted by a need to deny in themselves or in others the development of aging, an attitude of mind which has been called "gerontophobia" (see Comfort, A. - On gerontophobia. Medical Opinion Review, 30-37 (1967)).

9. Experience of a few countries was discussed at the Athens meeting of CIOMS. See Bankowski, Z. and Bryant J.H. - Health policy, ethics and human values. Eighteenth CIOMS Round Table Conference, Geneva (1985).
10. WHO Advisory Committee on Medical Research. - Report on its 28th Session, Geneva (1986), (unpublished).
11. The subject was discussed at the CIOMS Conference in Noordwijk (Netherlands). See Bankowski, Z. and Bryant, J.H. (eds.) Health policy, ethics and human values: European and North American Perspectives. CIOMS: Geneva (1988). (A summary is given in a paper presented to the present Conference by these two authors).
12. Shegog, R.F.A. (ed.) - The impending crisis of old age. A challenge to ingenuity. London: Oxford University Press (1981).

The Chairman Dr. Salim Nijm Salem:

Thank you Dr. Abdul-Salaam. Now the floor for Dr. E. Al-Sherbini.

EUTHANASIA

Dr. Esam Al-Sherbini
KUWAIT

Euthanasia is the wilful killing of a human being, by action or omission, out of compassion, to end his suffering or to promote his dignity. It includes killing oneself or another, and helping in such killing by drug or advice[1].

It is rather a strange concept to the medical profession, by whatever means and under whatever name. Since the Hippocratic Oath[2], to the recently published the Islamic Code of Medical Ethics[3], doctors have always committed themselves to preserving and maintaining human life from conception to natural death.

Organised efforts to promote euthanasia seem to have started before the 2nd world war, organizing conferences, establishing societies and associations and introducing bills to parliaments to change the laws. The Euthanasia Society of America was established in the thirties of this centuary and by the mid-seventies it found itself a better name "Society for the Right to Die"[4]. In 1936 the voluntary Euthanasia Society of Britain held its 1st meeting and a bill was introduced to the House of Lords to legalise mercy killing. The bill failed but the years to follow would witness several similar trials[5]. By the mid-seventies several similar societies sprung up in different European Countries and followed suit.

BY PASSING THE LAW:

The prevalent medical ethics and the majority of practising physicians all over the world still refrain from any act of euthanasia. In almost all countries it is a crime punishable by years of imprisonment. Nevertheless more and more patients are having their lives terminated by some form of euthanasia (by one estimate, up to one sixth of all deaths in Holland)[5]. In

hospital records they may be listed as deaths from natural causes, authorities look the other way and legal authorities do not prosecute the Doctor who commits the act. It seems the whole question is being settled by judical precedents without waiting for change of the statutory law[5].

NAMES AND AIMS:

As names have changed over years, from "Euthanasia Society" to "Society for the Right to Die" or the "Right to die in dignity", so have aims extended from curative to protective, i.e. from putting an end to suffering by killing the sufferer, to "Prevention of Handicapped Childhood" by pushing for legislation that allows doctors to kill handicapped children within 72 hours of their birth[6].

ORGANISED EFFORTS:

What I mentioned so far shows that euthanasia is already on active movement with dedicated advocates who organise conferences, establish societies, introduce bills to parliaments and influence political parties and perhaps, the outcome of general elections. Like any other debatable movement, those efforts are eventually likely to succeed in achieving their goals, unless seriously confronted with similar dedication and devotion leading to well-informed, well-organised and well-publicized efforts.

I hope this seminar, with its prestigious sponsors is one more important step in the latter direction.

WHY EUTHANSIA:

Freedom:

Several arguements have been put forward by advocates of euthanasia. They argue that a human being is born free and hence is free to do whatever he likes with his/her life. He has a right to end prolonged suffering, by ending his life if necessary, and with medical help if required.

Pain Relief:

There is no sense in continuing to suffer a prolonged illness or disability from which no cure is expected, within the apparent limitations of medical science. Here, we may notice, starts the concept of a life not worth to be lived , a life to be rejected by the individual or by his next of kin if the person himself is not in a position to make the choice.

If physical pain could be controlled by medical or surgical means, psychological suffering continues. The patient feels he is a burden to his relatives and friends who will sooner or later break under the stress and wish their patient had died. If the patient is unaware of such suffering, the family and friends are. Here again we may notice a shift from the disabled patient to healthy relatives and friends.

Dignity:

A man has a right to keep his human dignity. If this is compromised by disease or disability, he may choose to end his life. Actually he ought to be encouraged to do so. If he cannot make the choice, relatives can. After all they are now the sufferes and his dignity is theirs.

The medical profession, out of mercy and noble humane duty has an obligation to help i.e. by putting an end to the suffering or, failing that, to the sufferer.

Cost Effectiveness:

Behind all these explicit consideration stands the all important economic factor. Euthanasia moved much faster with the appearance of expensive methods of resuscitation, treatment or rehabilitation, sophisticated equipment, intensive care units and highly trained personnel. Added to this are two other factors:

(a) the growing number of the elderly people in many societies, in proportion to the younger working and earning group[7],
(b) the diminishing role of the extended family, where care for the elderly used to be more widely distributed with lesser strain and lower cost.

Naturally medical establishments, like any other profit-making or service-oriented establishment, would repeatedly review its practices and priorities to achieve better efficiency and cost-effectiveness. The price of a medicament or treatment may be a factor in limiting its availability. In euthanasia it is different, the price and the expected outcome of spending may be a factor in making the decision to end the life of the chronically sick or disabled.

No Misuse:

Finally, euthanasia advocates do not miss talking about clearly defined conditions and carefully controlled circumstances to ensure that euthanasia is kept within the noble scope of mercy.

Rather than discussing each point in detail, I prefer a different approach:

WHAT IF WE ACCEPT EUTHANASIA?

Sanctity of human life:

Humanity and the medical profession have so far survived under the sanctity of human life. A normal person would tremble to the idea of killing another human being, would not even kill an animal or destroy a viable plant without a necessity that is permitted by religion and accepted to the traditions. Even in a battle-field, a soldier who has killed a child, a woman or an old man may suffer from guilt-complex, depression, or even try suicide. Similarly members of a firing squad are barred from knowing which of them fired the killing bullet. And we are dealing here with a criminal condemned by court for a serious crime.

Sanctity of human life above any other consideration, for whatever cause or under whatever name, is a major built-in protection for the continuity, welfare and progress of humanity. If breached for whatever cause or under whatever name, where can humanity and mankind possibly end after stepping on a slippery slope?

Perhaps we could sense the answer if we read in the Holy Quran:

WHOEVER KILLS A HUMAN SOUL, FOR OTHER THAN MANSLAUGHTER OR CORRUPTION ON EARTH, IT SHALL BE AS IF HE HAD KILLED ALL MANKIND. (S5:V32)

The Nazi Experience:

An important study about the medical crimes under Nazis was published by a professor of psychiatric medicine who served as a medical expert to the court that tried the Nazi physicians at Nuremberg. These included terminating the chronically sick or the socially unfit, medical experimentation on prisoners of war and citizens of conquered nations for organ transplant, mass-killing and mass-sterilization, biological warfare and finding out the cheapest and most effective poison ete. He concluded "Whatever proportions these crimes finally assumed it became evident to all who investigated them, that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as a life not worthy to be lived. This atitude in its early stages concerned itself merely

with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans"[9].

The Medical profession:

Preserving and maintaining human life is a long established medical tradition. Saving a human life approaching death is a tremendous motive which has always pushed medical efforts into higher and higher levels of dedication, devotion and sacrifice, almost amounting to acts of worship.

Doctors and nurses have continued their life-saving efforts under shell fire long after the military commander had ordered evacuation. Surgeons and anaesthetists have refused to leave a hospital on fire before they had concluded the operation and evacuated the patient.

A patient was hospitalised for recurrence of her malignant disease which had been surgically removed several months earlier. She bled and her doctor, a distinguished professor, invited me to join the discussion. The bleeding could have been a terminal event or, if treated, merely an event in the course of her prolonged illness. He asked each member of his team in turn, "Should we give her a transfusion or not"? After a moment of tension, concentration, and rising heart beats everyone answered "Yes, we should". The professor simply commented "a unanimous vote". Imagine if euthanasia was accepted and the doctors' enthusiasm to save life were replaced by another way of thinking? For example he would ask himself a set of questions: Is this life worthy or not worthy to be lived? Is it worthy the cost of treatment? If treated is the outcome worth the effort and price? Then after carefully balancing the pros and cons he decides to terminate that human life.

Where would the medical profession end? Would it be preserving human life and dignity any better?

PATIENT - DOCTOR RELATIONSHIP:

The confidence between patients and doctors has developed through centuries of good practice. Would it survive if the patient feels that the doctor trusted with his life may decide to end it, because, in his opinion, it is not worthy to be lived or not worthy the cost of saving?

Would this help alleviate human suffering and human worry?

Society in the long run:

The long term effects of accepting euthanasia would be far reaching. If a profession distinguished for dedication and perseverence started a philosophy that facilitates surrender, makes defeat less bitter and escape more justifiable, other sectors of the society could not remain immune: soldiers in defence posts, teachers in busy noisy classes, fathers burdened with family needs, or anyone shouldering a heavy responsibility; a not unusual situation in a tough world.

If we give the sick or the elderly the right to choose suicide, are we not really pushing him to do so? Wouldn't he read in the eyes of relatives and whispers of neighbours the terrible question "What are you waiting for?" Is this what we call free choice?

A fit middle-aged person in the prime of his successful career may wonder, what can I get at the end of it all, when years roll on, savings fall short and family gives up? A bullet of mercy like a race horse with a broken leg? Would his contribution to his family and the society continue to be the same. And if the younger generations feel the parents are not contributing the best they can, would they themselves try hard enough? Are we starting a vicious circle of selfishness and isolation, and severing human social relations? Life is a continuous flow and societies survive on giving and taking. If one is interrupted the other comes to a halt. You need obstruct only one side, either arterial or venous, to stop a circulation.

These are some aspects of what we expect if euthanasia becomes an acceptable legal practice.

We may now run through some other points.

PAIN RELIEF:

Pain relief should no longer be invoked as an argument for euthanasia. Medicine and surgery have achieved marked progress in this field. If the medical methods of pain relief have some side-effects, so does every medicine in use. In fact everything useful in our life could hardly be completely free of some possible harm. But we accept this as a calculated risk.

FREE CHOICE:

Free informed choice in euthanasia and avoiding misuse is only too clear to be discussed. The experience of societies regarding true freedom is

not reassuring. Societies have always set rules with an almost unanimous vote. I have to strain my memory to recall something we had decided upon by less than overwhelming majority. To be fair it is not a third world speciality. It is done everywhere, not necessarily by security forces or party militia. You can do it by legislation tailored to the occasion by a full fledged parliament, or simplify through the fanfare of brain washing media. The Nazi experience was more meticulously organised, more systematically applied, more daring and brutal, but above all more exposed when defeated and tried at Nuremberg.

Thus, the greatest concern is not about the right to choose euthanasia, as it is about euthanasia becoming the only option available for many sick and healthy alike.

RULES AND CONDITIONS:

Clearly defined rules and carefully controlled conditions to ensure keeping euthanasia within the noble scope of mercy, need careful consideration. Let us consider the question who will define the rules, who will supervise indications and applications and who will arbitrate when interpretation and application are disputed? There is hardly any article, or part of an article, in any law which does not cause a lot of discussions and differences at the stage of legislation or later in interpretation and application. All nations and cultures share this problem. Human beings by their nature are prone to differ in opinion.

People try to limit their differences or cool them down by defining the channels of legislation and arbitration, by adopting constitutions that lay down the rules and range of legislation and by establishing constitutional courts to nullify legislation that steps over the rules. Then suddenly it is all blown up some person or group who comes into power and rules by decree.

Other voluntary attempts to contain differences are seen when rivalling political parties come to a gentleman's agreement to keep certain vital issues outside the scope of conflict. On international level similar examples are seen in agreements about such subjects as human rights, dealing with prisoners of war or war casualities, protecting the environment, saving the whales or banning this and allowing that.

All these attempts, successful and unsuccessful alike, clearly denote the need of mankind to put limits on the range differences may reach, and to agree on keeping certain matters outside these limits.

THE NEED FOR RELIGION:

Perhaps this is one of the strongest arguments for the built-in human need for religion: an All-knowing, Wise, Almighty Lord, setting boundaries not to be overstepped and prohibiting things not to be violated, but short of these, people can elaborate their discussions and vary their choices to the best of their intellectual faculties.

If anything should be particularly kept above all differences and disputes it is the human life.

Let us see what religion says on the sanctity of human life.

The Holy Quran Says:

AND IT IS NOT FOR A SOUL TO DIE UNLESS BY THE PERMISSION OF GOD, WRITTEN DOWN FOR A TERM. (S3:V145)

And Says:

AND DO NOT TAKE ANY HUMAN BEING'S LIFE, WHICH GOD HAS WILLED TO BE SACRED, OTHER THAN IN JUSTICE. (S17:V33)

And Says:

WHOEVER KILLS A HUMAN SOUL, FOR OTHER THAN MAN-SLAUGHTER OR CORRUPTION IN THE LAND, IT SHALL BE AS IF HE KILLED ALL MANKIND. (S5:V32)

And:

AND KILL NOT ONE ANOTHER, VERILY GOD IS COMPASSIONATE TO YOU. (S4:V29)

Prophet Mohammad (ﷺ) said:

"Whoever stabs himself to death will be in Hell-fire, stabbing himself over and over again for ever, and whoever kills himself by drinking a poison will be in Hell-fire drinking his poison over and over again for ever, and whoever kills himself by jumping off a mountain, will be jumping into Hell-fire over and over again for ever".[10]

COULD SUICIDE BE ALLOWED?

One may wonder, could suicide be allowed by religion as an outlet of prolonged pain or despair, or to promote human dignity or perhaps to hurry to the Lord?

A clear answer could be found in two of the Prophet's (ﷺ) traditions:

One was related by 'Muslim' about a man who performed so well in battlefield that moslems said "None of us achieved such a performance this day". The Prophet (ﷺ) commented:

"He is for Hell-fire".

One of the companions decided to keep a close watch to find out the explanation. He later found him injured. The man hastened his death, put the handle of his sword against the ground and the tip between his breasts then he pushed himself on to his sword and killed himself.

The other was related by Al-Bukhari: The Prophet (ﷺ) said:

"In old times there was a man who had an injury. He panicked, took a knife and cut his wrist and bled to death.

God the Almighty said:

MY SERVANT HASTENED HIS END, I DENY HIM PARADISE[12].

Religion calls for patience, endurance and wide hope for God's forgiveness and unlimited generosity.

A woman asked the Prophet (ﷺ) "I get fits and I get exposed, please ask God for me". The Prophet (ﷺ) answered.

"If you so wish I will ask God for you, and if you wish bear it patiently and paradise will be your reward."

The woman said "I will bear it patiently, then she added "ask God that I am not exposed". The Prophet (ﷺ) prayed to God that she does not get exposed[13].

Ibn Masoud, a companion of the Prophet (ﷺ), visited him in his sickness and said "O! messenger of God, you are suffering too much". The Prophet (ﷺ) answered

"Yes I am suffering twice as much as anyone of you".

Ibn Masoud asked "Do you also get twice as much in reward?" The Prophet (ﷺ) replied

"yes No moslem suffers any harm from a thornprick upwards without having his bad deeds effaced and his sins falling off like a tree shedding its

leaves"[14].

In the Prophet's (ﷺ) traditions we can read:

"The greater the suffering the greater will be the reward"[15].

In the Holy Quran:

BUT GOD WILL NOT WASTE YOUR FAITH VERILY GOD IS KIND AND COMPASSIONATE TO MEN. (S2:V143)

The Prophet (ﷺ) says:

"No one is given a gift better and larger than patience"[16].

Quran Says:

VERILY THEY WHO ARE PATIENT IN ADVERSITY WILL BE GIVEN THEIR REWARD IN FULL BEYOND ALL RECKONING. (S39:V10)

In no way should this diminish or underestimate efforts to relieve pain or suffering. Trying our best by medical and surgical means is sound medical, logical and religious application, even at the risk of some unavoidable side effects. The intention and aim, however, should always be clearly defined in our minds: to alleviate the suffering and not to kill the sufferer.

CARE FOR THE ELDERLY:

Looking after the elderly and keeping their company with kindness, especially the elderly parents, comes ahead of jihad (striving in the cause of God including warfare) which is considered topmost in Islam. A man came to the Prophet (ﷺ) asking his permission to go out for jihad. The Prophet (ﷺ) asked

"Are your parents alive?"

"Yes". The man answered.

"Go back to them and keep their company in kindness,"

the Prophet (ﷺ) ordered,

"In them do your jihad"[17]. *He blames anyone whose parents reach old age and yet he misses this chance of getting into paradise through caring for them*[18].

The word "company" in the tradition guides us to keep the care for the elderly in the affectionate atmosphere of a loving family and not outside it.

Similar guidance and instructions could be quoted about the care for the weak, the orphan and the under-privileged.

HUMAN DIGNITY:

Islam values human dignity much too highly to be affected by the changing appearance or smell during sickness. What looks offensive at times may actually be the subject of pride rather than shame or shyness.

"If one's feet get dusty while striving in the course of God, one is not touched by Hell-fire"[19].

Martyrs are burried in their battle-dress without the traditional washing and other preparations.

"They come on the day of judgement with their wounds bleeding, the colour is that of blood, the smell is that of musk"[20].

"The change in the breath from the mouth of a fasting person is better, in God's estimation, than the smell of musk"[22].

The contrast is clear between this look to human dignity and another which makes a son requests or agrees upon killing his sick father, with the gallantry of a horseman shooting his horse the moment he breaks his leg.

I have pointed earlier to the long term effects on society of legalising and accepting euthanasia. I leave it to you to look into the opposite side of the picture, if we opt for the religious viewpoint in dealing with the same problems; prolonged pain, disability, old age, unproductivity and human dignity.

History tells us that nations survive according to their patience, endurance, ability to overcome difficulties, and contribution to the flow of civilisation. They do not survive by the standard of softness, luxury and isolation they achieve.

I am aware that we are honoured by the attendence of some distinguished authorities on Islam and other religions. I am sure they can shed more light on the subject and perhaps rectify any misunderstanding or misexplanation.

PRACTICAL EXAMPLES:

Before concluding I would like to mention few examples of common medical practice.

There is no point in giving the patient a medicine which, to the best knowledge of his doctor, cannot gain him any benefit or protect him from any harm. Similarly a useful medicine which has stopped being useful anymore may be withdrawn. Food and fluids are quite different, even if they are run down a tube to the stomach or through a needle into the vein, even if the manufacturer is a medical firm. If we stop food and fluid we are simply starving the patient to death and this is an act of killing[24].

Relieving pain by a drug is mandatory, even at the risk of some unavoidable side effects. Doubling the dose to hasten the end is an act of killing.

Disconnecting life supporting machines in an intensive care unit from a patient declared dead is a totally different matter. Here nobody is killing anyone, merely the stopping of unnecessary procedures on a patient who has already died. Diagnosing death is not the subject of this paper and it has already been discussed in detail in a seminar arranged in Kuwait by the Islamic Organisation for Medical sciences[25]. It should be a confident diagnosis and if there is any doubt machines should continue and tests should be repeated until there is no doubt.

Occasionally a Doctor cannot treat an urgent case without compromising the chances of another, when time, facilities or personnel are limited. This is not uncommon in case of war or disaster. The decision whom to treat first should be impartial, based on the clinical experience, conscience and honest opinion of the Doctor. The intention is to save as much as could be saved. He is expected to try his best in the choice and in the treatment, even though the results may come out different.

The unavoidable choice between two legitimate pursuits is fully discussed in especial works on Islamic Jurisprudence.

In spite of accumulated experience, practical and theoretical exercises, conferences and seminars, circumstances will continue to obtain, where decision making can be very taxing and the thin line between stopping treatment and passive euthanasia can be quite difficult to draw.

Whenever in doubt one should do his best to keep away from what directly leads to death and stay with the preservation of the life of the human being

WHOM GOD HAVE FORMED FULLY AND BREATHED INTO HIM OF HIS SPIRIT AND ORDERED THE ANGELS TO FALL DOWN BEFORE HIM IN PROSTRATION. (S15:V29)

REFERENCES

1. C.E. KOOP, "Decisions at the End of Life", *Ethics and Medicine,* 1987, 3:2 pp 24.
2. A.V. CAMPBELL, *Moral Dilemmas in Medicine* 1975, pp 196
3. H. HATHOUT, *Topics in Islamic Medicine,* 1983, pp. 177 & 199
4. C.E. KOOP, *Ethics and Med.* 1987., 3:2 pp 24
5. *Newsweek Magazine* March, 14, 1988, pp 46-52
6. "Association for prevention of handicapped childhood" ibid., pp. 51
7. C.E. KOOP, *Ethics and Medicine,* 1987, 3:2 pp. 22
8. For Verses of Quran quoted in the paper the following references may be consulted: *Quran, Text - Explanation and Commantary by* A. YUSUF ALI 1978. *Quran in English* by MIRZA ABUL-FAZL, Bombay, 1955. *The Message of Quran,* MOHAMMAD ASAD, 1986.
9. L. ALEXANDER, Medical Science Under Dictatorship, *New Eng. J, of Med.* 1949, 241: 2 pp 39-47 and *Ethics and Medicine* 1987, 3: 2 pp. 26-33.
10. M.N. ALBANI, *Summary of Sahih Muslem,* 10 26
11. M.N. ALBANI, *Summary of Sahih Muslem,* 10 27
12. E. IBRAHIM and D.J. DAVIES, *Forty Hadith Qudsi,* No. 23
13. 14 & 16 Related by *Bukhari and Muslem,* Riyadh As-Saliheen (AL-NAWAWI)
15. Related by TIRMIDHI
17. Related by *Bukhari,* Riyadh As-Saleheen (AL-NAWAWI).
18. Related by *Muslem*
19. Related by *Bukhari*
20. Related by *Bukhari* and *Muslem*
22. Related by *Bukhari* and *Muslem*
24. C.E. KOOP, *Ethics and Medicine* 1987, 3: 2 pp. 24
25. I.H. AL-SHERBENI "Life and Death, Medical and Religious aspects" *Proceeding of 2nd Seminar on Human Life,* Islamic Organisation of Medical Sciences, pp 374-362.

N.B. The "meanings" of Traditions are mentioned rather than trying accurate translation, sometimes only a part of a translation is quoted.

The Chairman: Dr. Salem Najm Salem:

I would like to thank Dr. Esam Al-Sherbini for dealing with this problem from all its aspects, for simplifying many of its details and concepts, and for linking all these with morality, religion and thought. I believe it is time that Prof. Dr. Badr al-Diin Husaam al-Din, the director of the Central Office of His Imminence Sheikh al-Azhar, gave his conception of the two issues under consideration.

THE SANCTITY OF HUMAN LIFE: THE PROBLEMS OF OLD AGE AND EUTHANASIA

Sheikh Mohammed Badr Hussam al-Diin
EGYPT

Introduction

In the name of Allah most merciful and compassionate, Praise be to God who guided us to belief, honoured us with Islam, and legislated for us His straight course. The prayers and peace of God be upon our lord and master Mohammed, the highest of all His messengers, who was sent by God to bring truth and mercy to all of God's creatures. Prayers be upon him, all his companions, his followers, and those who will be guided by his light until doomsday.

It gives me great pleasure to present to this symposium this paper dealing with human dignity and religious rulings on the sanctity of human life, issues relevant to old age in an Islamic community, and the jurists views on euthanasia.

I pray to God to guide us to His will, and to bring success to this gathering.

Human Dignity

The Almighty says:

WE HAVE HONOURED THE SONS OF ADAM; PROVIDED THEM WITH TRANSPORT ON LAND AND SEA; GIVEN THEM FOR SUSTENANCE THINGS GOOD AND PURE; AND CONFERRED ON THEM SPECIAL FAVOURS, ABOVE A GREAT PART OF OUR CREATION.

(*al-'Israa'* S. XVII, v. 70).

It is quite clear from the text of this Quranic verse that God has honoured man, given him the earth, and given him the opportunity to make full use of what is in the world, whether in land, sea or air. God has provided man with

many blessings to ensure his sustenance and survival, and has ranked him higher than all other creatures.

God has distinguished man from all other creatures by giving him a mind, to perceive and control the relationship between him and his Creator, and the other creatures around him.

God has also given man specific rights over his body and the right to cover it from others, so that no one would violate these rights. The individual may not be humiliated by revealing his privates, or being deprived of his clothing, or violating his body.

Although man is at one with the animals in terms of the type of life given to him, yet he has a dignity that prevents him from merely accepting an existence like that of the animals.

However, man's blood (life) is sanctified *(ma suum)* along with all that this principle entails, his honour *(ardh)* is sanctified never to be violated, and clothing or cover never to be breached, except for legitimate reason. Therefore, man's genitals should never be revealed even for therapy, except within the needs of medical necessity. Furthermore, the body of man is sanctified so that it is not allowed to buy, to sell, to violate or to use it for the conduct of medical experiments as is the case with guinea pigs.

The dignity of man and his right to maintain his body and honour does not change with death, the sanctity of the dead is the same as that of the living. As the Prophet (ﷺ) says:

"The breaking of the bones of the dead is just like the breaking of the bones of the living".

(reported by Abu Dawuud and al-Baihaqi)

In general, God has honoured man and given him the highest rank among his creatures, even among the angels. The Almighty says:

IT IS WE WHO CREATED YOU AND GAVE YOU SHAPE; THEN WE BADE THE ANGELS BOW DOWN TO ADAM, AND THEY BOWED DOWN; NOT SO IBLIS; HE REFUSED TO BE OF THOSE WHO BOW DOWN.

(al-'A raaf, S. VII, v. 11).

The Sanctity of Human Life

Life is a blessing from God, and only He can grant it. The Almighty says:

IT IS HE WHO GAVE YOU LIFE, WILL CAUSE YOU TO DIE, AND WILL AGAIN GIVE YOU LIFE: TRULY MAN IS A MOST UNGRATEFUL CREATURE!

(al-Hajj, S. XXII, v.66).

The expression "It is He Who gave you life" is one that restricts the giving of life to the Almighty and to no one else. Whereas the expression that man is truly "A most ungrateful creature", describes man as a thankless being who denies the blessings bestowed upon him by the Creator. Meaning that man is unaware of the blessing of life bestowed upon him.

The Almighty likewise says:

HOW CAN YOU REJECT THE FAITH IN GOD? — SEEING THAT YE WERE WITHOUT LIFE, AND HE GAVE YOU LIFE; THEN WILL HE CAUSE YOU TO DIE, AND WILL BRING YOU AGAIN TO LIFE: AND AGAIN TO HIM WILL YE RETURN.

(al-Baqara, S. II, v. 28)

It is God who endowed living creatures with life, and no one can argue with this self-evident truth, except an irrational being.

The holy Quran has highlighted this axiomatic fact, so that it can be taken fully into consideration, to become an article of belief and faith. The Almighty says:

AND VERILY, IT IS WE WHO GIVE LIFE, AND WHO GIVE DEATH: IT IS WE WHO REMAIN INHERITORS (AFTER ALL ELSE PASSES AWAY).

(al-Hajjr, S. XV, v. 23).

The Almighty says:

VERILY IT IS WE WHO GIVE LIFE AND DEATH; AND TO US IS THE FINAL GOAL--

(Qaaf, S. L, v. 43).

God also says:

IT IS GOD THAT GIVES LIFE AND DEATH, AND GOD SEES WELL ALL THAT YE DO.

(al-imraan, S. III, v. 156).

Since we have established that God is the giver of life, then it is only natural that God alone can rightfully take it away, no one can rightfully take a life away except in accordance with the limits set by God's law.

Therefore, God promises us severe punishment in this world and the hereafter for anyone who dares take away a life without the right to do so. The Almighty says:

O YE WHO BELIEVE! THE LAW OF EQUALITY (EQUAL PUNISHMENT) IS PRESCRIBED TO YOU IN CASES OF MURDER

(al-Baqra, S. II, v. 178).

The Almighty says:

IF A MAN KILLS A BELIEVER INTENTIONALLY, HIS RECOMPENSE IS HELL, TO

ABIDE THEREIN (FOREVER): AND THE WRATH AND THE CURSE OF GOD ARE UPON HIM, AND A DREADFUL PENALTY IS PREPARED FOR HIM.

(al-Nisaa', S. IV, v. 93).

The Prophetic tradition has also stressed this, namely that taking away a soul is one of the deadliest of sins. al-Bukhaari in *al-Sahiih,* reports that the Prophet (ﷺ) says:

"The most deadly sins are: disbelieving in God, taking away a soul, ungratefulness to one's parents, and perjury".

al-Bukhaari also reports the Prophet's (ﷺ) saying:

"The deadly sins are disbelieving in God, a false oath, ungratefulness to parents, or he said, the taking away of a soul".

In Muslim's *Sahiih* the Prophet (ﷺ) said:

"The most hateful people to God are three: an atheist in the Islamic holy places, a yearner for jahilliya laws in Islam, and someone after the life of a Muslim without just cause".

al-Bukhaari and Muslim in their *Sahiih* report that the Prophet (ﷺ) said:

"The believer still has plenty of space in his religion if he has not taken a life away without just cause".

al-Nisaa'i reports in his *Sunnan* that the Prophet (ﷺ) said:

"The killing of a believer is worse in the sight of God than the end of the world".

It is reported in the *Sunnan* by al-Tirmidhi that the Prophet (ﷺ)said:

"If the inhabitants of the heavens and the earth participated in the killing of a believer, God will put them all in fire".

These and many other texts highlight the sanctity of blood and the sanctity of life. They also show that the protection of life is one of the first duties of the Islamic community, and that the protection of the life of the individual is a revival of everyone that is to say a revival of Muslim community by ensuring life in it. Perhaps this is the meaning of the verse:

IN THE LAW OF EQUALITY (EQUAL PUNISHMENT) THERE IS (SAVING OF) LIFE TO YOU...

(al-Baqara, S. II, v. 179).

Al-Bukhaari reports in *al-Sahiih* from Ibn Abbas (رضي الله عنه) an interpretation of the Quranic verse:

ON THAT ACCOUNT: WE ORDAINED FOR THE CHILDREN OF ISRAEL THAT IF ANY ONE SLEW A PERSON—UNLESS IT BE FOR MURDER OR FOR SPREADING MISCHIEF IN THE LAND— IT WOULD BE AS IF HE SLEW THE WHOLE PEOPLE; AND IF ANY ONE SAVED A LIFE, IT WOULD BE AS IF HE SAVED THE LIFE OF THE WHOLE PEOPOLE.

(al-Mai'ida, S. V, v. 36).

He said: "if anyone saved it" that is he who prevents a life from being taken away except for a just cause, as if by this he saved the life of all the people.

Islamic law forbids the taking away of the life of a believer except for three reasons specified in an agreed upon prophetic tradition that is mentioned in *al-Sihaah.*

"No one has the right to take away the life of a Muslim who testifies that there is no God but Allah and that I am the Prophet of Allah, except for the following three reasons: a life for a life, the unmarried adultress or adulterer, and the renegade who has abandoned his religion".

(agreed upon prophetic saying and reported by al-Bukhaari and Muslim, the words are those of al-Bukhaari).

Moreover, the blood of non-Muslims is also sanctified unless they kill and deserve retribution, or he is proved to be an adulterer and deserves the application of the limits, and unless he is waging war against Islam and Muslims and is killed in battle. Islamic Law invokes Muslims to preserve the life of all creatures whether plants or animals. So even these cannot be destroyed except for a lawful purpose, such as slaughtering an animal in the name of Allah for food, or the harvesting of plants for food or medicine or some other use, or if some creatures are extremely harmful for life or possessions and then it is allowed to destroy these creatures to prevent their harmful effect.

There are texts determining what harmful animals may be killed, whereas all other animals are subject to the fundamental ruling namely that they should not be killed except for a legitimate purpose.

According to A'isha (رضي الله عنها), the Prophet (ﷺ) said:

"Five harmful animals may be killed at will, these are the crow, the vulture, the scorpion, the mouse and the rabid dog".

(agreed upon in *al-Sihaah* and *al-Sunnan.* In a second report of this prophetic saying by Abu Dawuud the crow is replaced by the snake).

If the harm that an animal causes is tolerable then it is not allowed to kill it and Islamic Law does not allow the destruction of an animal except for a

recognized legitimate purpose.

It is not allowed to kill an animal that has caused harm unless this harm is more than that is usual in its species. But if such harm is within the scope of what is considered normal for this species then it is not permitted to kill it.

Sheikh Izz al-Diin Bin Abd al-Salaam[1] was asked about the killing of a harmful cat, whether this is allowed or not? He replied: "That if its harm is more than that which is normal or usual, and its harmful behaviour is repeated, then it is allowed to kill it". Sheikh Izz al-Diin, however, made the killing of such a cat conditional on it being harmful in a way unusual to what is normal for the species, and that this harm recurs frequently, and that the harm caused is not a rare incident.

Al-Qaraafi[2] said: "Killing is only allowed in cases which are hopeless to reform, whether the case is that of humans or animals[3].

There is a second relevant ruling in this area, that no spilled blood is lost in Islam. I mean that Islamic Law does not allow neglecting spilled blood, it is either retribution *(al-Qisaas)* or blood money *(al-Diyya)* paid by the killer, if the killer is forgiven by the victim's kin and they are satisfied with the blood money, or it is paid by the killer's clan in the case of manslaughter, or it is paid by the local inhabitants, if the victim is found on their land, without identifying his killer, thus becoming suspects, if they refuse to take an oath to the contrary.

If the conditions for the paying of the blood money are not met by the local inhabitants where the victim is found, then it is paid by the treasury *(beyt al-maal)*. Al-Bukhaari, Muslim and others have reported that the Prophet (ﷺ) determined that the two parties should take the oath in the case of a murder in Khaybar, when the two parties (Jews and Muslims) took the oath, the Prophet (ﷺ) paid the blood money of one hundred camels from the charity *(al-sadiqit)* animals.

No one is exempted from the paying of blood money to the victim's kin, unless he committed suicide, or caused his life to be taken away by committing an act necessitating retribution *(al-qisaas)* or the application of the limits, or he was a belligerent against Islam, or died because it was

1. Sheikh Abd al-Aziiz Abd al-Salaam al-Shaafi'i al-Shami, an Egyptian known by the name of Izz al-Diin Bin Abd al-Salaam. He died in 660 Hijra.
2. Iman Shihaab al-Diin Abu al- Abbas Ahmed Bin Idriss al-Qarafi al-Malki, who died in 684 Hij.
3. *Sharh Tanqiih al-Fusuul fi Ikhtisaar al-Mahsuul*, Cairo, 1973, p. 485.

written without a cause or a perpetrator, such as if he died from drowning, or was burnt to death, or fell from a great height, or any such occurrence.

The right of life is ensured from man, even if it were only a prospective life.

The man's sperm in his wife's womb is enough to determine life for the fetus and give it all its rights.

al-Imam al-Ghazaali said[1]: "The condition for property is the presence of a human owner, and the condition for humanity is life. The pregnancy in the womb can own property either through inheritance or a testament, at a time when life is not yet perceived in it, but the fetus will eventually come to life"[2].

In *al-Sahiih* it is reported that the Prophet (ﷺ) made the blood money of a fetus *ghorra* that is a slave or an *ammat* (female slave). Muslim reports in *al-Sahiih* "that a woman struck her husband's second wife with a tent pole, while she was pregnant, thus killing her. The Prophet (ﷺ) then set the victim's blood money on the killer's kin or group and set blood money for the fetus, awarding its kin a slave or an *amma*. A man from the killer's kin then asked: "Should we pay blood money for someone who has not eaten, drunk or even started his life? Such an entity surely can be wasted without blood money. The Prophet (ﷺ) then said:

"Do you then want us to behave just like the Arabs of al-Jahiliyya (pre-Islamic Arabs)?"

Then: the Prophet set blood money for the fetus.

If and when the victim loses her fetus as a result of an assault on her, at any stage of its growth, blood money is definitively due. Al-Imam Maalik (رضي الله عنه) said: "In any phase of pregnancy, be it a clot or a leech-like clot or a morsel of flesh or that which is identifiable as fetus, necessitates the paying of blood money[3]". Islamic jurists have allowed payment in value instead of a slave or a female slave.

In Islamic jurisprudence, criminal responsibility for assaulting a life is determined in accordance with the amount of damage that he has, intentionally or accidentally, caused leading to a death, or damage to the

1. al-Imam Abu Hamid Mohammed Bin Mohammed Bin Mohammed al-Ghazaali, the author of *al-'Ahyaa'*, died in 505 Hijrra.
2. *al-Mustafa*, p. 101, Cairo, p. 1971.
3. *Bidayit al-Mujtahid*, by Ibn Rushd al-Qurtubi, died 595 Hijra, part II, p. 414, Cairo, 1981.

whole body or part of it, or any other damage, even if it were psychological harm. Such liability is dealt with in great detail in Islamic law.

The perpetrator is taken to account for the immediate effect or the long term effect of his crime, even if the crime was simply a negative act such as the prevention of food, drink or medicine from reaching the victim, until he dies.

This is where the liability of the physician is introduced, that is making the physician liable for damage to the patient's body or psyche. The physician is held to be liable if he commits an error or is exceptionally negligent.

On this basis, conducting medical experiments on a human being are prohibited except with the individual's knowledge and consent, provided that such experiments do not violate the rules of Islamic law, or humiliate man's dignity and honour, or will probably lead to his destruction. If such experiments do not meet these conditions then they are definitively forbidden to be consented to or to conduct.

It has also forbidden anyone from conducting a medical experiment on a human being as long as he does not know all the possible effects of such an experiment.

The problems of old age

In the past Muslim societies have never faced any of the problems of old age. In fact, these problems only became prominent in our society when it adopted alien traditions.

These problems are manifested in non-Muslim societies in the following three forms:

Spiritual vacuum: This is a problem of the elderly who were raised to uphold the materialistic trends of this world and a lack of faith and belief in the hereafter. So when they become elderly they feel lost, hopeless, desperate and they lack a goal in life.

Psychological vacuum: A feeling of loneliness and isolation when children and kin leave the elderly on his own.

Physical weakness: The ailments and illnesses of old age, coupled with the absence of care.

Islamic societies were free from such problems when the pattern

adopted was Islamic following the rules of Islamic law. Then, old age was an honourable stage of a blessed life.

In this case, an elderly Muslim would be in high spirits as he was able to free of material pursuits and overcome the evil calls of bodily desires. Old age thus becomes a spiritually elevated stage, in which man seeks peace of mind from his God, secure in his assurance of the hereafter, content in the knowledge of that which Ahmed and al-Tirmidhi report: "The best among you is he who lives long and does much good. He knows that whatever illnesses or ailments he may suffer will be counted in his favour in the end. As he believes in the Prophet's (ﷺ) saying:

"That whatever evil, catastrophes, troubles, sadness, or harm falls upon the Muslim will count for him, even the prick of a thorn will count towards wiping his sins clean."

(reported by al-Bukhaari, Muslim and many others).

An elderly Muslim does not feel despair or boredom at all, as he is full of hope that he will live longer thus enhancing his good deeds, or die and go to God's promised heaven. If the Muslim becomes elderly, he is hopeful that he will do more noble deeds, be more industrious in his worship and prayers, and behave in an even more sublime manner. Therefore, elderly Muslims do not suffer from the ailments of spiritual emptiness.

As for psychological emptiness, it rarely strikes a closely knit interdependant and compassionate Muslim community. The reasons are as follows: the expansion of the right to inheritance among the deceased person's kin in accordance with Islamic law, the corresponding duty to care financially for the members of the extended family, the teachings of Islam making it the duty for the children to show gratitude to the parents, to give them compassion, love and submission, the importance of parenthood *(silat al-rahem)* and kinship, the purity of the line of kinship and loyalty to and pride in the sense of belonging to the extended family. All these factors strengthen the close kinship ties among the members of the family and enhance compassion and interdependence.

This vast network of close kinship relations, in addition to the rights and duties stipulated by Islam for and among kin, cannot possibly lead to the loneliness and isolation of the elderly. In addition to all this, the prevailing feeling in the Islamic environment of the value, significance and importance of the elderly who have devoted themselves to worship and who freely provide wisdom and advice. This enhances the feeling that being closer to the elderly at this stage leads to enlightenment, guidance and proximity to kin and to God.

As for physical care of the elderly in an Islamic society, Islamic law makes it the imperative duty of the inheriting children to provide kinship support payments to fathers, mothers, grandfathers, grandmothrs, brothers, sisters and the dependents of all these, thus ensuring their well-being and security.

The author of *al-Hidayat*[1] says: "The man must provide financially for his parents and grandparents if they are poor and even if they have a different faith from him. Concerning the parents, God Almighty says:

YET BEAR THEM COMPANY IN THIS LIFE WITH GRACE
(Luqmaan, S. XXX, v.15).

even when they are disbelievers, as is the case on the occasion of the revelation of this particular verse, as it is unacceptable for the son to live in God's blessings, and leave the parents to die from hunger"[2]. al-Kamaal Ibn al-Humaam[3] says: "It is unacceptable and unheard of for the son to leave his parents to die from hunger and lack of shelter, while he wallows in God's bounty[4]". The author of *al-Hidayat* says: "As for the grandparents, they are just like the fathers and the mothers, hence the grandfather replaces the father when he is dead, and they are also the reason the grandson came to life, so they must be treated and supported just like the parents[5]".

The previous ruling is unanimously agreed upon in Islamic jurisprudence, as for the remaining kin other than the parents and grandparents, the Hanbali school makes financial support a duty on a prospective inheritor, whether he finally does so or not, such as the aunt for example. They base this ruling on the following Quranic verse:

BUT HE(FATHER) SHALL BEAR THE COST OF THEIR FOOD AND CLOTHING ON EQUITABLE TERMS. NO SOUL SHALL HAVE A BURDEN LAID ON IT GREATER THAN IT CAN BEAR. NO MOTHER SHALL BE TREATED UNFAIRLY ON ACCOUNT OF HER CHILD. NOR FATHER ON ACCOUNT OF HIS CHILD, AND THE HEIR SHALL BE CHARGEABLE IN THE SAME WAY.
(al-Baqara, S. II, v. 233).

This verse makes it incumbent on the heir to provide for the feeding of the new born and provide financial support. Abu Dawuud reports "that a man

1. *Sharh al-Mubtada,* by Sheikh al-Islam Burhaan al-Diin Ali Bin Abi Bakr al-Mirghinani, died 593 Hij.
2. *al-Hidayiti Sharh bidayiti al-Mubtada.*
3. al-Imam Kamaal al-Diin Bin Abd al-Waahid (known as) Ibn Humaam al-Hanafi, died in 681 Hij.
4. *Sharh Fath al-Qadiir,* part IV, p. 415, al-Halabi edition.
5. *al-Hidayiti.*

asked the Prophet (ﷺ): 'Who do I provide for?' The Prophet (ﷺ) said:

"Your mother, father, sister, brother and dependents after that, this is a mandatory duty and a continuation of the relationship of the womb".

Also, it is reported that Umar (رضي الله عنه) forced the cousins of "Manfuus" to provide financially for him, because it is a kin relationship that allows inheritance and hence it makes support mandatory[1]".

The Hanafi school of jurisprudence tended to make financial support mandatory for any relation of the womb, not eligible for marriage, without restricting it to the condition of inheritance. The author of *al-Hidayat* says: "Financial support is mandatory for any relation of th womb (not eligible for marriage) if he is little and poor, or if she is an adult poor woman, or a poor elderly disabled adult male or blind. A close relationship is mandatory whereas a further one is not, the main criteria is that the beneficiary should be a relation of the womb, not eligible for marriage, the Almighty says:

AND THE HEIR SHALL BE CHARGEABLE IN THE SAME WAY."

Abd Allah Bin Mas'uud reads it as follows: the heir who is a relationship of the womb, not eligible for marriage, *muharam* is charged to provide financial support.

Islamic jurists have agreed upon the amount of financial support which is adequacy of food, clothing, and housing in accordance with the financial status of the provider. Many of them also specify adequacy in many other areas of man's needs.

Al-Dardiir[2] says: "The well-to-do child must provide a servant for his parents, even if they were not in need of a servant because of their ability to serve themselves, and provide for the servant of his step mother, even if there already were several servants, the wealthy child should endeavour to keep his father virtuous by providing for his marriage.

al-Khatiib al-Shirbiini[3] al-Shafi'i says: "A kin from the father's or mother's side or the grandparents should be provided with the supplies for a servant if he needs one with the necessary clothing and housing, as well as the doctor's fees and the cost of medicine[4]".

1. See *al-'idda* and *Sharh al-'Umdat al-'idda* by Bahaa' al-Din Abd al-Rahmaan al-Maqdisi, died in 624 Hij. *al-'Umdat* by Mawfaq al-Diin Ibn Qudama died in 621 Hij, see *al-Rawd al-Muraba'* by sheikh Mansuur al-Bahuti al-Masri, died 1051. Also see *Shurarh al-Moqahi'*.
2. Abu Barkaat Ahmed al-Dardiiri al-Maliki.
3. Sheikh Mohammed al-Shirbiini al-Khatiib from al-Shafi'i school in the 11th century Hij.
4. *Mughni al-Muhtaaj,* part III, p. 448.

It is clear from all this that Islamic society gives the elderly their due and obligatory rights, in addition to obligatory financial support which ensures their physical well-being. This obligation falls on their kin, heirs of the womb relation. In addition to the right to be taken care of by the treasury.

Therefore the elderly should have no problems in an Islamic society, if the society implements the rulings of God. Moreover, old age is one of the most dignified stages of life among Muslims, and it is valued highly in a Muslim community.

Euthanasia

It is established that God Almighty created and granted life to his creatures, therefore the maintenance of life in man and all other creatures is the right of God, since He is its creator and owner. The proof of this is that he who kills himself is a tormented sinner on doomsday for committing such a crime. Al-Bukhaari, Muslim and other collectors of the prophetic tradition report that the Prophet (ﷺ) said:

"He who throws himself from the top of mountain thus killing himself, will reside eternally in hell falling endlessly, he who swallows poison to kill himself will continue to swallow it in hell for all eternity, and he who kills himself with an iron rod will continue to stab himself in the stomach in hell for all eternity".

Determining the right of the murdered victim's kin to forfeit retribution and the right of blood money to victim's kin whether for murder or injury does not mean the forfeiting of the right of God, it just goes towards repairing the effect of the criminal act on society and reforming worldly relations.

The right of God is not forfeited, it remains His to be exacted in the hereafter, as is established by the obligation to pay compensation for intentional, accidental or casual killing as described in detail in Islamic jurisprudence.

Rights are of three kinds, the absolute right of God, the right of the individual and the joint right of God and the individual. The last involves much controversy as to whose right should have precedence.

Al-Qaraafi[1] says: "Obligations are of three kinds: the absolute exclusive right of God such as faith, the right of the individual such as debts

1. al-Imaam Shihaab al-Diin Abu al-Abbaas Ahmed Bin 'Idriis al-Qaraafi, died in 684 Hijra.

and prices, and the third kind which involves much controversy whether to give precedence to the right of God or that of the individual, such as penalty for libel.

The exclusive right of the individual is that which can be forfeited by the individual, otherwise there is no right of the individual which does not also include the right of God, that is the Almighty's command to give the right to those who are entitled to it[1]".

Then he said: "Scholars disagree about the penalty for libel. Some say it is the right of the individual because libel is a violation of the individual's honour. Others say it is the right of God, similar to the protection of body organs which is the right of God, likewise the maintenance of honour, if someone permits others to use one of his body organs, such a permission would still be invalid[2]".

If the preservation of life, at any level, is the right of God, and if the preservation of the organs of the body is the right of God and not within the mandate of the individual, and if the individual happens to give such a permission it would still be invalid as al-Qaraafi pointed out previously.

If this is so, then ending a life without the just right to do so, even if it were a very feeble life, is a crime that necessitates retribution and the wrath of God.

Al-Nawawi[3] said: "If a patient is killed while in the throes of death, that is only with those signs of life that appear in the slaughtered, retribution is obligatory[4]".

Such a ruling is not changed as a result of any pretext that the killer may use to justify his act, unless the killing is just according to God's law.

Al-Qaraafi mentions the conditions given by Islamic law which allow doing damage to souls, bodies, creatures and money. He says: "Damage is performed either to heal and restore bodies, souls, by provision of food, drugs, slaughtered animals, and the amputation of rotting body organs. Or in defense of the self, honour, money, just like the killing of vicious and harmful animals, or fighting disbelievers. Or to maintain the unity of the Muslim nation, such as the killing of tyrants, or as a deterrent such as the execution of the criminal and adulterers[5]".

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1. *Sharh Tanqiih al-Fusuul*, p. 95, Cairo.
2. Ibid.
3. Abu Zakria Yahya Bin Sharaf al-Nawawi, who died in 676 Hij.
4. *al-Minhaaj*, by al-Nawawi; see *Mughni al-Muhtaaj*.
5. *Sharh Tanqiih al-Fusuul*, p. 458.

It is thus forbidden to kill an animal without a legitimate purpose, and the excuse that the animal is being killed as a form of mercy is not admitted, except if the animal is slaughtered so that it can be made use of".

If this is so for animals, what about man?

Al-Qaraafi believes that forbiding the killing of animals even with the excuse of it being a mercy killing, goes to support the unanimous agreement of Islamic jurists to forbid such mercy killing for human beings, even if their pains are too severe to bear.

Al-Imaam al-Qaraafi says: "If an animal which is not fit for eating has a fatal disease, do we slaughter it to alleviate or put an end to its pain and suffering? He believes that the ruling here forbids any such act. Unless it is the kind of animal whose skin can be made use of such as lions, the majority of jurists forbid this for human beings, even if their pain and suffering is too much to bear[1]".

1. Ibid p. 459.

Sources

1. The Holy Quran.
2. al-Bukhaari, *al-Sahiih.*
3. Muslim, *al-Sahiih.*
4. *al-Sunna,* by Abi Dawuud al-Tirmidhi, al-Nisaa'i, Ibn Majih.
5. *Sharh Tanqiih al-Fusuul, fi 'Ikhtisaar al-Mahsuul,* by al-Imaam al-Qaraafi, Cairo, 1983.
6. *al-Furuuq,* by al-Imaam al-Qaraafi, Dar al-Mi'rifa edition, Beirut.
7. *al-Muwafaqaat fi 'Usuul al-'Ahkaam,* by al-Shaatibi, edited by Mohiy al-Diin, Cairo edition, 1969.
8. *al-Mustasfa,* by al-Ghazaali, Cairo edition, 1971.
9. *Bidayit al-Mujtahid wa Nihaayit al-Muqtasid,* by Ibn Rushd al-Qurtubi (the grandson), Cairo edition, 1981.
10. *al-Hidayit Sharh Bidayit al-Mubtada,* by Sheikh of Islam al-Mirghanini.
11. *Sharh Fath al-Qadiir,* by Ibn Humaam, Cairo edition.
12. *al-Idda Sharh al-'Umdda,* by Bahaa' al-Diin al-Maqdisi, Muwafaq al-Diin Ibn Qudaama, al-Salifiyya, Cairo.
13. *al-Rawd al-Muraba,* by Sheikh Mansuur al-Bahuuti, al-Salifiyya, Cairo.
14. *Hashiyit al-Dusuqi 'ala al-Sharh al-Kabiir,* by al-Dusuuqi and al-Dardiir, al-Malikiyyin, Cairo.
15. *Mughni al-Muhtaaj illa Mi'rifit 'Alfaadh al-Minhaaj,* by al-Khatiib al-Shirbiini, Cairo, 1958.
16. *al-Muhdhib,* by al-Shiirazi, Halabi edition, Cairo.

The Chairman: Dr. Salem Najm Salem:

I would like to thank my brother, Prof. Dr. Mohammed Bader al-Diin Husaam al-Diin, for this detailed statement of all the viewpoints of jurisprudence scholars from all schools and approaches. We have a little time for discussion, since the papers were very valuable and used up nealry all the time allotted to them. Prof. Dr. Mohammed Naeem Yaseen may start the discussion. You have the floor, sir.

DISCUSSION

DISCUSSION

Prof. Mohammed Naeem Yaseen:

I have an observation on the second issue, as I believe that the origin of the idea of euthanasia is in western thought. That is to say, this idea must be returned to the soil from which it grew, which is the excessive individualism of the West. In Islam, there is no exaggeration of individualism. Islam respects free will and individual freedom, and this applies to the individual's right to the human body, whether it is the right to life or the right to keep all organs safely intact. Islam believews that there are two rights that apply to the human body, as we have just heard in the paper, two rights that are inseparable in existence or nothingness. These are the right of God Almighty and the right of the individual. Muslim jurists believe that this joint right *(Haq al-djimaa)* is linked to public interest, and is thus not attributable to a specific person. The fundamental rule in Islamic jurisprudence is that if something entails the rights of two parties, then it cannot be surrendered or transferred without the approval of both parties, except in cases of necessity. Therefore, according to this rule it is forbidden for an individual to commit suicide, as it is forbideen to permit someone else to commit suicide in cases where necessity is not established. Anyone who ignores this rule is a transgressor and deserves punishment in this world, or the hereafter if he is not punished in this world. I may add that this joint right or the right of the community is represented by the state. If a law is promulgated, then this law represents the community; but represetnation in Islam is restricted to that which is in the interest of the represented, and the representative has no right to volunteer or forfeit the rights of others. I believe that this Islamic view is absent from the proponetns of euthanasia, and the views of the latter group are based on the concept that every individual is in full possession of all the rights pertaining to himself. This extreme position is one of holding onto human will and the freedom to choose euthanasia. One could ask why they should hold so staunchly to full freedom of will, when the will itself is changeable and fickle? There are numerous instances of one wanting to change actions, words and decisions that one has made,

taken or implemented earlier on. Individual will continue to change in time; in fact true respect of the will requires us not to respond to or implement its whims, when it makes a decision under duress or irresistible pressure. One of the most estimable companions of the Prophet (PBUH), Omar Ibn al-Khattaab, expressed the same opinion being expounded here when he said that an individual could not be trusted with his decision if he falls under duress, such as when beaten, or starved, or bound. This is why the confession of a person accused of a capital crime or transgressions against God's limits is not taken into consideration if it is obtained under duress or pressure. Western scholars and thinkers who propound euthanasia on the basis of the victim's wish, a wish that probably came from the victim at a time of extreme despair and duress, are in fact not giving the victim the opportunity to withdraw or change his decision. Secondly, they accept the dubious wishes of an individual which have probably emanated from the victim under the pressure of pain, suffering despair and collapse. This is a serious error because it leads to the taking of a life without a positive or a mandatory imperative cause. Islam has gone to great pains to avoid making such an error in all its rulings pertaining to life or bodily harm, to the extent that it always takes the side of doubt, even where it is extremely slim, in order to preserve life or prevent harm to the body. This is clearly shown in the Prophetic tradition "Do not apply the limits if you have any doubts or avoid using the penalty for transgression against the limits whenever this is possible. If you find a loophole for the accused then release him, for it is better that the ruler errs on the side of forgiveness than erring in the penalty.

Dr. Husain Hamid:

In the name of God most Gracious and most Compassionate.

I would like to summarize our deliberations on those two issues in the three following points. First, the right to life or body or limbs is not left to the individual to act upon freely, and this is unanimously agreed upon by all Muslim jurists. Secondly, anything that helps preserve life, whether it is food, drink, or medical care, is imposed on the individual concerned, and the community has an obligation to provide the individual with all these. This is good jurisprudence. In Maliki and Hanbili jurisprudence it is stipulated that he who finds a starving person and does not feed that person until he dies is considered to be his murderer. if a man finds an injured person bleeding to death who needs a thread to sew up his wounds and does not provide him with one, and it is found out later that he did not provide the necessary medical care because of animosity between them, and that this person intended to kill the injured person by

not providing him with the necessary medical care, then he is considered to be a murderer. Retribution is imposed on such a person, or else a heavy blood money fine is imposed on him. In the texts of Sheikh Khaliil, under the heading of "Game and slaughter of animals", we find that he who passes by game which is injured but still alive must slaughter it. The community must legislate the laws that guarantee the provision of medical care to preserve life. Therefore, the provision of life-preserving medical care is a mandatory (*wadjaban*) and imperative matter, and abstention from the provision of such medical care is considered by the jurists to be some form of deliberate murder or manslaughter. In conclusion, the causes which allow the taking away of life are mentioned in al-Sharia in full, and it is not permitted to expand these or to deduct others on the bases of analogy. Thank you.

Prof. Aledander Capron:

My question is for Dr. Esam El-Sharbeeni, and it is a question for a dialogue, if I may? To ask a question and have an answer to get a better understanding. Let us suppose, we have a community, Muslim community in which there is the capability of doing heart transplantation and a patient with a failing heart is told by his physician that the only prospect for his continued life is to have a heart transplant and the patient says that he does not wish to have the heart transplant. is that acceptable?

Dr. Esam El-Sharbeeni

I think this acceptable if the patient is conscious, is well aware and is not in a desperate condition which makes him choose suicide. You can not force a patient to get treated, if he is well aware of the consequences. Only, if his conscious is cloudy or his choice is not complete then you have to take upon yourself the choice and do the treatment. This is my opinion. I wish our colleagues, the Islamic scholars could elaborate on this point. Actually, although the explanation has enriched our discussions and magnified the seriousness of killing a human being, I wish that we concentrate our talk on the subject of the discussion which is "Mercy killing". They are not really touched very much on ending the life of the patient, out of compassion, out of mercy, out of saving him from trouble. I wish this could be considered by our Muslim scholars and I put my opinion answering my colleagues.

Prof. Alexander Capron:

I will then take the invitation to reframe the question to Sheikh Hosam Al-Deen, and to Prof. Naeem Yaseen. Let us assume that we have a fully

rational and competent patient. A patient who is not in pain, but who has been told that he has an incurable illness, and the patient is told that it is very likely that in the process of dying his heart will arrest and if he is in the hospital it is possible to reverse the stoppage of the heart through medical means with electric paddles and with putting tubes in and by giving him drugs. This will not give him a long life but it could reverse for him, perhaps a few hours. But the patient says I do not choose to go to the hospital, all that I will have in the hospital is this cardio-pulmonary resuscitation, because I am dying of a fatal illness. The patient is competent, is conscious and is not now in pain, but his refusal to go to the hospital wil mean that he will die of something which medicine could, at least temporarily reverse. In Islamic teachings, has he done something which is impermissible in refusing to go to the hospital? I will ask this to Sheikh Hosam Al-Deen.

Sheikh Husaam al-Diin:

Medical opinions are in most cases not positive, rather, they are conjectural in most cases, and comes down to theories. therefore, if the case implies either the possibility of a cure or that of no cure, the patient should have the freedom of choice; that is the patient is not positive that the opinion he has received is the correct one, and he may want surrender himself to God's will from an Islamic point of view. However, if there is an opinion from a trustworthy physician, the patient must go to the hospital to receive treatment. The Prophet (PBUH) called upon all Muslims "To seek medical treatment since He who created disease also created medicine". This is a command that obliges Muslims to seek medical treatment so long as they trust the medical opinion they receive.

Dr. Esam Al-Sharbeni:

Before our colleague rephrases the question once more, let me rephrase it myself to Sheikh Hosam Al-Deen. Can we force the patient to accept the treatment. Is this advice of the Prophet (PBUH)? Can you force the patient to take treatments?

Dr. Esam Al-Sherbini:

Is the patient to be forced to accept medical treatment, or is that not within our right?

Sheikh Badr Husaam al-Diin:

If the patient is held to be in a condition in which he is not fully responsible for his actions, that is to say he does not have full legal

capacity, does not qualify to shoulder his obligations or requires some form of guardianship, then he is forced to accept medical treatment. But if the patient has full legal capacity, in the sense that he is in complete control of his senses, consciousness and is a responsible, fully obligated adult and the medical opinion is seen as being just another opinion and not a positive matter, then the patient is not forced to seek medical treatment.

Dr. Abd al-Hay al-Awadi:

I have a question for both Dr. Isaam al-Shirbiini and Sheikh Badr al-Diin Husaam. I believe that in your paper, Sheikh Badr al-Diin, you have restricted the mandate of the physician in making decisions. For example, what if the consultant in his rounds in the hospital finds that a specific patient is at a terminal stage and decides that no resuscitation is necessary, that is to say the patient is, as is generally known to be beyond, medical care? Is this then considered murder? The consultant then has ordered that no medical care is to be provided for such a patient. If the other physicians on the same shift follow his orders, are they accomplices to murder? Secondly, assuming this consulting physician ordered resuscitation for a patient, it is common knowledge that physicians generally halt their resuscitation efforts after twenty minutes and rarely exceed half an hour in their efforts. Is this halt then considered murder?

Sheikh Husaam Al-Diin:

The responsibility of the physician is towards the patient if the latter is in the hospital...

The Chairman: Dr. Salem Najm Salem:

Excuse me for interrupting you but I think we should answer this question from the medical point of view before we answer its jurisprudence aspect by Sheikh Badr al-Diin Husaam al-Diin.

Dr. Esam Al-Sherbini:

In any case, this is an example of actual medical practice that I failed to provide because of lack of time. If the medicine is not provided by the treating physician then it is of no benefit to the patient.

Dr. Esam Al-Sherbini:

If the medicine, in the best opinion of the doctor does not bring any useful benefits to the patient, or drive away any harm, then there is no point in giving him. Similarly, if a medicine which has been used or any therapeutic procedures which have been used and were useful and now stopped being useful, it could be stopped. This is quite logical. I do not want to use the world "resuscitation", this is a very badly used term in European hospital, it is a term which means really passive euthanasia.

So, let us get rid of this term. If you can help the patient, you have to help him. If your help is useless, then stop it. You do not interfere with the rest of his life. One week or two weeks, it is not your business. If he needs a pain killer, give him a pain killer. If he is infected, treat his infection, if he needs fluids and food, give him fluids and food and let him die in his own time. Thank you!

Sheikh Husaam Al-Diin:

Dr. Isaam al-Shirbiini has clearly shown that if the patient does not need need the medicine then it can be forfeited; that is in some cases medicine is futile and thus can be forfeited. However, we started talking about this when we had a question: if the patient is in the hospital and his physician thinks that he should be admitted to intensive care or treats him with a specific procedure, etc. In fact, this is the obligation of the physician and he is obligated towards the patient who is his responsibility, and if the physician neglects his responsibility, then he should bear the responsibility for his negligence. But if he finds that medicine or treatment in a case is futile, then this is a matter that should be left up to him, his conscience and his religion. If there is any benefit for a dying patient from a specific treatment then it must be given to him, as mentioned by Dr. Abd al-Salaam, even if you are positive that the patient is going to die, and this is the view of the jurists.

Prof. Adel El-Sobky:

I would like to ask this to Sheikh Hosam Al-Deen, just a minute or two. My colleague, the question here is, there is a possibility of achieving a position, where you are not quite sure whether your patient is dead or alive. A patient on a ventilator. I know that if we stop the ventilator his brain will cease functioning. I know if I continue the ventilation, his brain will continue functioning and that could go on and on and on. What is the Islamic stipualtion here?

The Chairman: Prof. Salem Najam Salem:

May I interrupt here? There will be a session on organ transplantation and the resuscitation and the problems related to death and life, when to stop the machine and when to let it go. So, I think, let us stick to our topics which are being discussed.

Prof. Alexander Capron:

The question is for a commentary made by Sheikh Hosam Al-Deen, on what I understood to be the statement of Dr. Esam El-Sharbeeni. He stated that it was acceptable to give a pain killing drug to a dying patient, not with the purpose of brining about his death but with the recognition that the drug may in fact bring about death, may accelerate the process of dying. This is a well known fact about morphine and the dosage that is necessary to bring pain relief, not an excessive dose, not an overdose, but the correct dosage may in a weakened patient supress respiration. In that case, it s an act of the physician done for the purpose that is acceptable to medicine, relieving pain, not for the purpose of causing death. Nevertheless, it is the act of the physician that will bring death at that moment. The question is; is this acceptable?

The Chairman: Prof. S.N. Salem:

Is this question to Dr. Esam or to Sheikh Hosam Al-Deen?

Prof. Alexander Capron:

This question is to Sheikh Hosam Al-Deen and if I have misquoted the Doctor, I apologize. But certainly it is a situation which arises.

The Chairman: Salem al-NajmSalem:

The question is addressed to Dr. Husaam al-Diin. professor Capron's question is, assume the patient needs a dose of morphine to alleviate the pain and not to kill him, but if the morphine is given to a weakened person it may cause his death. In this case does the physician give him the morphine or not?

Dr. Esam Al-Sherbini:

He should be given thedrug but we should carefully assess its side effects, but we do not give him the drug to kill him. It is just like surgery in serious cases when the risk of dying is higher than that of a cure. We aim for the cure but sometimes the patient dies because of the surgery.

Dr. Esam Al-Sherbini:

What I said and what the usual medical practice is that if the patient is suffering from pain you give him a pain killer. It is not necessary that this drug is going to kill him. We know that pain killers have side effects, as almost any medicine has, as almost anything in life you are using. The car has got a side effect, the plane has got a side effect, eating and drinking has got side effects. So, when we are practising medicine there are two points: obvious practice and intentions, which only God knows what is going on in your mind. So, giving a patient a pain killer and increasing the pain killer as necessary to relieve the pain, with the purpose of relieving the pain is acceptable and justified. It is your duty if you have to do it, accepting the risk of the side-effects which are not avoidable. But to increase the dose with the intention to kill is preventable.

The Chairman: Salem al-Najm Salem:

Addressing Sheikh Bader al-Diin Husaam, do you approve of this principle so that we can conclude this issue and move on to the second question. Do you approve of giving the patient a painkiller?

Sheikh Husaam al-Diin:

Yes, to relieve the pain, while taking all possible precautions to guard against the side effects if they include high rate of mortality. There is, however, a jurisprudence rule: the legality of issues is judged by the intentions underlying them. So, if the treating physician prescribes a drug and makes a mistake in the dosage, a rather frequent occurrence in medical practice, then the physician bears no liability. But if the physician decides to kill the patient or if he prescribes an overdose intentionally, then the physician is held responsible...

The Chairman: Prof. S.N. Salem:

Any more question? Well at the end of this session, I would like very much to thank the speakers, to thank the audience and those who participated in the discussions. Thank you all and we shall meet again at 4 O'Clock.

CHAPTER III
PLENARY LECTURES

III. REPORT ON THE SESSION

This session was chaired by Professor Mamdooh Jabr and moderated by Professor Mehmet Aydin.

At the beginning of each lecture, the Chairman introduced the individual speakers, namely - Professor Mohammed Abdul Hadi Abu Reeda and Pofessor Ibrahim Badran and invited them to present their respective plenary lectures entitled "The Islamic concept of life and death" and "Knowledge, attitude and wisdom - added values in health care - An Islamic perspective." At the end of each lecture, the Chairman thanked the respective scholars for their valuable presentations and, finally, opened the floor for discussion.

Editors

The Chairman: Prof. Dr. Mahdooh Jabr:

We will listen today to two papers, the first by Dr. Mohammed Abd al-Hadi Abu Reeda in which he talks on the Islamic concept of life and death, and then Prof. Dr. Ibrahim Badraan who will talk to us about spiritual values and ethics.

I am also pleased to have as co-chairman by Prof. Dr. Mehmet Aydin from Turkey.

Dr. Mohammed Abd al-Hadi Abu Reeda is professor of Islamic Philosophy. He studied in Cairo, Paris and Switzerland, and taught in Cairo University, the University of Ain Shams and other Arab universities. He specializes in philosophy and Islamic culture, and has participated in many international conferences on philosophy and the liberal Arts in Europe and Islamic countries. He has frequently participated in Islamic Medicine conferences. Sir, you have the floor, please go ahead.

THE ISLAMIC CONCEPT OF LIFE AND DEATH

Professor Dr. Mohammed Abd al-Hadi Abu Reeda
EGYPT

BLESSED BE HE IN WHOSE HANDS IS DOMINION; AND HE OVER ALL THINGS HATH POWER; –

HE WHO CREATED DEATH AND LIFE, THAT HE MAY TRY WHICH OF YOU IS BEST IN DEED: AND HE IS THE EXALTED IN MIGHT, OFT-FORGIVING; --

(*al-Mulk,* S. LXVII, v.1-2)

Life and death are the main concern of man, throughout his life he strives to bear his responsibilities, thinking about, expecting and fearing his inevitable death. Let us begin by examining life from its natural and biological perspective:

Within the framework of the greatness of God's work, *"WHO DISPOSES OF ALL THINGS IN PERFECT ORDER..."* (*al-Naml,* S. XXVII, v. 88) *"HE WHO HAS MADE EVERYTHING WHICH HE HAS CREATED MOST GOOD..."*

(*al-Sajda,* S. XXXII, v.7)

we note that the Quran has highlighted life on earth as a significant phenomenon, made it an issue for consideration, and a starting point for reasoning, in the most important issue of thought namely knowledge of the presence of a wise and mighty creator. The Quran also compares it with the system of the universe, as manifested in the creation of the heavens and the earth.

VERILY IN THE HEAVENS AND THE EARTH, ARE SIGNS FOR THOSE WHO BELIEVE,

AND IN THE CREATION OF YOURSELVES AND THE FACT THAT ANIMALS ARE SCATTERED (THROUGH THE EARTH), ARE SIGNS FOR THOSE OF ASSURED FAITH.

(al-Jathiya, S. XLV, v. 3-4)

The Quran calls man's attention to the phenomenon of plant life, in many verses including the following example:

SEEST THOU NOT THAT GOD SENDS DOWN RAIN FROM THE SKY, AND FORTHWITH THE EARTH BECOMES CLOTHED WITH GREEN?

(al-Haj, S. XXII, v. 63)

AND (FURTHER) THOU SEEST THE EARTH BARREN AND LIFELESS, BUT WHEN WE POUR DOWN RAIN ON IT, IT IS STIRRED (TO LIFE), IT SWELLS, AND IT PUTS FORTH EVERY KIND OF BEAUTIFUL GROWTH (IN PAIRS).

(al-Haj, S. XXII, v.5)

The Quran also calls man's attention to animal life, and indicates its types, as in a scientific taxonomy:

AND GOD HAS CREATED EVERY ANIMAL FROM WATER: OF THEM THERE ARE SOME THAT CREEP ON THEIR BELLIES; SOME THAT WALK ON TWO LEGS; AND SOME THAT WALK ON FOUR. GOD CREATES WHAT HE WILLS; FOR VERILY GOD HAS POWER OVER ALL THINGS.

(al-Nuur, S. XXIV, v.45)

Though physical matter may seem inert, yet in its constituents there are forces and powers that have been revealed by modern science, such latent forces which are manifested in the atom, about which we still do not know very much.

Though science tries to describe the forces inside the atom in terms of equations and mathematical calculations, we must view the inside of the atom as a microcosm signifying the greatness and perfection of God's creation. A significance that can only be grasped by the mind. This microcosm inside the atom speaks a language that we do not understand or even thought could possibly exist, but God told us about its presence in the following:

THERE IS NOT A THING BUT CELEBRATES HIS PRAISE; AND YET YE UNDERSTAND NOT HOW THEY DECLARE HIS GLORY! VERILY HE IS OFT-FORBEARING, MOST FORGIVING!

(al-'Israa', S.XVII, v. 44)

Here I would like to point out what was revealed to those from the ranks of the believers who possess vision, namely the verses of the great Persian Sufi poet Fariid al-Diin al-Attaar, which I have translated as: "In every atom

is a glaring sun, in every drop is an all-embracing sea; if you crack open each atom you would see a whole world".

If all these potent forces are latent inside an atom, which no one has seen, forces that have only been inferred from scientific reasoning which God gave man to uncover the essence of things in this world, what then about the forces that lie in the larger macrocosm of infinite galaxies created by God!

We may believe that life in its absolute sense is of the kind we find on our beautiful planet, because we have no evidence indicating a life similar to our own elsewhere, but this universe is full of different forms of life, contained in what we believe is merely matter or in the endless space surrounding us. If one of the descriptions of an animal in motion is that it is a creature that treads the earth, God points out that the heaven is like the earth in having creatures that inhabit it, perhaps on another level. The Quranic verse says:

AND AMONG HIS SIGNS IS THE CREATION OF THE HEAVENS AND THE EARTH, AND THE LIVING CREATURES THAT HE HAS SCATTERED THROUGH THEM : AND HE HAS POWER TO GATHER THEM TOGETHER WHEN HE WILLS.

(*al-Shuura,* S. XLII, v.29)

It suffices for us to restrict ourselves to the limits of our tools of enquiry, to restrict ourselves to the life that we are able to observe on our own planet, so that this provides the starting point for conceiving the comprehensive order of life that the Quran describes.

Without going into the realm of metaphysics, I would like to tell you that what we call 'life' is a fantastic force capable of controlling matter and capable of making the elements respond to its commands. This indicates that there is a close relationship between what we call matter and what we call the force of life, and the harmony prevailing in the universe.

If God is the One and Only, the Eternal, Absolute, then the whole order of the universe manifests complementarity between its components. The Quran also points out the order of complementarity and parity in the composition of things; some examples follow:

GLORY TO GOD, WHO CREATED IN PAIRS ALL THINGS THAT THE EARTH PRODUCES, AS WELL AS THEIR OWN (HUMAN) KIND AND (OTHER) THINGS OF WHICH THEY HAVE NO KNOWLEDGE.

(*Yasiin,* S. XXXVI, v.36)

AND OF EVERY THING WE HAVE CREATED PAIRS: THAT YE MAY RECEIVE INSTRUCTION.

(al-Dharlyaat, S. LI, v.49)

This applies to electricity, magnetism and all other forms of energy, for they all manifest complementarity and parity.

Since ancient times, philosophers have conceived of what we call matter, cosmologists today speak of what they call 'anti-matter', it is only God Almighty that is unique and absolute.

My introduction has discussed life and death, which are complementary pairs, as the Quran always links them together, as there is no life without death, and no death except after life.

Life in the scientific sense is a wonderful phenomenon, flourishing spectacularly, and extremely varied in form and degree. We can see it in its simplest forms and as it develops into more complex forms until it reaches its apex in man.

Life is a powerful constructive force, capable of digesting the elements in nature and of producing the best possible form from these elements. This is what we know about its manifestations, however its essence is still one of the greatest secrets of this fantastic universe.

According to our view of things, man is the highest form of life on this planet. However, when we examine the characteristics of man, we find that in comparing him with the animals, there is not only a difference in degree and type of abilities but also in what he has actually achieved. First, his control over animals and secondly the construction of a great civilization which he has created with his reason, imagination and the labour of his hands. A civilization that distinguishes him from other animals and makes him unique.

It seems obvious that man has a special place in the order of the universe, and clear that his beautiful planet was specifically prepared to be his place of residence, therefore this planet is unique in the solar system in its characteristics. It is not correct to consider these as abnormal conditions in the order of the universe, but it is obvious that it is a pre-determined plan, that we live in our minds and in physical fact, on earth. Through his mind, his thought, patience and confidence man is able to understand the unity of this universe and its laws. He has even gone further by conceiving of its origin and the significance underlying it, namely that it was created by Almighty God. He who denies this is actually denying reality which man has reached through the rules of reasoning.

In this vast universe, in a tiny location in it, man has emerged as a truly great entity. Though, from a scientific and religious perspective, we have no

right to ignore the value of animals, their intelligence, abilities, senses and feelings, it is still unreasonable to consider man as just another living being distinguished from the other animals only by his possession of extra faculties and talents. It is true that man is a living, thinking being inhabiting the earth, but he is the master of nature not only because of his ability to reason, which allows him to represent all aspects of nature in terms of symbols and equations, not only because of his imagination which has gone beyond the visible universe towards infinity, or because of his ability to deal with all things around him, but also because of his ability to feel and perceive himself. This feeling that leads him to question the meaning of the universe throughout his life and the meaning of his life in it. We can say that man was created and placed on earth to assume his position in the universe through his knowledge and to perform a duty that we must know.

Man can see change, appearance and disappearance of everything around him, and he has been able to make this the subject of science and knowledge and infer the laws of the emergence of things and their interactions. However, because of his acute sense of self-awareness and his awareness of the uniqueness of his character and aspirations, he cannot observe change when it comes to himself, a subject of knowledge which he examines calmly as if he was studying an external phenemonon that is occuring before his eyes.

Therefore, the issue of change, appearance and disappearance, when it deals with man, becomes a rather difficult problem. Human beings have always complained, through the wise men and the poets about change in their lives, change in their circumstances, change in their relationships with others, and particularly death which does not distinguish between people. World literature is full of allusions to death.

Such complaints sometimes offer some form of solace for the self in moments of despair. However, when it comes to facing death and leaving behind everything that they held dear, then the situation becomes completely different.

If people did not find solace in enduring the suffering and pains of life and death, whether because of their ignorance of submission to the laws of life, or belief in the existence and wisdom of Almighty God, life would have been intolerable.

One of the blessings of God on man is ignorance of his time of death and the presence of hope in man's heart. Without the presence of hope man would feel totally insecure.

When we observe life around us, we find that if man finds no solace in his belief in the wisdom of God or some form of philosophy, in enduring life and confronting death, he would rely on his toughness, patience, dignity, upholding the characteristics of "the noble free man" who hardly ever complains and sees complaint as a form of humiliation. Moreover, complaints are seldom beneficial.

If life sometimes requires some forms of sacrifice, whether of the self or of money, the solace would then be in man preserving his honour, dignity or good repute after him. This is found in Jahilliya (pre-Islamic) poetry.

Most significantly, the world we see and live in, is the domain of "existence and corruption" according to the philosophers, or emergence and disappearance in everyday language.

Likewise, life has an end: it begins, flourishes and reaches its climax, then starts to decline towards feebleness and death. Everything has a predetermined period of existence.

Although this period is determined in accordance with a general law that applies to the smallest thing in the universe and the universe as a whole despite the length of its existence, yet, according to Islam, this is determined by the law of wisdom that prevails over the order of creation. This is what the Almighty is stressing in the following verse:

NOT BUT FOR JUST ENDS AND FOR A TERM APPOINTED, DID GOD CREATE THE HEAVENS AND THE EARTH, AND ALL BETWEEN THEM...

(al-Ruum, S. XXX, v.8)

Everything has been created for a 'just end', and the understanding of this law in the Quran signifies the wisdom, the purpose and the continuous established law underlying it. Moreover, everything is created for "an appointed time", that is a period of existence that does not increase or decrease.

These two rules apply generally to all creation, but the extent to which they apply to man requires knowing and understanding man, his true essence, and the meaning of his life.

Man is not quite like the other emerging and disappearing animals, because he occupies a special position in the order of creation and because his life on earth with all its distinctive accompanying features such as the advantages of the mind and the ability to choose have special significance, and require interpretation. The life and death of man are not like other forms of life and death.

When we observe man in all aspects of his thought and action, we cannot believe that his mind, abilities, or will to do good and evil were given to man without purpose, free to do whatever he is capable of without liability or reward.

Disregarding the certainty of God's existence and belief in the hereafter, the mere presence of the mind, the ability to make choices, differences between individuals in their good and evil deeds, the necessity of achieving justice and order in people's lives, as is the case in the order of the universe, all this leads to the necessity of belief in the existence of God, the immortality of the soul and reward and punishment. These are the arguments of the greatest philosophers seeking to prove the presence of God and the immortality of the soul, which are the pillars of the moral order.

The Quran also clarifies this point to those who do not believe in the existence of God and the wisdom of creating human beings capable of performing evil as much as they are capable of doing good. The Quran says:

DID YE THEN THINK THAT WE CREATED YOU IN JEST, AND THAT YE WOULD NOT BE BROUGHT BACK TO US (FOR ACCOUNT)?

THEREFORE EXALTED BE GOD, THE KING, THE REALITY: THERE IS NO GOD BUT HE, THE LORD OF THE THRONE OF HONOUR!

(*al-Mu'minuun,* S. XXIII, v.115-116)

NOT WITHOUT PURPOSE DID WE CREATE HEAVEN AND EARTH AND ALL BETWEEN! THAT WERE THE THOUGHT OF UNBELIEVERS! BUT WOE TO THE UNBELIEVERS BECAUSE OF THE FIRE (OF HELL)!

SHALL WE TREAT THOSE WHO BELIEVE AND WORK DEEDS OF RIGHTEOUSNESS, THE SAME AS THOSE WHO DO MISCHIEF ON EARTH? SHALL WE TREAT THOSE WHO GUARD AGAINST EVIL, THE SAME AS THOSE WHO TURN ASIDE FROM THE RIGHT?

(*Sad,* S. XXXVIII, v.27-28)

The moral order and the problem of man cannot be understood except in the light of belief in the existence of God as well as clarifying the issue of the life and death of man, in accordance with the view of Islam. This is only possible after solving the problem of this world, because man along with his planet is part of the universe, though as far as we know he is a unique creature of the highest prestige.

When facing the problems of life and thought, the thinker and the reader should always stress, as we do here, that observing the universe with the signs of power and wisdom and manifestation of order and

perfection leads every rational creature to acceptance of the existence of an Almighty Creator.

Since there are no imbalances in the order of the universe, and since everything has been 'justly' created, the presence of man on earth, and everything he has to endure is also 'just'.

In any case, the love of life, and the love of longevity accompanied with health is only natural, since life is the presence of self-awareness, which is a value in itself. Life also comprises sensual and rational functions that give varied pleasures to man. Though it has more than its share of troubles and problems, yet man continues to hang on to it, and does not really give it up except for that which gives him more pleasure, or because he has had more than his share of pain and suffering, sufficient to overcome his love of life, but this occurs only when there is some imbalance or the total absence of thought.

Death is horrible and hateful, it is also a major source of worry. The hatefulness of death arises from the illusion that it entails nothingness. Nothingness is hateful, so every living creature defends itself against death, and the story of the ant that was afraid for its life and that of its nation, as recorded by the Quran, is the greatest proof of this.

One of the main reasons for the fear of death is that many worry about their families, and particularly their small children following after them. The ancient Arab poet says:

"If it were not for my daughter Umayma I would not have feared nothingness, or faced devastation in the heart of darkness".

In view of this intense care and worry for small children, God in His wisdom comforts their parents and shows them the proof that He will take care of their children, in the following:

LET THOSE (DISPOSING OF AN ESTATE) HAVE THE SAME FEAR IN THEIR MINDS AS THEY WOULD HAVE FOR THEIR OWN IF THEY HAD A HELPLESS FAMILY BEHIND: LET THEM FEAR GOD, AND SPEAK WORDS OF APPROPRIATE (COMFORT).

(al-Nisaa', S. IV, v.9)

Excessive love of this world, its pleasures and its attractions can lead to anxiety or steer man away from the path of doing good, charity and justice, as well as making him a prisoner of transient pleasures.

Death is this serious issue which urges man consciously to think of his life, its significance and the hereafter. It is one of the factors that has led to

the appearance of important religions, which may be natural, because their adherents do not attribute them to divine revelation. As a result of man's love of this worldly life he has been able to conceive of a life after death and a resurrection from the graves that lie everywhere on this earth. The concept of an after-life is manifest in the history of all religions, even those that are not revealed.

The Quran reminds those that have ignored death, to think and declare their faith. The Almighty says:

DO THEY SEE NOTHING IN THE GOVERNMENT OF THE HEAVENS AND THE EARTH AND ALL THAT GOD HATH CREATED? (DO THEY NOT SEE) THAT IT MAY WELL BE THAT THEIR TERM IS NIGH DRAWING TO AN END? IN WHAT MESSAGE AFTER THIS WILL THEY THEN BELIEVE?

(al-'A raaf, S. VII, v. 185)

There are many ways of viewing death, there is the realist who does not think too much about it, he just accepts, as he sees it as something that everybody has to submit to, something that applies to every living thing, so there is no reason to be upset about it.

There are also those who have thought very deeply about death, each in accordance with his own philosophy, concluding that death is only natural, and that man should accept it, without too many problems, so that the individual disappears and becomes part of the ongoing current of change that encompasses everything.

There are those who believe that the soul is in a higher world, then it comes down to earth in life and that after death it returns to its original world, and that man has to accept this by being stoical and resisting his desires, that is practising some form of willful death, by subduing these desires in favour of virtue and clarity of thought for the sake of knowledge. (Socrates and Plato).

There are other stronger personalities who challenge everything, among them are those who say "I despise death" or say "man must learn how to live, and more important he has to learn how to die" (Seneca, the Roman) or the Egyptian poet Ibn Sanaa' al-Mulk who said: "Others are terrified of death and fear destruction, whereas others would love to live for ever, as for me, if death gives me its hand I would think of giving it a hand".

The Roman Emperor and philosopher, Marcus Aurelius followed the school of the Greek Stoic philosophers who believe that a wise mind flows throughout this universe, that this mind is also manifested in man, and that

everything occurring in this world manifests this wisdom, including death, which man should accept gladly.

There are also many pessimists in the history of life, religion and thought, for example the Buddists, who view human existence as continuous suffering, so they try to combat the will to live and stress the training of the soul to endure pain and to set aside pleasure, as well as being guided by a moral-spiritual order to help them to reject the pleasures of this life, in preparation for another life in which their adherents would lose their self-awareness and reach nirvana, a much sought after state of bliss. But how can man reach bliss which is an internal individual feeling of happiness, if there is no self-awareness.

There are also those who fail to see anything but suffering in life, and ignore the positive aspects of life in a life of knowledge and thought, so they furiously reject life in general. I do not believe that anyone seriously followed these views unless they did not think deeply enough about it.

These pessimistic philosophers are mostly atheists, who do not believe in the existence of God, among them the German philosopher Nietzsche who claims that life is torment and a heavy burden ending in death, then a return to life and more torment and so on ad infinitum.

Another is the French philosopher Sartre who viewed life as a contradiction and a waste heap and that man suffers through it to end in nothingness. He claims that man has no way out except to free himself from everything, from religion, values, traditions and then choose his own way and shape his own life.

One of these aberrant groups in the history of Islamic thought is that of *al-'Ibahiyiin* who believed that generations of people die off, just like some species of plants.

All these views, and many others, were presented in dealing with the issue of death. It is clear that most of these views lack serious thought which must eventually lead man to belief in the existence of God and to the meaning of man's life on this earth. Therefore, serious thinkers and believers have constituted the majority who guided people to understanding the nature and significance of man's life on earth, in accordance with the true welfare of man. There are many optimistic philosophers, some adherents of religions and others not.

It is time now to deal with the significance of life and death in Islam. I would not really like to make a comparison between all the revealed religions, but it suffices here to point out that they all agree that man's life on

this earth has come about after a previous life elsewhere, and that man came down to earth after God advised him to avoid something, not as a punishable offence, but as a piece of advice in order not to be exposed to hardship and suffering.

But man did not follow the advice, because he was tricked by an enemy, at a moment of weakness man was tempted, this was not a deliberate offence or sin, then he came down to earth.

Here is where there is a difference between the revealed religions. However, I would like to stress once again that I do not wish to compare the details of these revealed religions. But for the sake of objectivity I must say that the coming of man to earth, according to Islam, was not punishment for an offence, rather it was part of a divine plan determined in accordance with God's wisdom. Man's coming down to earth was not penance for a sin, because God taught man how to repent his sins, in fact he came down to earth to become vicegerent to God, to inhabit it in accordance with the teachings of his creator and to establish a civilization of faith and science in the nations living on this planet. Promoting this message would be to resist all the elements of evil, weakness, and falsehood from the enemy of man, whose presence follows the determination of divine wisdom, so that man will continue to struggle with evil, weakness and his eternal enemy.

Therefore, this "vicegerency in the earth" involves struggle, work, suffering and achievement of a major task which can be summed up as the use of the mind to seek enlightened knowledge and faith, and the resistance of ignorance and ingratitude as well as striving hard to achieve spiritual perfection. It is a great and unique task, for a pre-determined period, hence it brings into existence a new rank.

This is the rank of the chosen, rational, and capable creature charged with the responsibility of determining the truth and making just judgements. A creature accountable for his deeds, so that he receives reward or punishment in accordance with his deeds.

This rank fills the huge gap which existed between the animals controlled by their instincts and desires and that of the angels governed by their spiritual nature. It is man who combines the mind, the free will to choose with instincts and desires. If he uses his mind to determine his way of life, that is he follows the course God prescribed for him, he would then deserve a rank higher than that of the angels, whom God commanded to prostrate themselves before him, as he differs from them in his knowledge which brought him down to earth in the first place.

All that I said about man is taken from the Quran, and the issue of man's mission on earth is determined in detail in surat *al-Baqra, al-'A raaf,* and *Taha.*

If there is a life after death, it is because man's mission is of a determined duration and for a defined purpose. This is the mission of the human species, each individual must perform it by himself, and he is individually responsible for it. Man comes into this world alone and leaves it alone.

When we observe the significance of man's life on earth we do not find in it the tragedy that some imagine, as the mission of man in this life is the promotion and the performance of his sublime message which we must understand and do our atmost to perform in the best possible manner.

Death, however, as mentioned before, is an awesome experience and man may be excused for fearing that moment when life as he knows it vanishes, and a new world opens up before him.

There is no doubt that man must prepare himself for this moment with staunch and enlightened faith, calm and confident in the significance of life and in his good deeds. Beside fear and pity, his heart must be filled with hope for God's compassion.

Wise believers have done their utmost to analyse the situation of death and to allay the believer's fear, sadness, and awe when facing the end which in fact is the beginning of a higher and more sublime life. Let us mention here some of the sayings of these wise men beginning with the first Islamic philosopher Abu Youssif Yaqquub Bin Ishaaq al-Kindy.

In an essay entitled *al-Hila li Daf al-'Ahzaan* he tries to allay the fear of death which all people must face. He uses a form of reasoning that the layman would find difficult to follow, as he views man as "the animate articulate dying creature". He argues that man is what he is, as death is the completion of life, and he who rejects it in fact rejects life itself.

Al-Kindi then explains how man came to this world and where he will go after it, so he points out that man passes through several stages of development in his mother's womb, until he is fully developed. Then he leaves this narrow and limited space which he never wishes to return to for the wide world. Hence, he has to know, if he is afraid of death and his departure from this world, that this is because he is hanging tenaciously on to the good things in it, which are in fact the reason for his suffering and

pain, and because of his ignorance of the fact that though the world is apparently spacious, it is in fact limited and narrow.

However, after death, a whole wide world and a vast domain will open up before him, in which he will find none of the suffering and pain of this world. And if he lives in the world of the hereafter even for a moment and enjoys the pleasures, free from the pain, of this other expected world, he will probably despise his life on earth and never consent to return, just as he would never consent to return to the darkness of his mother's womb in this world.

Therefore, a rational human being should not over-estimate the value of this world, and should consider it the last difficult stage before he reaches his greatest goal and his everlasting happiness.

Al-Kindi's disciple, Abu Zeid Ahmed Bin Sahl al-Balkhi, tries in his book entitled *Masaalih al-'Abdaan wa al-'Anfus* to console man in his suffering, by advising man to get rid of all materialistic thinking and to ignore anything which he can not avoid. As for death, man must know that God has pre-determined a specific period of life for every creature, and that there is no reason to fear the end of life. If he happens to fear death, Abu Zeid tells him: "Death is inevitable, so do not fear it, and if you are afraid of what lies after death, fix your life before death, and fear your sins, not your death."

The physician, Mohammed Zakariya al-Raazi, tries to alleviate sadness in the face of death. He says that fear of death cannot be completely wiped out, unless man is convinced that after death he will have a better state than he enjoyed in life. This makes it imperative for man to study religions and sects to believe in the hereafter so as to get rid of his fear of what is after life, as long as he has lived a good life free from evil.

Al-Raazi advises us not to think excessively of death, because this may give man the illusion that he is dying repeatedly, it is better for man to forget death, and to do his best to banish his melancholy. According to al-Raazi, the virtuous individual who has performed his obligations in accordance with what is imposed in Islamic law should not fear death, because Islamic law has promised him eternal bliss and comfort.

Ibn Siina wrote an essay entitled *Fi Daf al-Gham minna al-Mawti* in which he analyses the causes of this fear of death. He believes that it is only those who are ignorant of the reality of death, who believe that they face nothingness, whereas death is only the departure of the soul from the body, and there is no suffering after that except for the evil and those whose souls hang tenaciously on to this world. Ibn Siina believes that death is "the

absolute reality of man", and that man should do his best in this world to win an everlasting life close to the God of both worlds.

Among those who wrote about death is al-Raaghib al-'Asfahani who views death as the departure of the soul from the body, which leads to everlasting bliss, in accordance with God's commands. He believes that death is necessary so that man may reach the inevitable end of life. Al-Imaam al-Ghazaali in volume four of *'Ihyaa' Uluum al-Diin* deals in detail with life before death and after it. Anyone seeking further study of this issue should refer to this book.

As to what occurs after death, this is only known to He who knows what occurs before it, that is Almighty God. The condition of man facing death, the throes of death, the reception of the angels, what will happen to him from the moment he is put in his grave, his life after that until the day of resurrection, the bliss of those who go to paradise and the torture of those in hell, all this is depicted in full detail in the Quran and the Prophetic tradition. It is not presented just for its impact, but more as a truth of a different kind.

Before the coming of Islam, there were those among the Arabs who believed that death struck people arbitrarily and that death made everyone equal in the grave. There was also the poet who said: "Life, then resurrection, then judgement, this is only superstition. There were also materialitic atheists who did not believe in the existence of God. The Quran describes their position in the following:

AND THEY SAY: WHAT IS THERE BUT OUR LIFE IN THIS WORLD? WE SHALL DIE AND WE LIVE, AND NOTHING BUT TIME CAN DESTROY US. BUT OF THAT THEY HAVE NO KNOWLEDGE: THEY MERELY CONJECTURE:

(al-Jaathiya, S. XLV, v. 24)

All these pre-Islamic views of death are a result of ignorance, lack of divine guidance and absence of deep thought. Then the Quran came with rational proof, and the correct methodology for acquiring knowledge and understanding the facts of faith, revealing to man the truth about his nature, life before this world and after it. The Quran based all this on the mind, as it showed man that he bears the responsibility for a great mission which is the purpose of his existence in this world. This worldly life is real, but man may be deluded in it, a matter which may prevent him from truly preparing himself for what lies beyond it. This world is a "world of vanity" for those who are ignorant of man's reality and his mission.

In this worldly life there are some pleasures and a little happiness, but it is surrounded by pain, in fact the pleasures of this world are few.

Death is the dividing line between the two lives, a short finite life in preparation for the one after, that is the eternal life. Life in this world is one that is full of troubles, which test the individual and it is followed by death.

In the Quran the Almighty says:

HE WHO CREATED DEATH AND LIFE, THAT HE MAY TRY WHICH OF YOU IS BEST IN DEED:

(*al-Mulk,* S. LXVII, v. 2)

EVERY SOUL SHALL HAVE THE TASTE OF DEATH: AND ONLY ON THE DAY OF JUDGMENT SHALL YOU BE PAID YOUR FULL RECOMPENSE. ONLY HE WHO IS SAVED FAR FROM THE FIRE AND ADMITTED TO THE GARDEN WILL HAVE ATTAINED THE OBJECT (OF LIFE): FOR THE LIFE OF THIS WORLD IS BUT GOODS AND CHATTELS OF DECEPTION.

(*al-Imraan,* S. III, v. 185)

If Almighty God, when he pairs life and death mentions death before life, as he does in the Quran, then this is because it is He who puts man in touch with truth in life.

The Chairman: Prof. Dr. Mamdooh Jabr:

I would like to thank Prof. Dr. Mohammed Abd al-Hadi Abu Reeda for his valuable lecture and this simplified analysis of life and death. Because of the lack of time we will directly proceed to the next speaker, prof. Dr. Ibrahiim Badraan.

Prof. Dr. Ibrahiim Badraan is well-known to us all as a distinguished professor, an authority on surgery and a scholar in Islamic science. He is my colleague; and classmate and graduated as top of my class. He became first Professor of Surgery in Cairo University, then vice-president of Cairo University, then President of Cairo University, then Minister of Health, and is now Head of the Egyptian Academy. In all the positions he occupied he was a model to be followed in industry, sincerity and conduct. Go ahead, Sir, the floor is yours.

KNOWLEDGE, ATTITUDE AND PRACTICE THE THREE PIVOTS OF EXCELLENCE AND WISDOM ADDED VALUES IN HEALTH CARE AN ISLAMIC PERSPECTIVE

Professor Dr. Ibrahim G. Badran
EGYPT

The Alma Ata Declaration in 1977 can be considered as a corner stone in the history of medicine. A world move started and its momentum continues hoping that the target of health for all will be achieved by the year 2000.

At this stage, however, the feeding energy for its revitalization needs special attention, so that the declaration can be kept alive, acceptable and progressive. Thus, it is felt appropriate now to discuss this declaration from the Islamic perspective visualizing the values of excellence needed - knowledge, attitude and practice.

PROLOGUE

"Therapeusis" is a noble profession. The Almighty honoured it by making it a miracle .. a miraculous attribute of Jesus Christ. Ibrahim, or Abraham, the father of all prophets, in enumerating the Almighty's blessings upon him included "And if I fall ill he cures me". (The Holy Qoraan)

INTRODUCTION

Since time immemorial, medicine, as a profession, has been accorded a place of consecration of the highest order, and those who profess it have been held as bearing a holy responsibility. It was practiced only by priests, the elitists and the most trustworthy citizens; it being an immense value-laden profession.

These qualities continue to hold true. It is now a matter of course that the profession, at its very heart, is morally-linked .. knowledge dependent .. amenable to continuous changes in technology and related skills. Characteristically, morality, faith and religion play a dominant role in the behaviours and attitudes of medical practitioners.

In the Islamic view, it rests deep in the concience of moslem practitioners, there resides a reassurance that it is all a part of God's will. The place of medicine lies somewhere between fate i.e. God's will to end life, and His mercy that is cure. Medical practice battles with disease, sometimes loses - failure is death, in others succeeds, defeating the enemy with God's will to cure. But in this battle, a physician has to be armed with knowledge, that is developed in a cachet of practical efficiency and skill (practice) and blended in a mixture of faith, ethics and wisdom (attitude). All these qualities are perceived by the patient as the merciful gift of God transmitted by the healing hand of a physician. It was written hundreds of years ago by a great moslem philosopher that every subject has a feeling for higher science, this continues in crescendo till reaches the higher science of creation and the creator. A true physician, at a certain level of his career should go a little beyond his science to higher sciences. This would help him to understand and philosophise the meaning of the responsibilities he carries and the consequences that not uncommonly he can't bear, deny or prevent. Medicine, whatever advances in science and knowledge are achieved, is not and will never be a mathematical exercise where human or instrumental abilities can solve an equation. Because there is always a factor that is not available to human calculation, this is God's will. However, efficiency and sphere of action of medicine is changing all the time and varies in different places. The more progress, that is achieved through devotion, concentration and responsibility to mankind, the more gift of progress is secured to save lives.

Thus the results are expected to change all the time, new medications and methodologies are added every day and it is the responsibility of the physician to learn more and practice better, calculate risks and select safe actions and remedies to reach the best result through the most proper intervention means and timing, considering the maximum benefit of the patient and offering him the best possible result. That who confines his activity within these boundaries can really be stamped as a real servant of humanity and a real worshipper of God.

CLARIFYING DEFINITIONS

I feel it will not be out place, in this discourse to attempt now some definitions:

Knowledge

I would concretely define it as the capacity to know, a mixture of comprehension, experience, discernment and skilfulness.

The possession of knowledge requires complementarity between two basic ingredients: the *concept* through which an object is thought of at all, this requiring intellect; and the *perception* by which it is given, this requiring power of sense. Thus without power of sense no object would be given to us at all, and without intellect no object would even be thought of at all.

Nature of knowledge: This rests on the different modes of acquisition of ideas, perception, imagination, memory, judgement, concepts and reasoning. Knowledge criteria center around the sense that allows the distinction between right and wrong, as studied by logic and the scientific methods .. that is what we know as the exact science. The pinnacle value of knowledge is to reach the *truth* and is studied by metaphysics with different attitudes. Thus we have scepticism (or the impossibility of certainty), dogmatism (or possibility of truth), agnosticism (or relativity to human mind).

Needless to say, *education* is the prerequisite of knowledge. It is defined as the action to raise a child or man in order: (a) to acquire intellectual or manual skills; (b) to develop moral qualities; and (c) to impart good manners and behaviour.

Attitude

As we know, it is a term that refers to inclinations to react in a certain way to certain situations; it is also to see and interpret events according to certain predispositions; or to organize opinions into coherent and interrelated reactions. There is no clear distinction between the meaning of attitude and phrases like opinion clusters, value systems and belief systems.

Values are inextricably related to attitudes. Value can have an economic and non-economic meanings (the Latin origin *valere* = power, which is a reflection of noneconomic value). Value, therefore, can have a connotation related to: (a) The price attached to intellectual or moral status; (b) The way of appreciation of merits; and some times (c) The description of

a group of "ethical behaviour".

Evidently ethics feature high among the whole gamut of ingredients that make up attitude. It is also called moral philosophy, or the science of morals which is concerned with matters of right and wrong. It is also the systematic study of the nature of value concepts which embrace good, bad, right, wrong, aught, etc...

Practice

We may define it as being the application of rules and principles that lead to action. It also involves the method or procedure to do something, the customary way of acting, the experience in execution. Practice, good practice that is, is an art which is linked to progress of knowledge and technology and is executed in an ethical manner. Thus it changes with training and cummulation (i.e. experience) and sharpens with inputs from research and innovation.

Practice of research on human subjects (or on animals) merits special comment since it is attended with danger of chance, i.e. risk. Such practice should therefore follow or be guided by a special ethical code, which can comprise the following:

1. There should be an informed consent.
2. There should be a good research design.
3. There should be competent investigators.
4. There should be a favourable balance between anticipated harms and benefits.
5. There should be an equitable selection between subjects and volunteers.
6. There should be fair compensation for research-induced damage.

VIRTUOUS WORDS FOR ALL AGES

I believe it might not be out of place to quote here and now four masterly sayings of ever-lasting value.

A. Hippocrates Oath:

(Born in Kos, 460-357 BC)

I SWEAR by Apollo the Physician and Asclepius and Hygiela and Panacea invoking all the Gods and Godesses to be my witnesses that I will fulfil this Oath and this written convenant to the best of my powers and of my

judgement.

I will look upon him who shall have taught me this art even as on my own parents. I will share with him my substance and supply his necessities if he be in need. I will regard his offspring even as my own brethren and will teach them this art, if they desire to learn it without fee or convenants.

I will IMPART it by percept, by lecture and by all other manner of teaching, not only to my own sons but also to the sons of him who has taught me, and to disciples bound by convenant and Oath according to the Law of Physicians but to none other.

The REGIMEN I adopt shall be for the benefit of the patients, to the best of my power and judgement, not for their injury or for any wrongful purpose.

I will NOT GIVE A DEADLY DRUG to anyone though be asked of me, nor will I lead the way such council and likewise I will not give a woman a pessary to procure abortion. But I will keep my life and my art in purity and holiness. I will not use the knife not even verily, on sufferers form stone, but I will give place to such as are craftsmen therein.

WHAT SO EVER HOUSE I enter, I will enter for the benefit of the sick, refraining form all voluntary ill doing and corruption especially seduction of male or female, bound or free.

WHAT SO EVER THINGS I see or hear concerning the life of man in my attendance on the sick, or even apart form my attendance which ought not to blabbed abroad, I will keep silence on them, counting such things to be as religious secrets.

IF I FULFILL this Oath and confound it not, be it mine to enjoy life and art alike, with good repute among all men for all time to come, but may the contrary befall me if I transgress and violate my Oath.

B. Moses Maimonides (an Egyptian Scholar and Doctor) Oath and Prayers

(Private Physician to Saladin the Great; 1135-1204 AD)

Maimonides Prayers

O God .. you have created Man's body with Infinite Wisdom and blessed your earth and rivers and mountains by giving them elements to cure which help your creatures in alleviating their pains and cure their disease .. You granted wisdom to man so that he could alleviate pains of his

brother Man and to diagnose his sufferings and to synthesize curative substances as well as to discover their power and to prepare them and use them so as to fit every disease .. With your heavenly wisdom, you have chosen me to take care of the health of your creatures.

I am now about to confine myself to the duties of my profession .. O God give me help in this glorious undertaking so that it would benefit the human specie, because without your help the simplest things will I not succeed.

O God, give me the love of my profession and your creatures and do not let thirst for gain and vanity of reputation interfere with my profession because they are the enemies of truth and love of human specie, so that it can lead far away from the Great Profession in making the good for your creatures. O God preserve my physical and spiritual strength so that it can readily and willingly help the rich as well as the poor, and the good and the bad, and the friend and the enemy on equal footing.

O God, help in not seeing the human aspect only of those who are suffering. Enrich my brain so that it can identify what is actually there and could help in understanding what is absent or concealed.

O God, let those with greater wisdom want to teach me, and let myself follow their teachings with gratitude.

O God., bestow on me gentleness and kindness .. Give me contentation in everything except in the great science pertaining to my profession. Do not let conceitedness ever possess me so that I believe that I have reached what is enough in knowledge, but always give me the power, the time and the aspiration to increase my knowledge. Knowledge is vast, but the human brain continuously enlarges.

O Mightly God, test me, test me with your forgiveness in dealing with the life and death of your creatures. As now I am devoting myself to my profession, so that I intend to carry this glorious profession to benefit the human specie, but without your help, even the simplest things shall not succeed.

Maimonides Oath

I swear to fight so that I shall not use my professional skills except in those projects which I believe, after my concience had considered them, contribute in achieving the objective of all living creatures to live in peace, and which preserve human dignity and him to perfect his ego.

I believe that the achievement of this objective implies to secure the basic needs for life (good nutrition, healthy air, pure water, good clothing and housing), the right to enjoy natural and manufactured beauty, education, and the provision of opportunities which allow every person to poroduce by himself the objectives of his existence and to be able to promote his skills and creativity and acquire skills needed by his hands and brain.

I swear to fight through my work so as to reduce danger, noise, attempts at privacy, earth, air and water pollution, destruction of natural beauty, mineral elements and wild life.

C. Saying of Abil Hassan Ibn Radwan (an Egyptian Scientist and Doctor)

Abil Hassan Ibn Radwan has advised that a physician should distinguish himself with the following seven virtues:

1. Be impeccable in behavior, physically fit, intelligent, good looking, appreciative, studious, calm.
2. Be well dressed, good smelling, clean in hands and clothing.
3. Be secure on patient secrets, and never to divulge anything pertaining to their disease.
4. His drive to cure his patient should be stronger than his desire to obtain payment. His desire to treat the poor should be greater than his desire to treat the rich.
5. Be keen on learning and on rendering help to people.
6. Be good hearted, endowed with chastity, and honest in his speech. Whatever he sees, women and riches, while visiting the homes of his patients, he should hold in respect and refrain from taking advantage of them.
7. Be trustful, and never to prescribe a deadly medicine or to inform others about it, or to prescribe a drug which aborts a foetus. He should treat his enemy with good intention just as he would do with a friend.

D. A recent statement (1980) of Roa Robelledo:

One of the most recent views on the code of ethics for medical practice is expressed in a statement by Professor Roa Robelledo, of the University of Chile, in His "Textos de Ethica Medica" (1980). He says "The ethics of generosity in the medical profession is reflected in the power to motivate the physician to study and engage in research; to extend his hand in help with

love; to spare no effort in extending his care; and to feel deep devotion towards his teachers, colleagues, students, and collaborators. A physician's help to fellow men, to be fully effective, must occur without exacerbating misfortunes caused by illness through ignorance, without revelation of secret, without undue use of drugs or psychotherapy, and without expressions of arrogance. A physician who acquires these attributes and qualities shall be dignified by attaining an elevated state of grace that is reserved and fitting for the true servants of life".

THE OATH OF THE MOSLEM DOCTOR

I swear by God.. The Great
To regard God in carrying out my profession.

To protect human life in all stages and under all circumstances, doing my utomost to rescue it from death, malady, pain and anxiety.

To keep people's dignity, cover their privacies and lock up their secrets.

To be, all the way, an instrument of God's mercy, extending my medical care to near and far, virtuous and sinner and friend and enemy.

To strive in the pursuit of knowledge and harnessing it for the benefit but not the harm of Mankind.

To rever my teacher, teach my junior, and be brother to members of the Medical Profession joined in piety and charity.

To live my Faith in private and in public, avoiding whatever blemishes me in the eyes of God, His apostle and my fellow Faithful.

And may God be witness of this Oath.

DISCUSSION

The triad of knowledge, attitude and practice in combination does actually govern all aspects of life in human societies, and all three pillars in collection make up the dynamic system of life itself. It is in this context that the ensuing discussion builds up a thesis which focusses on the three pillars and their relevance to health service and medical care.

Health can be viewed from many angles, and accordingly different definitions can be forged. Thus concerning the human individual, health is bound in its coverage by the integrity of the body, physically, mentally, and all. When it concerns the community, however, health deals with a person

قضية القراءة والتعلم والطلب ونقل المعرفة (جـ ٤ ص ١١٤)

نقل العلم جائز ومطلوب من كل مكان حتى من غير المسلمين «من أهل الكتاب من أن تأمنه بقنطار يرده إليك ومنهم من أن تأمنه بدينار لا يؤوه إليك. إلا ما دمت عليه قائما «حديث واطلبوا العلم ولو في الصين لهذا جاز أن يؤتمن غير المسلم على المال وأن يستطب المسلم غير المسلم إذا كان ثقة وكان عالما..

كذلك فأخذ العلم من كتب غير المسلمين (بما في ذلك الطب).

مثلا كالاستدلال بغير المسلم على الطريق أو استطبابه.

بل هذا أحسن لك لأن كتبهم لم يكتبوها لإيذاء المسلم حتى يفترض فيها الخيانة وليس لأحد علمائهم حاجة بنشر الخيانة لكنها مجرد انتفاع - بآثارهم - كالمزارع والملابس والمساكن والسلاح..

قضية الترجمة جـ ٣ ٣٠٦

أما مخاطبة أهل الاصطلاح بأصطلاحهم فليس مكروه إذا احتاج المسلم لذلك دراسة اللغات).

خاصة إذا كانت المعاني صحيحة. ولذلك يقرأ المسلم ما يحتاج إليه من كتب الأمم ومكالمتهم بلغتهم ثم ينشرها بعد ذلك بلغة القرآن..

It has become a matter of general agreement nowadays that medical knowledge alone cannot, and indeed does not, influence the health of people. An equally important partner is the state of basic education and public knowledge which influence health at the threshold level of awareness about the meaning of self-protection and personal hygiene, and taking seriously the advice rendered by a doctor. Knowledge in general grows through public education, and the latter consitutes a cornerstone, a point of departure in any development process. I would emphasise that strategies to develop knowledge in the community should rest on specific issues and take stock of specific resources that pertain to that community. As a corollary, any and all investment in the pool of education must result in the promotion of the human capital resources of the community and hence be instrumental in the overall economic growth.

This is so because economic growth rests essentially on productivity, and the latter in turn is conditioned by the level of mastery over knowledge and degree of appreciation of its contained wisdom. This is another way of saying that it all depends on the state of fitness of the body and the mind which cumulate the knowledge and abstract the wisdom.

In considering opportunity costs in development, it is not only the money that concerns, but other resources that have alternative uses and benefits. Specially for education and health, the societal costs other than finance should be taken into account. We refer here to the economic aspect of the cost/benefit balance and the necessity of being prudent on what is to be sacrificed. We also refer to the institutional aspect, meaning the need for a stand in the community on who is to pay, and also the technical aspect, meaning a pragmatic decision-making on the inputs needed and the outputs expected.

The outcome of investment in education and health is projected by the ability of the citizen to become socially and economically productive, the return from the process is gauged by, and becomes menifest through:

1. Physical and mental well-being, overall activity and perception of the individuals.
2. Increased employment opportunities.
3. Enhanced earning capacity, and better incomes.
4. Excellence in labour market performance.

Thus the value of investment in knowledge and in health care and education opportunities can be summarised in the following:

1. It influences intellectual abilities, thereby improving professional standards and earnings.
2. It has decided reflections on the parameters of fertility, mentality and efficiency and consequently influences family structure.
3. It inevitably raises the overall relative level of income and thus reduces the absolute level of poverty.
4. It helps to open new opportunities, which lead to all-round betterment of the society conditions, while arresting (and hopefully reducing) income discrepancies among social groups.
5. It helps, additionally, to bring about a greater level of social peace and harmony, through higher taxation for the better-income groups and more subsidies for the needy groups of the society, especially in the area of health care.

as being socially adaptable and productive. Health, therefore, should be viewed as a lever, indeed a powerful instrumentality, for economic development. Development and fitness make the real meaning of life. Mental and physical fitness avail man to the possibility of offering service and worshipping God.

﴿ وما خلقت الإنس والجن إلا ليعبدون ﴾.

Let me now examine each one of the three components of the triad in an attempt to project its role alone and in combination with the other components.

Knowledge and health

Let me refer in Arabic to an old statement by Sheikh Al-Islam Ibn Taymea regarding the value of education and transfer of knowledge from an Islamic perspective.

في باب العقل الذي لا يخالف النقل (حـ ٣ ص ٣٣٨ - ٢٣٩) لابن تيمية

النقل شرط لمعرفة العلوم والتعلم وشرط لصلاح الأعمال وبه يكمل العلم ويجمل العمل لكنه ليس مستقلا بذلك ولكن العقل غريزة في النفس وقوة لها كقوة البصر الذي في العين فإن اتصل به نور الإيمان ومعرفة للقرآن كان كرؤية العين إذا اتصل بها شعاع الشمس ونورها لكن العقل للإنسان (وكل مخلوق له غريزة) إذا انفرد بنفسه لم يبصر الأمور التي يعجز وحده عن ادراكها ذلك لأن الأحوال الحاصلة من عدم التعقل ناقصة وكذلك فالأحوال المخالفة للعقل باطلة وهنا يذكر أن الرسل جاءت بما يعجز العقل عن دركه ولكنها لم تأت بما يعلم العقل امتناعه (أو استحالته) وتختلف اساليب الفهم (أهل الحرف وأهل الصوت)

فأهل الحرف كان مطلوبهم العلم وبابه العقل..

وأهل الصوت كان مطلوبهم العقل وبابه الفائدة والحب مع أنه لكل حرف صوت لكن اختلفت الأدلة مع ارتباطها لأن لكل علم عمل أي عقل علمي وهناك عمل ذهني اذن في كل حرف وصوت وكلاهما إن كان موزونا بالكتاب والسنة أوصل صاحبه إلى الصراط المستقيم..

Just as knowledge, medical or otherwise, offers the community a sure-effective lever for economic development, it also is the indispensable basis for better health and health policy formulation. For such policy to produce its full impact in guiding the process of transformation in the health situation, it will have to be formulated meticulously and implemented with perseverance and sure-footedness. Most importanly in the process, is that the policy should be reflective of a grand vision of the future and contain clear definition of the strategic goals that need to be attained over a prescribed span of time. The one pre-condition that I can emphasise here is that the exercise in its entirety is knowledge-intensive, and profoundly so. In actual practice, it will not merely pursue development of physical and natural sciences, but also will explore the implication of social sciences and the humanities, as well as of all ethical and moral aspects, without disregarding the legal and administrative issues and their impact.

Spotlights on effective reform for education of medical and health personnel:

Now regarding education for physicians and related specialists, it is appropriate to refer to the *Edinburgh Declaration* 1988, which should be considered as an imperative adjuvant complementary to the *Alma Ata Declaration* for Health for all 1977.

1. The aim of medical education is to produce a Doctor who can promote health for all people.
2. Qualities expected in a doctor are: attentive listener, careful observer, sensitive communicator, effective clinician and not only to treat some of the sick.
3. Should learn to be socially oriented with the spirit of equity in delivery, with humane face considering the overall costs of the society.
4. Medical educators must affirm the health needs of man, and not to be satisfied only by the rich rewards of biomedical and scientific research. "Man needs something more than science".
5. In reforming medical education, the following need consideration:-
   (i) All health resources of the community should also be availed to education and not only to hospitals.
   (ii) Curriculum content should reflect national health priorities and availability of affordable resources to solve them.
   (iii) Ensure shifting methods from passive learning to active, self-directed independent study to ensure availability or continuous learning resources throughout life.

(iv) Building curriculum and examination systems to ensure achievement of professional competence and social value and not only retention and recalling the information.
(v) Preparing teachers as educators and not solely experts in content and reward for educational excellence and not only to excellence in bio-medical research or clinical practice.
(vi) Should be oriented to be managers of health and not only healers of disease through emphasis on promotion of health and prevention of disease.
(vii) Integration of education of science and education of practice so that student can use community settings to solve problems.
(viii) Screening students beyond their academic achievements to include evaluation of personal qualities.
(ix) Multisectoral values and joint multiprofessional education.
(x) Clarifying values of leadership, policy making and continuing education.

Attitude and health

Very simply, I can see no role for attitude in health care development and medical practice that can circumvent the philosophy that concerns for and about human life supersedes all calculations of cost-effectiveness.

Values and attitudes in health care for all

The governing of the overall attitude that can circumvent any philosophy is that all concern for human life should supersede all calculations of cost-effectiveness.

(i) Health services should satisfy 5 pre-requistes - equity, relevance, acceptability, effectiveness and affordability.
(ii) Health services should take account of the dictates of prevailing standards of living especially for the disadvantaged groups.
(iii) It should also coincide and satisfy the social customs, traditions and behavior of the larger groups. Not forgetting the cultural background of the society.

I would like now to turn to the specific facets of medical practice which can greatly be affected or governed by attitudes, at the level of the individuals or collectively.

1. The role of attitude in policy making

Experience has shown that attitude in policy making and implementa-

tion is conditioned largely by specific value assumptions which include the following important features.

a) The ever-present question of the few and their demands and the many and their needs, imposes an attitudinal stand which distinctly favours directing the resources - especially if they are limited - for those who need them most.

b) In all parameters of health service delivery, namely in the preventive, curative, rehabilitative and promotive fields, there should be a sustained respect for the moral values of equity and social non-discrimination.

c) With the availability of sophisticated techniques and technologies, to add to the armamentarium of the practitioner, the attitude should be developed to maintain a socially favourable balance with the need for the most basic and low-cost services. The dynamism of this balance is its chief advantage, since shifts in the basic orientations may be desirable with changing economic situations.

d) While ensuring the widest scope of community participation in decision making in a democratic environment is a sure guarantee for stability of policies, the involvement of politicians and political leadership provides the much needed support in phases of planning and implementation and the allocation of resources for the relevant programmes and projects.

e) Central and institutional attitudes should be developed in order to guide the process of selection of manpower in the various health service facilities, and particularly for the levels of leadership and high responsibility.

f) The policy-affecting attitudes should take due account of the multi-disciplinary and inter-sectarial issues which influence, or are influenced by, health-related considerations such as food, nutrition, water supply, housing, sanitation, physical environement, waste treatment and disposal, protection from the prevention of traffic and home accidents and work hazards, .. etc.

g) Health policy-related attitudes should also be developed *vis-a-vis* specific issues and situations. Examples of these drawn from the societies of affluence include: eating habits, smoking, alcoholism, drugs, problems of senior citizens (the aged), suicide, homocide and street accidents. Evidently much of the treatments needed here require emphasis on biomedical and behavioural science research.

Examples of the problems which are specific to the world of the poor

include: combat of infectious diseases, vaccination and immunisation schemes and the availability of the relevant biological products, epidemic and endemic diseases prophylaxis and treatment, clear potable water supplies, safe food, mother and child care, low birth-weight infant, and the omnipresent problems of family planning.

I may make a passing - but purposeful - mention of a specific disease peculiar to the Mediterranean region and South East Asia, namely thalassemia, in which the treament can be both exorbitantly expensive and risky since it involves blood transfusion and the use of chelating drugs. The poor has scanty chances to escape death unless selective abortion is induced after routine amniocentesis for elderly pregnancies. Future hopes center around bone marrow transplantation, gene transplantation, and the use of drugs that can correct errors of haemoglobin synthesis.

2. The role of attitude in health and medical services

The attitude that governs relations between doctor and patient is a consecrated pronouncement in Hippocrates Oath and other sayings that are held by the medical profession in highest esteem. This attitude, of all attitudes of the profession, represents an express embodiment of a set of sublime (and yet very earthly) values. Values do not exist as physical objects in space and time, true enough. Yet they can be self-instilled as a result of personal experience, or inculcated to become a social attribute as a result of education. Just think of what we know as 'moral law' or 'morality' which have evolved with time and sharpened with civilisation, and now we regard them as the ultimate abstraction of man's experiences with biological, psychological and social variables.

It is here that we should find answers to the basic ethical questions that physicians should adhere to while professing their art; questions such as;

a. What ought we do?
b. What is the meaning of good?
c. Are we able to do the good that we ought to do?

The credibility of values in this context, and even their workability in real life, rests upon, and to a large extent is conditioned by the following constants:

- Cultural background;
- Religious, moral and ethical basis; and
- The whole gamut of ideological beliefs and political stands held at a particular point of time.

The moral responsibility of the physician, when translated to specific actions in medical practice, must necessarily derive from the following elements which make up the physician's stand before his patient and his community and above all, his God:

a) The physician is the patient's advocate; rallying for this function all the knowledge, expertise and competences at his command.

b) The physician is the resourceful consultant who avails his technical knowledge to policy and decision makers while considering options and alternatives.

c) The physician is the skilled performer who uses his talents and expertise in the transfer of technology of health care delivery to his own community.

d) The physician, after all, is a citizen; but he has the distinction of being able to demonstrate perhaps more tangibly than any other citizen the realism of virtue.

e) The physician is the prime implementer of any health policy and, as such, shoulders the responsiblity of translating its measures for the exclusive good of the patient and the society.

f) For all the above and more, the physician is a unique agent of socio-economic progress. And in discharging his obligation - which can be most taxing on his personal interests - he is expected, even compelled, to be morally accountable. For he, and decidedly more than any other professional, is a close adherer to the standards of moral code, ethics and scientific methods.

السلوك في الاسلام (الصاعق بن تيميه) (جـ ١٠ ص ١٥)

قال بعض السلف:

يحكمها الإسلام علانية (أي سلوك وعلامات وخلق)، الإيمان الذي يكمن في القلب والقلب ملك والأعضاء جنوده. فإذا طلب الملك جنوده حديث صحيح: الحلال بين والحرام بين وبين ذلك أمور مشتبهات لا يعلمهن كثير من الناس فمن اتقى الشبهات فقد استبرأ لعرضه ودينه ومن وقع في الشبهات فقد وقع في الحرام. إلا وأن لكل ملك حمى ألا وإن حمى الله محارمه.

حديث قدسي :

قال رسول الله ﷺ عن رب العالمين

«أيها الناس مهما يكن عندنا من خير فلن يدخر عنكم وإنه من يستغن يغنه الله ومن يستعفف يعفه الله ومن يتصبر يصبره الله وما أعطى أحد عطاء خيراً وأوسع من الصبر» ليت الطبيب في كل مكان يسمع ويتعظ . .

3. *The role of attitude in shaping relations*

The person-to-person interactions which involve the physician occur only at two levels: with a fellow physician, and with a patient.

a) Relations between doctor and doctor:

The essentials of these relations comprise, but are not limited to, the following:

i. To maintain respect and fraternal attitudes towards fellow companions in the noblest profession; "And Help One Another in Charity and Piety". (The Holy Qoraan).

وتعاونوا على البر والتقوى ـ ولا تعاونوا على الإثم والعدوان .

ii. To uphold responsibility, individually and collectively, for the health of any one patient or group of patients or of the community at large, through cooperation and complementarity of contributions.

iii. To respect fellow doctor in his absence and never to extend a harming hand to his fellow, but not to absolve him when giving legal testimony according to the dictates of the law.

iv. Never to withhold medical data or knowledge concerning a patient from a professional colleague.

v. Always to avail his juniors the fruits of his experience, knowledge and acumen.

It is pertinet to recall at this point a saying of the Prophet Mohammad(ﷺ):

> *"When a son of Adam dies, he becomes completely cut off except from three ties - a running charity, knowledge that he had taught and continues to be put to good, and virtuous progeny praying God for him".*

b) Relations between doctor and patient:

Here I quote the eloquent expression

"For the sake of the patient the doctor was, and not the other way round".

حديث: «كلكم راع وكلكم مسئول عن رعيته».

It is prudent therefore to remember that the patient is the master ... the 'client' and that the doctor is at his service. By and large the *raison d'etre* of the whole medical profession is to help man in distress, and certainly not to exploit his need.

The topmost status attained by the doctor should reflect on the patient, no matter who or what he is, or when he comes seeking help; being rich, or eminent, or authoritative, even being a relative or a close friend, or the converse of all these qualities matters very little, if at all. The pure sense of duty prevails all the time and pervades the doctor's entire life. Here I remember my surgery tutor's cheerful advice "Your knife before your wife", and continue to remind my students of the same.

﴿ويؤثرون على أنفسهم ولو كان بهم خصاصه﴾

The manifestations of a doctor's benevolance and tolerance can be countless, but they should be extended also to the patient's relatives and those who have deep concern for him. The doctor will recognise them at once. But in any manifestation and under any circumstance should the doctor never divulge a professional secret. His patient should never be denied the service even if he cannot afford the fee. Yes, the doctor is fully entitled to make a decent living and earn clean income ... but in so doing he may lessen the vexation of some other people by not requiring them to add to their bodily sufferings and monetary burdens.

Practice and health

I wish here to start by quoting Burtrand Russell, "One of the troubles of our age is that habits of thought cannot change as quickly as progress of techniques, with the result that as skills increase wisdom fades." I can see how this saying so aptly fits into the situation of medical practice today. The physician becoming, a master of modern technology while the patient becoming a computer figure.

Health status may be viewed as an expression of the result of interplay between endogenous factors (biological and genetic) on the one hand and

exogenous factors relating to the physical and social environment on the other. Variations in health pattern occur as a result of differences in location (i.e. geographical), in societies (reflecting the standard of living), and in time (past, present and future patterns). As a result of delibertions over these variables, a group of WHO consultants in 1985 suggested a new classification of diseases and the identification of four categories:

1. *Prenatal diseases determined at fertilisation:*

These include mainly the single gene defects and chromosomal abberrations. Also included are other factors that are independent of environment or behaviour.

2. *Prenatal diseases determined after fertilisation:*

These diseases are determined by other factors during intra-uterine life. They are due either to unpredictable hazards of implantation of the ovum or embryo, or to recognizable causes during pregnancy. Examples of the latter causes are rubella and other fevers, drugs (such as thalidomide), deficiency in mother (such as iodine), radiation to the mother, multiple pregnancies, malnutrition, consumption of alcohol, tobacco and drugs.

3. *Postnatal diseases due to deficiencies and hazards i.e., diseases of poverty:*

The commonest of these result from deficiency in sanitary conditions or in nutrition and food, and from the hazards of increasing infectious and tropical diseases.

WHO recently reported that in the 31 least developed countries the following figures are reflective of prevailing poverty and poor health conditions:

- Life expectancy at birth: 45 years
- Infant mortality: 160/1000 live born children
- Water supply served to only 31% of the population
- Adult literacy rate: 28%

4. *Postnatal diseases due to maladaptation, i.e. diseases of affluence:*

This group illustrates the predominant disease pattern in developed countries. The roots of these diseases are to be traced to environmental factors, chiefly resulting from pollution and life styles. Specifically, dietary

changes are looked upon as being among the major predisposing factors for diseases such as diabetes, atherosclerosis, hypertension, osteoarthritis, malignancies, and degenerative brain conditions.

Thus it can be taken that changes in life style in some developing countries, resulting from recent rapid growth and development of the industry and economy at large, is expected to be the factors of deficiencies and hazards to create a mixed pattern of disease. Manifestations of this new pattern are yet to be seen in several of the Third World countries in the not-too-distant future.

Thus to sum up the place of attitude in health care delivery, it has become customary to identify the areas of action in health care delivery according to the following four attitudinal bases:

1. To preserve, enhance and promote health; i.e. maintenance of the normal life;
2. To prevent disease before onset, i.e. preventive care;
3. To cure ailment after onset; i.e. curative care.
4. To predict possible changes in health pattern, both through the discovery of new diseases or new causes of disease, and development of new methods and technologies that combat disease.

Because of the specific, though widely varying, nature of disease and approaches to confront it, the practice of medicine is largely influenced, and its course may even be radically altered, by factors and inputs such as the following:

1. The conglomerate of information, education, communication and manpower development.
2. Socio-humanistic attitudes and practices, including tender loving care, personal relations, and insurance.
3. The benefits of modern technologies and technology transfer systems.
4. Adopting and subsequently adapting modern ways and means, even if these are markedly expensive, for the betterment of backward and economically strained citizens.
5. Factors of the environment prevailing in other sectors of the economy which influence health; i.e. sectoral interdependence.
6. The continuously changing features in the style of life, style of work, and patterns of social behaviour.
7. Forecasting of health care technologies and continuous monitoring of contemporary developments and the assesment of their relevance to the local situation.

8. Optimised utilisation of the opportunities afforded by bilateral and multilateral international relations and technical assistance programmes.

In the following lines it is attempted to elaborate a little more on these factors and inputs.

A. Information, education, communication and manpower development:

Collectively, these fields constitute an area of action which opens up boundless latitudes for improved and more advanced health service delivery, such as the following:

a) Availability of knowledge through daily and regular medical and non-medical periodicals, and also through the advanced technology means such as computer aided-programmes, telecommunication of data and tele-consultations.

b) Continuing education programmes for upgrading knowledge and injecting new skills. A special function of these actions extends to the regular evaluation of the performance of the programmes and may even require the recertification of practitioners. The role of professional societies in this respect is evident and needs no emphasis.

c) Resort to team work in health care delivery is a feature of the medical practice in our contemporary world. Multi-disciplinarity of action and complementarity of contributions have proven their worth now more than ever before particularly in large-scale schemes.

d) Multiprofessional education and training which is oriented towards priority health needs of the population is another praiseworthy development which merits every favourable consideration. Here different health professions learn together during certain phases of evolution, thereby developing a uniform system and harmonised thinking while facing given problems.

B. Socio-humanistic attitudes in medical practice:

What we have come to know as 'tender loving care' in medical services is a practical demand more than a romantic call. Disease strikes man usually in his most vulnerable state: while being infant, elderly, weak or needy. It has thus become an imperative in the practice of medicine to respond to such situations with the spirit of a "soldier defending life only", and the doctor to exert the best of his ability for the sake of life defence and

preservation. All done with the doctor disregarding all personal benefits or possibilities of self-glorification.

The costs of health care delivery have been rising at an alarming rate in recent years. Technology advances bear much of the responsibility for this state of affairs. The manufacturers of the modern equipment (which can be exuberantly expensive) account for the primary costs which in turn reflect on the cost of health care service. Newer developments cost more and the costs of service delivery soar higher and higher, and a vicious circle is established.

The outlet from this dilemma would seem to be possible through:

1. Cost-sharing, implying subsidies by government;
2. An upgraded insurance system that shares in the cost of health services, and/or a social arrangement in which the sharing occurs between the have's and the have-not's; or
3. Adapting expensive technologies through development of cheaper tools and equipment and the use of simpler techniques to match the capabilities of the developing societies while preserving the essentials of the performance of the new technologies.

C. *Benefiting from health care technologies:*

The emphasis here lies on the new ways and physical means, methods and procedures, tools and equipment, and drugs and biological preparations that are used individually or in combination in health-related research, diagnosis and treatment.

Physical technology today is perhaps the one non-human means through which it has become dramatically possible to secure and promote a healthy population. Indeed, the very definition of health today should reflect the dynamic nature within a perspective of futuristic vision that takes into account the possibilities of impending breakthroughs in science and its applications. As new diseases are identified and new technologies are introduced from time to time, we witness new methods and new approaches for the never-ending fight sprouting all the time.

The newcomers on the arena of health care delivery (as technologies, drugs, or procedures) can be looked upon as a blessing or a curse. Accidents and complications arising from exposure to radiation hazards and isotope carriers, iatrogenic effects of manipulations and drugs constantly confront the medical practice with never-ending problems. These invariably become the subject of careful consideration to weigh their impact and scope

of damage and, in most cases, they become a subject matter for new research with the object of devising means to eliminate their effects, and make the game in health care delivery - to the extent humanly possible - a safe one.

D. Environmental Factors:

It cannot escape notice that in the more advanced societies, the development of urban infrastructure, housing, water supply, sanitary drainage, waste disposal, and suppression of pollution, all had influenced the health care status of the population to a greater extent than did the advances in preventive or curative medical attention. While later with modernization - and inspite of all modern scientific developments - there was much afflition from pollution of the "human milieu interieur" by changing the "substance of man". Rural areas, urban slums and developing countries suffer much more.

In his book, "Small is Beautiful - A study of Economics as if People Mattered," Schumacher quoted R.H. Tawney as saying "... Economic ambitions are good servants, but they are bad masters." Schumacher added that "... Far larger is the capital produced by nature." And it is this very capital which we spoil, instead of preserve and enjoy; the current methods and needs of production are either damaging or eating into the very substance of nature and man, or both.

We burn fossil fuel, part of a natural capital endowment - rather than transform its molecular make-up, and spoil our atmosphere ... adding insult to injury. We consume the land to obtain more and better crops, and spoil this capital with chemical fertilizers and pesticides. Water, too, is spoiled through drainage of the land. Waste is disposed of, but its by-products flow back to man through wind, insects and water. Soft food when consumed leaves fibres behind, thereby inviting a host of diseases.

While the substance of man is polluted by modernisation, statistics show gain in GNP side by side with decided symptoms of loss, the indicators of which are to be found in data on crime, drug addition, vandalism, mental and family breakdown, and rebellion.

E. Forecasting future developments and their repercussions:

One of the dictates of successful health care delivery and service is the progressive outlook that should characterise the individual practitioners and

the medical community at large in a given society. Because of the accelerating pace of scientific advances and technological breakthroughs of our time, the development gap between developed and developing societies in the field of health is widening at an alarming rate. While every effort must be made on the part of a developing society to attempt technological catching-up, the least that can be expected of every society is to cultivate an alert attitude towards the newely introduced technologies and maintain a national capability for the evaluation and the assessment of their potential impact. Equally important, for health service purposes, is to establish a capability for forecasting developments worldwide and pre-calculating their possible repercussions. The importance of these technology assessment and forecasting functions lies in preparing the nation - or at least the medical community - for interacting prudently and pragmatically with the new developments.

As this presentation draws to a close, I wish to attempt a brief review of the possible changes that are likely to occur and have impact on the state of health worldwide between now and the year 2000.

1. In the area of disease prevention and health promotion, one can take note of the important current researches in life and work styles and their relevance to individual and community behaviour, and hence to health pattern. Such researches must necessarily extend and pay special attention to at-risk groups of the society.

A highly sensitive area, in which a major accomplishment is badly needed and a breakthrough is thought to be about to occur, is the development of vaccines for parasitic diseases such as malaria and bilharziasis which afflict many developing countries including my own. The development of viral vaccines is also another attainment which seems, for a number of diseases, to be within reach.

2. In the area of nutrition, I anticipate very significant advances in promoting healthy diet,. with more fibers and less fat and meat, and in identifying riskful methods of preparing food and the health-hazardous ingredients of preserved and canned foods.

3. Major advances are prone to occur, under the pressure of need, in the field of community and social welfare. The most important interventions are likely to be targeted to avert population explosion, in certain societies, and the problems related thereto (such as congested populations and poverty). Another development is likely to occur by learning ways and means to overcome (or live with) stress and thus avert accidents of breakdown and suicide. Self-care health technologies and home-based

medical care, and rehabilitation of the disabled are other areas where important advances are likely to be forthcoming.

4. The fields of mental health and behaviour sciences nowadays witness profound research activity, more specifically in the disciplines of neurochemistry, neurobiology or neuropharmacology. Far-reaching impact will most likely result from identification of the genetic pre-disposition factors and the practical applications of genetic engineering in mastering neurological conditions. Already remarkable successes are being scored in the transplantation of neurotransmitter producing cells in otherwise hopeless diseases (an example is recent applications in parkinsonism).

5. Another area of active research and development is reproduction and foetal and child health. Progress is likely to occur in contraception methodologies and new drugs, and perhaps the development of specific vaccines. The area of infertility management witnesses vigorous researches on *in vitro* fertilisation, freezing germ cells and embryoes, and surrogate motherhood. Another area of promising research is screening mothers for deformed foetus through routine amniocentesis in at-risk groups.

6. Active on-going researches in the field of diagnostic techniques are likely to produce marked successes in ultrasound and C.T. scanning. Equally important is the integration of function into imaging procedures, which embrace *inter alia* the techniques of N.M.R., radio-labelling and positron emission tomography. One must include in this category of advance areas the use of monitoring systems utilising biosensors, tumor markers and flow cytometry.

7. The most dramatic results of far-reaching implications are likely to be forthcoming in the fields of biotechnology and genetic engineering: progress in monoclonal antibodies and their role in genetic diagnosis and screening, and the use of DNA probe in detecting genetic diseases; human gene therapy involving excision, modification and insertion of specific genes; and the discovery of onchogenes and its implications in handling the problems of malignancies.

8. Developments in biologicals and pharmaceuticals are already receiving important contributions from genetic engineering methods for drug manufacture (human insulin and human growth hormone are contemporary startling successes) and the production of cheaper vaccine preparation (esp. hepatitis B vaccine). Remarkable progress is being scored in the development of new delivery systems, pumps and reservoirs.

9. The field of blood banking is receiving special attention with the goal of isolation of different plasma factors and conquering congenital deficiency syndromes; development of haemoglobin solutions that can act as oxygen carriers to tissues, thereby replacing blood transfusion; phoresis techniques by cycling blood where harmful bodies are removed; and developing lymphocytic activated killers (LAK) in the treatment of cancer.

10. Artificial organ transplantation is an area attending major breakthroughs in which miniaturisation technologies play a dominant role. Current efforts seem to draw much upon the potential of solar batteries in the development of prostheses and robotic implants.

11. Multi-faceted applications of laser technologies are currently being explored in a variety of health conditions, and they hold special promise in the field of eye diseases.

12. Research and development are also active to secure progress in surgical practice. This occurs *inter alia* in architecture and equipping of facilities; to upgrade instruments and machines; through research to promote healing of tissues; to assure safe anaesthesia and monitoring; and in extracorporeal shock wave lithotrepsy in the management of stones.

13. Current progress in radiotherapy encompasses several applications, of which intra-operative radiotherapy and the use of isotopes in conjuction with monoclonal antibodies appear to be particularly promising.

14. The age of computers is also extending invaluable services to the field of health care delivery and the medical practice at large. Important contributions are already being made, and more to come, in the areas of diagnosis; treatment; organisation, control and feedback; and education and training.

15. Advances in basic sciences have in store, as always, accomplishments that can be translated into practical applications and find their way to actual use within a span of time that has become shorter than ever before. We know that some breakthroughs in the sciences of chemistry, physics, physiology, biomaterials, solar energy and bioimmunology - to name but a few - are now in the making. Their applications can have far-reaching implications for the benefit of mankind, in both developed and developing societies, in terms of superior health services and coverage of unprecedented dimensions.

Verily, the Almighty God has promised to reward all devoted workers and all striving peoples: "Allah shall not change the lot of a people unless and until they change from within." (Holy Qoraan)

SUMMARY

In this paper a number of conceptual and practical issues are covered as related to health care delivery and its place in the progress of societies and the betterment of the life of the individual.

The oaths and commandments of great men of wisdom, such as Hippocrates, Maimonides and Ibn Radwan, are no pronouncements of historical interest; they are as seriously held and their contents tenable today as ever before. Concretely, they are expressions of the lofty value embodiment without which the medical profession would simply be void and null.

Knowledge, attitude and practice constitute a triad of interactive factors which, individually and in combination, are characterised by dynamism and unique interdependence. Perhaps in no other profession do we find an operational association between functional factors (knowledge, attitude and practice) and spiritual content (as reflected by the time-honoured oaths) which matches in strength, dignity and endurance that of the medical profession.

The discussion focusses on each one of the components of the triad and examines in detail its contributions - alone and in combination with the other components - to the performance of health care delivery and medical service. Emphasis is laid, for each component of the triad, on the value of ethical conduct in raising the application of the component in real life to heights of excellence and nobility.

A special treatment is given for several important factors and inputs which can influence, or even control, the course of practice in the medical profession. Among these, some elaboration is made for the conglomerate of information, education, communication and manpower development; the socio-humanistic elements of practice; modern technologies and technology transfer systems; environmental factors; and the capability of science and technology forecasting and assessment.

The governing values in practice can be summarised as follows:

a. A physician should be an agent of promoting health i.e. preaching to maintain normal life.
b. Prevent disease before its onset.
c. Cure ailment after its onset.
d. Predict possible changes in health pattern and apply new method and technologies through continuing education and training.

The medical practice is governed by specific influencing factors:

(i) The advances in medical information, education, communication and manpower development systems.
(ii) Socio-humanistic attitudes and practices including tender loving care and personal relations on individual level and resort to insurance systems to help the needy and ill from the able and free.
(iii) To catch all the time with all advances in knowledge and technology.
(iv) Adopting and adapting modern means to serve especially the poor.
(v) Consider environmental influences and other factors influencing health.
(vi) Observe continuously changing features of style of life and style of work and thus the changing pattern of social behavior and pattern of disease.
(vii) Forecasting the changes in health care technologies through monitoring developments and assessing their relevance to local situations.

CONCLUSION

It was attempted in this paper to cover the para-professional zones that were not concentrated upon in the Alma Ata Declaration 10 years ago. This declaration was a tremendous change in the history of medicine. Now being practiced for 10 years, it was found that the application of its major principles needed a lot to add to make it not only effective but palatable and able to continue. This was just a trial.

REFERENCES

1. BANKWOSKI and BERNADELLLI, Medical Ethics and Medical Education, *CIOMS* (1981).
2. BANKOWSKI and BRYANT, Health Policy Ethics and Human Values, *CIOMS* (1985).
3. BANKOWSKI and BRYANT, Health for All - A Challenge to Research in Health Manpower Development, *CIOMS* (1983).
4. BANKOWSKI, Health Manpower Out of Balance Conflicts and Prospects, *CIOMS* (1978).
5. Learning Together to Work Together for Health: *WHO Technical Report Series* (1988).
6. GRANAHN, Measurement and Analysis of Socio-Economic Development, *UNRISD,* Geneva (1985).
7. KANTROWITZ et al., Innovative Tracks at established institutions for the education of health personnel, *WHO* (1987).

8. HATHOUT, Islamic Medicine, *Islamic Medicine Organisation, Kuwait* (1983).
9. HUSSEIN, Precise of History of Arab Medicine and Pharmacy (in Arabic).
10. KAMAL, Ancient Egyptian Medicine (in Arabic), (1964).
11. PSACHARAPOULOS, Education for Development, *World Bank* (1985).
12. EL-KOUSSY et al., University Education and the Labour Market in Egypt, *UNESCO* (1982).
13. RISTON, Community Response to Alcohol-Related Problems, *Review of an International Study* (1985).
14. FULLOP and ROMER, Reviewing health manpower development, *WHO* (1987).
15. Medical Care and Society: *CIOMS Conference in Rio de Janeiro* (1974).
16. MULLER, The Health of Nations, *North-South Investigation (Faber and Faber).*
17. ROUBICZEK, Ethical Values in the Age of Science, *Cambridge Univ. Press* (1969).
18. The Role of Universities in Strategies for Health for All: *WHO* (1948).
19. O'NEIL, Health Crisis 2000, *WHO* (1983).
20. HARRIS and ASSOCIATES, Medicine in the Next Century, New York (1978).
21. Anticipating and Assessing Health Care Technology: *Steering Committee on Future Health Scenarios* (1987).
22. SCHUMACHER, Small is Beautiful, *Blond Briggs* (1974).
23. Only one Science: 13th Annual Report, *National Science Foundation Publ.* (1981).
24. MCEOWN, BADRAN, LAIDLOW, LEON, OSONTAKUN, RAMALIN and ASWAMY, Health Research Strategy, *WHO* (1986).

DISCUSSION

DISCUSSION

The Chairman: Dr. Mamdooh Jabr:

Thank you very much Prof. Badran for giving us an excellent account of the spiritual aspects and at the same time giving us an interphase between Islamic values and principles of what has been mentioned for necessary modifications. I wish also to thank Prof. Abu Reeda.

Since we started about an hour late, we are running short of time. I would therefore appreciate if the comments are brief and limited to 5-10 minutes, preference may be given to the members of CIOMS. The observers can ask the questions later if the time permits.

Dr. Z. Bankowski:

Thank you very much Mr. Chairman. I am extremely impressed by the presentation of Professor Badran and it seems to me quite important at this stage of our Conference to make the link, which he mentioned in his paper, between human values, ethics and health policy making process. My short question is, in which respect the Islamic countries, particularly in Egypt, the Islamic value system influences the health policy making and if there are any particular mechanism when health policy makers could get the information from population or from those who are responsible for this human values system and how they use this in policy making process? I take this opportunity because at this occasion we have before us on the podium two former Ministers of Health of this country and we can not have better opportunity than this to have the answer from them, that will be extremely important for all of us here and for our programme as a whole. Thank you.

The Chairman: Dr. Mamdooh Jabr:

Thank you. Before we proceed with replies, may be we take two or three other questions only from CIOMS members.

Prof. Martti Lindqvist:

My commentary is on Dr. Abu Reeda's presentation. I think that yesterday I had a very strong feeling that Western religion or belief in technological progress was criticised, and I think mostly with good grounds. Now in Prof. Abu Reeda's presentation I think, the oriental philosophy was as pessimistic in its outlook, was being criticised and at the same time, the moral responsibility to be a happy person was told, which I think is a very peculiar demand. I think happiness is something which grows from life and there can not be å moral responsibility to be a happy person and then is there a possibility to reconcile between pessimistic and optimistic outlook of life saying that because man is a finite being, so limited in his understanding? In order to find his balance in life he has to find out his limitations, his suffering, his shadowed side of life in order to be ready to be in balance with himself, his context and life as a whole. So, I think the both sides are there. Thank you.

Prof. Rihito Kimura:

I was very much impressed by Dr. Abu Reeda's presentation and I think he has mentioned several times about the importance of the avoidance of suffering, pain and human tragedy. And my question is, e.g. at the beginning of life we have sometimes disappointment of having no children and at the end of life we have suffering and pain the process of long dying. So, according to your ideas how the Islamic principle can have the idea of intervention to human life? Or, is there any guiding principle to intervene at the beginning of life, e.g. if a genetic deformed baby is going to born, what kind of principle you have? Or if there are some families without children, is there any possible remedy for this to have an idea of in vitro fertilization, etc... Is there any limits of human intervention to this human at the beginning of life or end of life sufferings, according to Islamic principle? This is my question. Thank you.

The Chairman: Dr. Mamdooh Jabr:

We have time for two more questions.

Prof. Hassan Hathout:

Mr. Chairman, I am also a member of CIOMS and in that capacity I raised my hand. Regarding the question of intervening with human life for reason of suffering both at the beginning of life and at the end of the life, I think in Islam life is an absolute value. The attempt to make it a relative value would contradict the teachings of Islam, because once a life is

sacred, it is sacred, even if it is the life of a sufferer, of a deformed, of a blind or of a deaf etc. etc... And this I think has governed legislation and that was the question of Prof. Bankowski "what health policies do we derive from Islam?" I think no Minister of Health would ever ligislate without filtering through the filter paper of Islam and that is why with difficulty contraception was okayed on indication but abortion was not because it is an interference with the absolute value which is called "The human life", and that is why IVF was permitted but between husband and wife, and during the span of their marriage and without the intervention of an alien party; be it a sperm, an ovum, an embryo or uterus. So, I think although there are so many Muslims, in Egypt and in other Islamic countries, very dissatisfied because the governments are not obeying Islam to the end but when it comes to that area of life, reproduction etc. etc., all Ministers of Health legislate only under the light of Islamic teachings. Thank you.

The Chairman: Dr. Mamdooh Jabr:

Now I have more hands. Unfortunately time is very limited, so if we have half a minute question then we can cover all.

Prof. Prawase Wasi:

Thank you Mr. Chairman. I very much appreciate Prof. Badran's speech on Spiritual dimension for health for all, but it is universal phenomenon. As we see today when modern medicine becomes more and more technology oriented, we find that medical doctors have been transformed from the traditional wise men and the teachers of the people to medical mechanists. Now the medical mechanists do not have receptors for human dimensions, not very much. So, today in medical practice scenerio you see that the human dimension very often totally disappear from the doctor's intervention with the patients'. I would like to ask Prof. Badran, how is the situation in Islamic Medicine? I would expect that it would be the same the world over and what you propose to do to meet with the existing medical education system? You can not introduce spiritual dimension, human dimension into medicine very much. There is a need for reformation in medical education. Thank you.

Prof. Alexander Capron:

Dr. Hathout has suggested a very good metaphor for us, which is the notion of the filter paper that the policies that are adopted will pass through the filter paper and Dr. Abu Reeda and Dr. Badran have provided us with filters and I would like to ask questions about those filters to each

of them. For Dr. Abu Reeda, you spoke of a theme of harmony. I was not clear in what you were saying. How literal the truth of the Quran is taken in the face of new scientific facts, e.g. theory of evolution based upon a notion not of progress or of destiny but simply of adaptation, that there the scientists would say there is no purpose in an action except its survival. They would say that there is a connection between the inanimate and the animate but not that the animate controls the inanimate because they are all made of the same material, the same atomic particles. They would speak of animals, that reproduce sexually occurring in pairs but non-sexual animals not occurring in pairs and subatomic particles not occuring in pairs, not merely the neutron alongside the proton and the electrons but the many different form of subatomic particles that do not come in the harmonious pairs of which you spoke. What happens when we come to biology and issues arise that are relevant to the practice of the physician that may seem to contradict the literal statements of the Quran. Is this a problem for the Islamic physicians? The question for Dr. Badran. In his emphasis on the 'Oaths" that are taken, in all of the medical oaths that you gave, there is a notion as in the Hypocratic oath, "I will do what my my judgement is best for my patients". There is a notion of fidelity to the interest of the patient which I agree with you, has been central to the ability of the physician but it also suggests that the physician is the judge of what is best and what is the role today for the Islamic physician of the choice of the patient as to what is best when there may be an array of different treatments with different outcomes and different measures of benefits. Who is to be the judge of benefits?

Prof. B. Osuntokun:

Thank you Mr. Chairman. I like to endorse what Prof. Bankowski has said that we would really like to know a little bit more about how ethical issues based on Islamic perspectives influence health policies directed towards achievement of health for all by 2000 AD. Both, Prof. Badran and Dr. Reeda have offered us an enormous spiritual wisdom in what they have said. But I will focus my questions on two main issues. Firstly – is it possible to achieve in Islamic countries, the religious influence on orientation of medical education? I missed the first part of the conference, because I could not speak Arabic but I think some of these issues are addressed. How much values in the prospectives of Islam is brought to be medical education in Islamic countries with regard to primary health care or achievement of health for all by 2000 AD? For example, if you talk about nutrition, the Book, which you refer to as Book, says in proverbs,

"Give me neither riches nor wealth but good food", and I think that is emphasizing nutrition. Now is there a comparable statement in the Quran? Some of you may be aware the heresy strategy of W.H.O. is now intending towards saying priorities should be focused on nutrition, population control and education particularly of the women.

The second issue, I am listening with lot of attention, during this conference on how much Islam is based on equality of excess, freedom to choose, the value of human life, the choice to pursue knowledge. And, I wonder whether it is Islamic or Islamically correct to take from some who do not have and give to those who have. And I am particularly worried in this context. In Ibidan, immigration of doctors within the Islamic countries or from outside, I being a Nigerian, am very sensitive to this issue. In recent times most of the Nigerian doctors have immigrated to the Gulf countires. We do not have enough, you have a little bit more. You are taking from us the little we have to add to your own. Is that just? Is that comparable with this equality of excess? These are controversial issues, but I feel I have to raise them.

The Chairman: Dr. Mamdooh Jabr:

Thank you very much. There is a great urge for a question after the last one. Some one wants to ask question. If it is a great urge, please do it but veyr briefly.

Dr. Mohammed Nabash:

In the valuable paper by Prof. Dr. Ibrahim Badraan, he mentioned that Abraham (PBUH) said that if you become sick, God will heal you and this is a true miracle. We would have liked Prof. Badraan to mention the miracles of the Quran and the Prophet (PBUH) in healing the body and the soul, and to give us the details of this miracle. But we are not familiar with the notion that Abraham healed people and that he had a traditional medicine.

The Chairman: Dr. Mamdooh Jabr:

Thank you very much. Now, I think I will give the floor to both our speakers, Dr. Abu Reeda and then to Prof. Badran and may be to respond to the last question of prof. Osuntokun, I will give to Prof. Hathout who was our reporteur for the previous session and who can comment on your questions on education and Islamic principles of the medical students. Now Dr. Abu Reeda.

Dr. Abdul Hadi Abu Reeda:

I will like to answer the question of the gentleman who was talking about harmony. I understand from the word harmony the fundamental idea of harmony on a big scale not only in the human life but also in the whole universe. So, man lives with this great harmony. He is finite in his earthly existence but he is not so finite in his life before his life on this earth and life after on this earth. As for the question of the evolution, evolutionary, evolutionist conception of the universe, if I have understood his interpretation, the whole hypothesis of the evolution till now, is only a hypothesis which explains perhaps the influence of environments on the human life, not only with regard to men. but also with regard to other forms of life. it is a hypothesis and limited to this exact determined influence between environments and the human being and the capacity of the human being to respond to the environmental influence. But I am speaking of harmony on the bigger scale of universe, the evolutionist conception may give us some solution of certain phenomenon on this earth but what about the origin of the universe and how can we understand and explain to ourselves from scientific point of view the formation of this universe, the evolutionist conception may give us some solution of certain phenomenon on this earth but what about the origin of the universe and how can we understand and explain to ourselves from scientific point of view the formation of this universe and what is happening in it? Life on earth is a very important fact but it is not to be understood only within the environment or within the field in which it is happening on earth.We have to understand this, our planet, and the existence of life on it and specially of man as a part of a bigger plan, not only with regard to our solar system but also with regard to the whole universe. If that gentleman wants to ask something else, I am ready to answer, exactly what he wants me to say. Please if you want to ask anything else still?

The Chairman: Dr. Mamdooh Jabr:

May be because of the time limit, as already we are one hour late, we can restrict our further questions and dual interlogues during the breaks. Thank you Dr. Abu Reeda. Now we want to see to the response of Prof. Badran.

Prof. Ibrahim Badran:

Really the question of Prof. Bankowski is an extremely important question. But I would like to introduce a little bit of knowledge before I give

my answer. Our problem in our discussion is that we are discussing things from a very thin vision on the surface of the subject which we are discussing. Neither me nor the person who asked the question knows, much of my religion nor I know much of his religion but our belief in Islam is that we believe in Christianity and Judaism. This is one thing, the three religions and Budhaism and others, never contradict each others from the humanistic point of view. It is only the details at certain areas which make the difference and these are usually promoted by time, by space and by people or blotted out for no specific reasons over generations and over centuries. Policy in Islam does not differ much from policy in other religions. policy in Islam always tries to look for priorities, always tries to look to majorities, always tries to look to values, ethics and existing conditions in a specific situation and specific time and Islam does exist from all these parameters. This is the point to start with. So, in policy making there is not much difference because when Islam came, it was a democratic religion. It involved with democratization of human rights, taking the rights of the majority and pressing on the priorities which effect the majority. This is really an Islamic rule and it was taken at all times by all people, even probably for the first time in the history that democratization of human rights and taking care even of animals, far away, would affect the fate of a governor or a leader. So, it is a human base, that Islam does not vary from the idealistic attitudes taken in human life. But if you go to my situation while I was a minister and how I regarded policy formulation, naturally in policy formulation you always consider the needs of the majority, but your moves are restricted by the capabilities existing. If capabilities are available, here we came out of the religion now and went to economics, but you can never break the rights or religious rules in policy formulation. That is to say, I can not advise people to take, e.g. pork or pig meat in order to replenish proteins. I can not say that as a Minister of Health. This is definitely against our religion. If I say, take some alcohol before meal in order to dilate your coronaries, this is absolutely forbidden in Islam. To people having hypoacidity, if I tell them to have a cigarette before meal so that their acidity will go up, this is hundred percent wrong from human, scientific and Islamic point of view. So, really the policy making is within human limits, it is usually governed in the third world including Muslim countries, by budgets, allowances and by economics situation.

The other question, I hope I give you the answer you want, the question of the human attitude and the disappearing doctor-patient relations, the disappearance with the advent of the wave of technology,

computers and mechanization of everything. Really, we have not arrived at that level yet, and we hope that we would not ever arrive at changing the relation between the patient and the doctor to a little sheet of paper. I have seen that in Atlanta Tech. in Georgia, where the young physician stays in the out-patient with a computer in front of him, a receptor gets the question or the complaint of the patient and the boy presses on some buttons and then a little sheet comes out to the patient and to the doctor, putting possibilities and saying whether there is need for medical advice or not. This advanced technology as added to human profession definitely substracts the values and relaitons and means of contact. Medicine does not mean drugs, sometimes a little smile can cure a patient, a little good word can cure a patient. And here comes the Edinburgh Declaration which is trying to preserve the human relations and inject them through ethics, religion and values during the phase of the preparation of a physician. I hope that this would answer some of your questions.

Then regarding the question of Prof. Osuntokun, about the immigratión of medical people and his objection of the rights of the majority through immigration. Really the people who immigrate from a country to the other, still carry with them the moral responsibility of a physician. If they are essentially needed in their own community, then immigration will be a negative thing, but in a country which has an overflood of medical graduates, like Egypt, then immigration is to my vision, and I am always saying that it is an investment of local currency in a foreign bank with a foreign revenue. So, it is not a loss, but if we had few doctors and we need them, then definitely the state and the policy makers would forbid them from quitting the country. This is held through in special circumstances and in specialities in this country. Naturally this goes beyond, I am not going to say that this is Islamic, but because the whole world belongs to God and anybody can go anywhere, but when you are putting a strategy for a specific target, then you have to collect all your means to reach that target. If the means are engineers, you have to keep your needed qualities. There is a question, I forgot. I do remember I wrote there were four questions. Sorry, I forgot it.

The Chairman: Dr. Mamdoh Jabr:

Thank you very much, Prof. Badran. Before I give the mike to Dr. Hassan Hathout, I must apologize to Dr. Awadi, Dr. Rajai and in particular to Dr. Mahran and Dr. Khairi Samrah for corrupting the schedule, but I have nothing else to do. As they told me you need comments and at the

same time have to stick to the schedule which started late. But I think we owe Dr. Hussain Gezairy a word as the W.H.O. Regional Director for an area which is mostly formed of Islamic countires and he has just raised his hand for a short comment, before I give the floor to Dr. Hassan to respond to the question of education which was raised during the seminar.

Dr. Hussain Al-Gezairy:

I want to ask Prof. Osuntokun, would he consider it discrimination if we discriminate against Nigerian applicatns and then we reject it simply because they are needed for at home? Would it not be a form of not giving them their rights if they want to go out from Nigeria, not necessarily to Gulf countires they can go to States or anywhere else. I think the question of those who put and asked whether Islamic values agree to this, it is not proper, because to start with you have certain rights of the people and certain rights of not being discriminating against them. I can also give you an example of what has happened in Malta, because in Malta the doctors, at one time, tried to force the Government for certain thigns and they stopped working. So, at the time the minister contacted almost everybody to ensure that if they continued doing this, which I do not think anybody will agree with, they would not find places to work in the Gulf countries and they did not. But at no time the Nigeria Government for example as far as I know, has asked Gulf countries not to take Nigerian doctors and I am sure if they asked they would not take. Thank you.

The Chairman: Dr. Mamdooh Jabr:

Thank you very much, Dr. Gezairy, I think this controversial issue can be continued later on in the break. Before I give floor to Dr. Hassan, Prof. Bankowski asked me a question. As a former Minister of Health, I completely agree with what my senior colleague, Prof. Badran has mentioned and what was mentioned in discussions. There are no difficulties in applying laws of Islam when you are minister of Helath, at least in Egypt. We are very strict and have very clear laws and we very flexibly apply all other Islamic principles even on the newest of technologies like organ transplant, like tube fertilization and so on. But we have to stick first to Islamic laws and irrespective of what general rules are governing the Government, the ministers of health never faced this problem and are accepted both my Muslims and followers of oher religions, living in Egypt. Now, we want to listen to, may be a very short comment from, Dr. Hassan regarding the question of Dr. Bankowski and Prof. Osuntokun about the medical education.

Dr. Yussif Al-Qaradawi:

In Dr. Badraan's point of view, if the translation is correct, he has dealt with an extremely serious issue, namely the relationship between the different religions, between Islam, Christianity, Judiaism and Buddhism. He said that we only differ from each other in the minor details; this is what I inferred from the translation. If this is correct, then I really object, in fact I have an observation, we always have to be candid when it comes to religion. Every believer thinks that his faith is true and correct and that he is on the right side and that other faiths are not so, otherwise he would be lying to himself and would also be false in relation to others. Every believer believes that salvation lies in his faith and not in the others. Religions differ from each other in their tolerance; Islam is a tolerant religion, and its tolerance is due to the following facts:

First, a Muslim believes that the difference between different faiths is due to the will of God Almighty and his divine wisdom. God chose to create this creature, as Dr. Abu Riida pointed out, who has the right to choose freely his own faith and path. He who wishes to believe, then let him do so, and he who wishes to disbelieve, then so be it. The difference is there because it is the will of God, and this is why a Muslim accepts this difference. If God so wishes he would have made all the human race one nation, but they still are different.

Secondly, Man is not called upon to judge these differences, but it is God that must judge these different faiths. This is not to be done in this world but on the day of judgement. God will judge you on the day of judgement on the differences between you. Allah is our God and yours, we have our deeds and you have yours and there is no authority that can judge between us except God. God brings us all together and to Him we return as our destiny.

The Chairman: Dr. Mamdooh Jabr:

I would like to thank Dr. Yussef al-Qaradawi.

Prof. Dr. Ibrahiim Badraan:

What I really intended to say is that no religion differs from another in terms of its humanitarian aspects, honesty, truth, steadfastness, avoidance of what is wrong, and the preservation of the self and of others.

The other issue that I intended to clafify in this respect is that I do not claim there is a priest, or rabbi or sheikh who knows everything there is to

know about all the divinely revealed religions, to enable him to determine all the differences and the similarities. In my view, if people were able to sit with each other they would agree on no less than sixty or seventy percent of the fundamentals of religion. As for the other thirty or forty percent, then as a physician this issue does not concern me or concern the rest of humanity or serve their purpose. So there are common grounds and the person who posed this question must study some of the fundamentals of Islam to realize the fallacy of the prejudices and fanaticism against it. God preserve us from such fanaticism. Sometimes people take our words out of context and make a mounting out of a molehill. I pray God to protect us with the tolerance of Islam from being more prone to hatred than love, and more prone to wrong than right. Thank you.

The Chairman: Dr. Mamdooh Jabr:

Thank you, and perhaps this vital issue requires more detailed discussion during the recess and after the noon prayers. I believe that the attention it has received so far is adequate from both Dr. Youssef al-Qaradawi and Dr. Ibrahiim Badraan.

In conclusion I give the floor to Dr. Hasaan Hathout, if you want to comment briefly on the issue raised yesterday concerning the role of Islam.

Prof. Hassan Hathout:

I think the limitation of time is considerable and I will try to be brief as much as I can. The axis of the whole thing is; do we believe in God? Is there God? Does He exist? Is He the Creator? etc. etc. And on this as we see, human race are divided. Now about half of humanity or one third of the humanity denies His existence altogether. And those who believe that, God is there, so many of them believe that yes, He is there. He can be visited in the temples or the church once a week, if we go and pray for Him, but there he does not come out and interfere with our lives, be that scientific lives, social lives, personal lives or economic lives etc etc. And this confuses the issue, because according to Islamic teachings, God is there and He created everything. Man is different from the rest of the creation because man shares physics, chemistry and biology with the other living beings but man has transcended this to something not shared by others and that is, the concept of good and bad and the free will and

freedom and the responsiblity and accountability. With all this in mind, once would ask himself, did God created me and created me different and now with the concept of the good and bad, what He wants me to do? What is my message here? And my message is; to act on behalf of God on this globe to make it Godly, to make it going according to God's will. One of the things, I think basic to Isam is the pursuit of knowledge and the order to the discovery of God's tradition in His creation is the Islamic terminology for scientific research and according to Islam, the pursuit of knowledge is the religious Dictate. Of course, this is new, because when Islam came, the pursuit of knowledge was a crime I am not blaming Christianity. I believe in Christianity and I believe anyone who tries to obstruct the progress of science, was not true Christian. I am aware of that. But at that time probably a new civilization was coming up and was erupting. We believe in a Book, the first word of which is "Read", and with injuctions to pursue knowledge. As a matter of fact the miracle of Quran is showing to human mind, to look in thyself, in your body, in the horizon, in the creation etc. etc..., until you realize that the religion is the truth and this was in contradiction in Europe and that may be the concept of the word 'religion', a little bit different in Islamic world than it is in the Western countries. Another rule is that God is the God for everyone. He is not the God of Muslims and human being was honoured not because he is a Muslim, human being was honoured for the fact of humanity, not for the fact of Islam. And upon this all human beings were enjoying their welfare on this planet of the human family, one of which is care for the human being and this led Prophet's (PBUH) saying "The ink of scholars is equal to the blood of martyrs". One of this was medicine, health care. Take care of yourself. Do not throw yourself into destruction. Your body has a right on you. All these are Islamic texts here. The Prophet (PBUH) himself said, "Seek medication, for to whatever illness God created, He created a cure". And this gave the impetus to the former Islamic scholars, pursuing the knowledge, not in the sense of secularism that we find today, but to them this was a religious duty. One trend was to apply medicine to human beings, of course there were some general rules that were enquired upon. One of them e.g. is that, the medication is a religious dictate. it is called "Fard kifaya", i.e. religion dictates not necessarily for doctors but for all people to do it, if some one does it on behalf of others, it is all right. But if the society does not produce doctors then this will be a sin on the society at large. So, because doctors need to know the human body, to examine the human body, expose the private parts of the human body etc.. there is another rule whatever is necessary to serve a necessity become the necessity also. That made exception of doctors uncovering the patients

and to know their secrets etc. etc. Then there will be the propogation of medical teaching. There is no limits that can be set for human mind. Human mind is free and whoever tries to do his best and arrives at the right conclusion, he has deserved a double reward and if he arrives to a wrong conclusion he has deserved an appropriate reward at least for the propagation.

When it comes to the application of the fruits of scientific research then there is the forbidden and the permitted and in this again, whatever we have, we have to consult Islam. In artificial insemination, if husband provides it, we do artificial insemination, if he does not provide we will not do it. Another rule is, if there is a necessity to cure some one, it can be cured only if you do something, not appropriate or not acceptable. Then you have to wait for another juristical rule, i.e. the choice of the lesser of the two evils,and this is again a general Islamic rule. Some one is dying because of renal failure, some one recently died, I will not disgrace the body of the deceased because this is prohibited. But if I keep to this I lose the life of the patient of renal failure. So, although cutting and taking a kidney in itself is probibited in Islam, yet Islam tells me when facing two situations, on the two sides of the balance, then the choice of the lesser of the two evils. Islam forbids, e.g. liquor and forbids the eating of pigmeat, but it also says that necessity overrules the prohibitions. If you are somewhere starving, threatened and all that you find is pigmeat, then according to Islam you eat it, because necessity overrules prohibition. So, there are a set of general Islamic rules that can dictate medical practice, medical legislation and medical education. Islam comes again to help because some of the worships have to be modified upon health situation. If you are too ill, you may not fast during Ramadan. If a woman is pregnant, she would not fast, if woman is menustrating, she would not pray. If only she is bleeding which is not menstruation, she prays etc.. etc.. There is quite a line of action between health situation and Islamic teachings.

There was a question about equity, and here Islam would like to emphasize that the concept of individual versus society does not dictate because society is individuals put together. you can never have a happy society from unhappy individuals. But, what affects the worker of the society takes priority to that of the welfare of the individuals. Fourteen centuries ago, Caliph Omar decreed that if a man in a city dies of hunger the city will be responsible for replying and they will pay his inheritors ransom for wasting the life. This can be compared by saving life by blood transfusion, it will be as if the society has killed him. What to do for

fetuses or babies who have abnormalities? Because human life is an absolute value and because the care for the disabled or the malformed exerts financial thoughts, the principle of sanctity of life overrules the financial thoughts, but it should not be the burden of the person, it should be the burden of the society at large. So absolute values are not to leave in the face of the financial consideration.

There was a very shrewd question about the theory of evolution. No censorship through scientific research. As far as we take it the theory of evolution now is still a theory. But, believe me, if the day ever comes, if the day ever, ever comes that it moves from the category of theory to the category of the fact, all right, it becomes a scientific fact, it should be accepted. We will take it, but so far it is a theory. If ever proven, I do not think it will clash. And so, for those of you who are interested, I recommend reading of the book entitled "The Quran, the Bible and the Science", written by Dr. Maurice Bucaille from France. Again for medical education, there is the "Islamic Code of Medical Ethics" we can propose the Secreatariate of IOMS to send copies of this to the members of CIOMS.

The Chairman is being very strict, I have to say!

The Chairman: Dr. Mamdooh Jabr:

I do not think there has ever been more lenient Chairman than I, but unfortunately, well, of course when you start taking the mike, there are so many questions you have to respond to and Dr. Hassan is so well-oriented about everything. I think he has responded to your questions, Prof. Osuntokun as well as to many others that were raised.

Now, thank you veyr mcuh for participating in this session. According to the instruction of Dr. Awadi and Dr. Rajai, we shall now immediatley break into two sessions. First lecutre will start immediatley for 20 minutes and following the first lecture there will be Prayer Break, then we start again at 12.40.

CHAPTER IV
PAPERS PRESENTED

IV. REPORT ON THE SESSION

This session was chaired by Professor Hassan Hathout, co-chaired by Sh. M. Badr Hussam Al-Din and moderated by Dr. Mohammed Ali Al-Bar.

The learned speakers were Professor Omar Alfi, Professor Hasan Shadlii, Professor Mukhtar Al-Mahdi and Professor Mohammad Naeem Yaseen who respectively spoke on "Prenatal diagnosis and fetal anomalies", "The fetus - its life and rights in Islamic law", "Brain death and organ donation - definition and reservations and "The concept of death from an Islamic perspective" "Prof. Yaseen presented an additional paper entitled "The rulings for the donation of human organs in the light of Shar'i rules and medical facts."Thereafter, the Chairman opened the session for discussion.

Editors

PRENATAL DIAGNOSIS AND FETAL ANOMALIES

Dr. Omar S. Alfi

U.S.A.

Great progress in prenatal diagnosis of genetic and malformation disorders have occurred during the past few years and is still ongoing at a relatively fast rate. In this presentation, I will discuss the current approaches to prenatal diagnosis; but will be acting mainly as a resource desribing the technology and some aspects of the management. I'll also have a brief review of the ethical issues involved and will keep some of the specific situations for later discussion and audience participation, particularly regarding Islamic views on some or all of the techniques described.

Congenital malformations in the newborn occur at a rate of about 2-3 per cent in most of the world populations. Fetal malformations, occur at a significantly higher rate. A majority of the fetal anomalies are spontaneously eliminated through miscarriages. Some parents have higher risks to carry a malformed feuts than the general population. The risk probability in these parents may vary from a figure that is slightly above the average for the general population all the way up to 100%. It is those mothers that have a higher risk for carrying a baby with fetal malformations that are considered the main candidates for the tests to be described. In other words, the tests are not aimed or designed to be performed for any or every pregnant lady in the population, only for the high risk individuals. A pregnant lady may belong to this high risk category on account of any of several conditions; the commonest of which is the maternal age. Any mother who is pregnant at age 35 or more is at a higher risk than the general population to have a baby with Down Syndrome. Other indications are presence of certain genetic disorders in off-spring or in some family members; one or both parents carriers of certain genetic traits that are not affecting them but may affect the fetus, and several other situations.

The following is a list of the commonly used prenatal diagnostic approaches at the present time:

1. Amniocentesis
2. Ultrasonography

3. Chorionic Villus Sampling
4. Fetal blood sampling
5. Maternal blood testing

1. **Amniocentesis:** The procedure basically depends on obtaining a small amount of amniotic fluid that surrounds the baby. Since it always contains some floating cells shed by the baby, these cells would contain the same genetic material that the baby has. Examining the genetic structure of these cells would give a direct indication about the genetic structure of the baby.
2. **Ultrasonography:** High frequency sound waves that are emitted and directed toward the fetus and are reflected in a certain way on a television screen. The procedure shows many of the malformations, as well as several characteristics of the baby regarding weight, size of the head, length of the limbs and others.
3. **Chorionic Villus Sampling:** CVS is an outpatient prenatal diagnosis test that is performed between 9 to 11 weeks after the last menstrual period. Using ultrasound as a guide, a small amount of placental tissue is removed through the vagina. The patient usually feels little or no discomfort. Chromosome results are usually completed within 48-72 hours.
4. **Fetal blood sampling:** Also referred to as Percutaneous Umbilical Blood Sampling (PUBS). Under ultrasound guidance, a sample of fetal blood is directly obtained from the umbilical cord vessels. The sample is then examined for chromosome abnormalities and for other markers.
5. **Maternal blood sample,** tested for Alpha-feto-protein (A.F.P.) as well as for chorionic gonadotropins (hCG), between 15th and 19th weeks of pregnancy, is an efficient screening method for neural tube defects, and also for chromosome abnormalities.
6. Other tests as **fetoscopy,** and **fetal biopsy** are rarely resorted to.

Of all the pregnant ladies tested, approximately one and a half per cent are carrying a grossly malformed or severely retarded fetus. What happens next depends on the type of malformation, on the availability of certain treatments, on the educational, cultural and religious background of the parents, and on the availability of funding from government programs to support the parents in their decision.

The current practice in the United States for management of cases with positive findings includes:

1. Fetal blood transfusion.
2. Fetal surgery.

3. Therapy and medications for certain rare disorders.
4. Selective terminations in multiple pregnancies; when one twin is malformed and one is presumed to be normal.
5. Termination of pregnancy.
6. Continuing the pregnancy without interference and later placing the baby for adoption or care usually by a state sponsored facility.
7. Continuing the pregnancy and caring for the baby within its family.

Termination of pregnancy is by far the most common decision that the parents make. Less common is maintaining the pregnancy and placing the baby for adoption; still less frequent is continuation of pregnancy and caring for the baby by the parents.

The main ethical issues that evolve out of the clinical diagnosis of malformation could be summarized under the following categories:

1. **Abortion:** In that respect the two combatting movements in the United States are the Pro Life vs. Freedom of Choice.
2. **Sex selection:** It has been noted that a number of the parents try to abuse the availability of prenatal testing, in order to have a sex choice for the baby. In other words, performing the tests in order to find if the baby is a boy or a girl and they keep or terminate the one sex or the other. This problem is not common with amniocentesis testing in the United States since most of the prenatal testing is done at around 16-18 weeks. On the other hand, with the procedure of chorionic villus sampling, the test is done around 9-10 weeks and more often than not, nobody other than the family knows that there is a pregnancy and parents who are seeking sex choice are more tempted to choose that procedure.
3. **The value of the handicapped versus the burden, mostly financial, that the handicapped places on the society:** Almost all handicapping conditions in the State of California are cared for, or their care is financed by, the State government. A baby born with Down Syndrome would be costing the government approximately $500,000 for health care during his or her life span. The total burden on the State government is counted in many hundreds of millions of dollars. It is the financial aspect that is the main, though not the only, driving force for the State government's involvement in prenatal diagnosis.
5. **State control and Eugenics:** The State control, as discussed above, even though it is an action that is welcomed by the majority of the population, yet some of the ethicists are concerned about the increase in State control over the management of malformation and genetic disorders in the general population. Judging from previous history in the

World at lagre, and at certain countries in particular, this concern by the ethicists or intellectuals has its justifications.

5. **Selective termination:** The ethical problems involved here are rather serious. This condition is not only the selective termination of an abonormal fetus and maintaining the second in case of twins. A more serious issue started to surface after the widespread use of ovulation stimulating medications in cases of sub-fertile females; situations where more than a single embryo is present. Sometimes three, four, or five fetuses are implanted and start growing at the same time. For example, in case of quintuplets, selective terminations of three fetuses to allow for the healthy growth of the surviving two is considered an appropriate line of management. Eliminated fetuses in these situations are usually normal. And the concept of sacrificing one or two fetuses to allow for the survival of another one or two fetuses is the core of that ethical issue.
6. The last of the important ethical issues considered, is the **organ transplant from a malformed newborn** to another whose survival depends upon having that organ. In more than one instance, a baby with anencephaly (failure of formation of part of the skull and brain) is diagnosed prenatally and the pregnancy continues. When the baby is born, its heart or kidney are offered for transplant to another newborn.

All of these issues are present in the day to day life in the medical practice in the United States and there are proponents and opponents for each. The Islamic views about all the procedures discussed, about the approaches to the managment, and about the ethical issues raised in this discussion need to be reviewed, some of them need to be revised and some need to be developed.

The Chairman: Prof. Hasaan Hathout:

We would like to thank Dr. Omar al-'Alfi for taking only twenty-one minutes. I call upon all my other colleagues not to read out their papers from the written text, to save time it would be appreciated if they only give us the main ideas.

Dr. Omar al-'Alfi raised a few points that Dr. Hasan al-Shadhli will not doubt deal with in his paper concerning multiple pregnancies and the aborting of some of the fetuses to save the others. The second problem is that of a fetus suffering from anencephaly, which it is assumed will die shortly after its birth; is it allowed to keep it alive with artificial resuscitation methods until the need arises for its heart or kidneys in organ transplant operations?

THE FETUS, ITS LIFE AND RIGHTS IN ISLAMIC LAW

Prof. Hassan al-Shazli
EGYPT

Islamic law *(al-Sharia)* is an all-encompassing body of canons set for the welfare of all human beings; it was revealed to fulfil the interest of all humanity, whatever changes may occur and however long history may be. It can cater for all kinds of events and changes that may occur in society over the centuries, however complex and diversified.

The Almighty says:

"THERE HATH COME TO YOU
FROM GOD A (NEW) LIGHT
AND A PERSPICUOUS BOOK,—
WHEREWITH GOD GUIDETH ALL,
WHO SEEK HIS GOOD PLEASURE
TO WAYS OF PEACE AND SAFETY,
AND LEADETH THEM OUT
OF DARKNESS, BY HIS WILL,
UNTO THE LIGHT,— GUIDETH THEM
TO A PATH THAT IS STRAIGHT."

(al-Mai'da, V, v. 17-18)

Nowadays, in the fifteenth century of hijra, new sciences have come into being and knowledge has developed tremendously, new problems have come to the surface as a result of scientific, economic, social and cultural developments. We are now a long way away from the time of the revelation of Islamic law, yet we still find that this law is capable of dealing with every new innovation and providing the appropriate things, as well as providing Islamic ruling directly extrapolated from the Quran or inferred from it. The Prophet (ﷺ) truly says:

"I have left you with something that if you uphold you will never lose your path after I am gone, that is the Book of Allah and my Tradition (al-Sunna)."

[1] The world "light" as a description of the Law of Allah *(Sharlat Allah)* occurs in 36 verses in the Holy Quran.

In this paper we will continue our research from a medical perspective into the condition of man, as a fetus, infant, youth, and old person to determine the Islamic rulings the Muslim physician requires, to deal with the contemporary problems facing him. This paper deals with the Islamic rulings concerning the human fetus, its right to life, the rights of the deformed fetus, other rights of the fetus, and its use in research and experimentation. I find it necessary to refer to my paper published in the first issue of the series of the publications of the Islamic Organization for Medical Sciences entitled "The Right of the fetus to Life in Islamic Law", pp. 375-454 and to highlight relevant points in it. The present paper attempts to highlight the position of Islam vis-a-vis fetus as a *nutfa*, a clot of congealed blood, a fetal lump, flesh and bone, and finally as fully developed newly born child. I will also deal with the position of Islam on assaults on the fetus and the penalty determined for the perpetrator. The paper comprises three parts.

Part one: The right of the fetus to life:

a. The reality of life from an Islamic perspective.
b. The source of life.
c. Life is the right of Almighty Allah.
d. The human fetus is singled out for life.

Part two: Aborting the fetus:

a. Forbidding the abortion of the fetus without a cause.
b. The abortion of the fetus for specific reasons and the reasons permitting such an abortion.
c. The malformed fetus.
d. Using the fetus as a subject for scientific experiments.

Part three: Other rights of the fetus:

a. The right of the fetus to parentage *(al-nasab)*
b. The right of the fetus to inheritance.
c. The right of the fetus to be a legatee and to receive a will and testament.
d. The right of the fetus to be given a gift *(hiba)*.
e. The right of the fetus to be bequeathed a trust *(waqf)*.
f. The right of fetus after death to receive pre-burial ritual wash, shrouding, prayer-for-the-deceased and burial.

I pray to God Almighty that this investigation of the position of Islam towards life and the rights of the fetus, will highlight the safeguards that Islamic law grants it during the most vulnerable stages of development, safeguards to protect the fetus from the assaults of those seeking to harm it, or those who would seek to undermine its rights. I only seek to honour

humanity which Almighty God chose to be honoured, and protect that which God created.

We have also said that the loss of all these is death, and that death is the harvesting of the soul which is responsible for all these senses, and that death is in the hands of Almighty God. The Almighty says:

"SO BLESSED BE GOD
THE BEST TO CREATE".

(al-Mu'minuun, XXIII, v. 15)

"OUR LORD! (THEY SAY),
LET NOT OUR HEARTS DEVIATE
NOW AFTER THOU HAST GUIDED US,
BUT GRANT US MERCY
FROM THINE OWN PRESENCE;
FOR THOU ART THE GRANTOR
OF BOUNTIES WITHOUT MEASURE."

(al-Imraan, III, v. 8)

Part One
The right of the fetus to life

In my previous paper, referred to above, I have shown the importance Islamic Law attaches to the welfare of the fetus at every stage of growth, to safeguard its life and to ensure that no one threatens it. These safeguards range from an obligations to support the pregnant mother financially, even if she is divorced, until she gives birth to the fetus..." to the assignment of *sadaqat al-Fitr* (obligatory alms after breaking the fast of Ramadan) on behalf of the fetus, to exempting the pregnant woman from fasting in Ramadan, if she is anxious about the health of her fetus, to delaying a punishment on a pregnant woman until she gives birth, and even further until her child can do without her, to the general invocation to be kind and charitable to a pregnant woman, in addition to granting the fetus the eligibility that allows it to acquire rights without assuming responsibilities...

The previous paper 2 discussed in detail the penalties for assault committed against the fetus. In the present paper I will highlight some issues dealing with the fetus from the perspective of Islamic jurisprudence; in the following order:

a. The essence of life from the perspective of Islamic Jurisprudence.
b. The source of life.
c. Life is the right of Allah Almighty.
d. The fetus is human and singled out for life.

Life in Islamic Juridsprudence

Life is a blessing from God to all His creatures, a miraculous demonstration of divine power. Life is the source of all feelings, emotions, sensations, visible and hidden actions. It is a gushing stream that narrows and widens, flows and runs by without revealing its essence or reality. Life itself cannot be sensed by man; it cannot be touched, seen, smelled or heard. What we see are manifestations of its presence or absence.

[1] During marriage the husband is obligated to support his wife, whether she is pregnant or not.
[2] See "The Right of the Fetus to Life", pp. 389-392.

Life is one of the secrets of God Almighty, deposited by Him in each creature in a specific manner and a unique arrangement. It is God alone, who brings creatures to life and it is He who understands the reality and essence of life.

Scholars, ancient and contemporary, were always baffled when it came to providing a definition of life, especially in man and animals and other creatures which reveal the signs of life in a manifest manner.

The source of life: God Almighty is its Creator

The giver, grantor and harvester of life is Almighty God, in accordance with Islamic Law *(al-Shar')* and reason. As for Islamic Law, the Almighty says:

"BLESSED BE HE
IN WHOSE HANDS
IS DOMINION;
AND HE OVER ALL THINGS
HATH POWER; —
HE WHO CREATED DEATH
AND LIFE; THAT HE
MAY TRY WHICH OF YOU
IS BEST IN DEED."

(al-Mulk, LXVII, v. 1-2)

God has created all creatures from nothingness, then gave them life and death, to test them and find out who is the most virtuous. It is reported by Qitada, that the Prophet (ﷺ) used to say:

"Allah humbled man with death, He has made this world the abode for life and for death, and has made the hereafter the home for judgement and eternity."

Reported by Abi Hatem.

Therefore, the creator and source of life is Almighty Allah, and the creator, and source of death is also Allah. The loss of the senses and movement is death and death is the harvesting of the soul which is responsible for all these senses.

The Almighty says:

"IT IS GOD THAT TAKES
THE SOULS (OF MEN) AT DEATH;
AND THOSE THAT DIE NOT
(HE TAKES) DURING THEIR SLEEP:
THOSE ON WHOM HE
HAS PASSED THE DECREE

OF DEATH, HE KEEPS BACK
(FROM RETURNING TO LIFE),
BUT THE REST HE SENDS
(TO THEIR BODIES)
FOR A TERM APPOINTED".

(al-Zumar, XXXIX, v. 42)

The soul is one of the secrets of the Almighty, and He alone knows its essence and its reality, if we know only its signs and manifestations, then we only know very little about it. This is shown by the Almighty's words;

"THEY ASK THEE CONCERNING
THE SOUL.
SAY: THE SOUL (COMETH)
BY COMMAND OF MY LORD:
OF KNOWLEDGE IT IS ONLY
A LITTLE THAT IS COMMUNICATED
TO YOU, (O MEN!)"

(al-Israa', XVII, v.85)

The majority of scholars and interpreters of the Quran have indicated that the soul referred to here is the human soul.

Humanity is still unable to comprehend the secret of life, though it admits that it is not manmade, or the work of another creature, but the creation of a unique mighty force, which cannot be compared with any other, a force that is indefatigable and infallible, a miraculous force that plans and designs all things. These are all the attributes of the only perfect force, the Creator that created man, created man's soul and breathed it into him, so that man was able to grow, move, think and plan, and it is He that harvests the soul when He so wishes, harvests it temporarily when man goes to sleep, and for ever when man returns to his origin in dust.

Life is the right of God:

Rights in Islamic law are divided, into the rights of God and the rights of the individual.

The rights of God: These are concerned with "the public benefit of all individuals without determining an individual beneficiary". Such a right is attributed to God because of its extreme importance and all encompassing benefit. It also warns individuals against transgression or violation, because it brings about benefit for everyone, since God does not need His creatures.

[1] See the paper entitled "The beginning of human life".

Under this category is included, belief in Almighty God and all its aspects, all kinds of worship, the financial resources of the state, and rulings determined for the preservation of religion, the soul, honour, money, and mind.

The rights of the individual: "These are concerned with the private interest of the individual", and cover dealings, relationships and transactions. They include the sanctity of possessions and property, any actions the individual is allowed to make with respect to his property such as contracts, legitimate actions, food, drink and clothing.

Each of those types of rights has its own characteristics and effects which are derived from "the Holy Quran or Prophetic tradition".

The right of Allah cannot be forfeited, forgiven, compromised or inherited, and the person who is responsible for implementing it is al-Imam (the state).

Whereas the right of the individual can be forfeited, renounced, compromised and is inherited and that the person responsible for compliance with it, and actually does so is its owner.

In Islamic law the right of life is considered part and parcel of the rights of God, that is man has no influence on it, whether partially or totally.

"NOR KILL (OR DESTROY)
YOURSELVES: FOR VERILY
GOD HATH BEEN TO YOU
MOST MERCIFUL!"

(al-Nisaa, IV, v.29)

The Almighty has commanded us not to kill ourselves, and such a command has the force of forbidding any such act. Therefore, God has set deterrent penalties for anyone who kills himself. The Almighty also says:

"NOR TAKE LIFE — WHICH GOD
HAS MADE SACRED — EXCEPT
FOR JUST CAUSE."

(al-Israa, XVII, v. 33)

[1] The origin of all rights is from Almighty God, in the sense that everything belongs to God whether it is attributed to Him or not. God Almighty says: For to God belongeth/The dominion of the heavens/And the earth and all/That is between. He createth/What he pleaseth. For God/Hath power over all things." *(al-Maa'ida* V, v.19). See also verses 118 and 120 of Surat *al-Maa'ida*. Though God is far above benefiting form or being harmed by the actions of his creations, still this division is set up by Islamic law since it has given some rights a more privileged position because they have a more widespread impact on society in general.

[S]ee paper by the author entitled "The theory of rights in Islamic jurisprudence".

The Almighty forbids the killing of others. The Almighty also says:

*"KILL NOT YOUR CHILDREN
FOR FEAR OF WANT: WE SHALL
PROVIDE SUSTENANCE FOR THEM
AS WELL AS FOR YOU."*

(al-Israa, XVII, v. 31)

God has so forbiden man from killing his own children.

God says:

*"AND MAKE NOT YOUR OWN HANDS
CONTRIBUTE TO (YOUR) DESTRUCTION."*

(al-Baqara, II, v.195)

God here commands man not to risk his own life and to avoid any danger that may lead to his destruction.

The Prophet (ﷺ) says:

"Man was created by God and he who pulls down God's structure is accursed."

The Islamic law defined and specified the indications for legal capital punishment after due process laid down by Islamic law.

The Prophet (ﷺ) said in his farewell speech before his death

"Your blood, your money, your honour, are as sacred to you as the sanctity of this day, in this month, and in this city. O God, as you are my witness, I have proclaimed your message."

Therefore we find that al-Shatibbi says: the revival of souls, the soundness of minds and bodies is one of the prerogatives of God over the individual, it is not included in the rights of the individual. The choice in such matters is not in the hands of the individual.

The fetus is a living human being endowed with life:

According to Islamic law, the fetus is considered a living human being endowed with life. It has its own life, though it is dependent on its mother for food and survival. Hence, we find that Islamic law gives it specified legal rights, during its period in its mother's womb, imposing its rights such as the right to parenthood *(al-nasab)* or inheritance, the right to be included in a will, to be given a gift and a trust, as well as the right to be supported financially along with his mother. Islamic law does not impose any duties or responsibilities on the fetus such as the financial support of any other entity even if it was already born. Hence, the fetus has a delimited legal status.

In *Nataa'ij al-Afkaar,* in the process of the discussion of the penalties imposed for felonies against the fetus, the rulings relevant to any felonies against humans include those against the fetus in accordance with the fundamentals *(al-Usuul)* by Shams al-I'ma al-Sarkhasi. As long as the fetus is still in his mother's womb he has no valid legal capacity, as it has the status of part of a human being, but when he is endowed with life, in preparation to become a soul with a valid legal capacity, if this is then taken into consideration the fetus is legally eligible to receive rights such as being freed from slavery or receiving an inheritance, parenthood, or a final will and testament.

"As a fetus it does not qualify for the acquisition of full right, but after it is born it qualifies" and has a full legal capacity.

This legal status starts with the fetus from the moment the sperm combines with the female's egg, and with the unanimity of all jurists, it continues until it is born. When the fetus is born its legal capacity is completed, and he has full legal capacity which qualifies him to receive all his rights mandated, in accordance with the rulings of God.

The evidence that the fetus's legal capacity starts at the moment the sperm combines with the egg, are the rights that the legislator has given it, as we will show later on, such as the right to parentage, inheritance, will, grants, protection against any violation or trangression against it, and imposing a penalty on the transgressor whoever he may be, even if he were its father or mother.

Since the fetus is a living human being uniquely endowed with life, then this life is one of the rights of God, and in this it is just like the already born living baby, then no one has authority over it. Individuals can only deal with such a right, in accordance with the Islamic legal code set by the Quran and the Sunna.

Part Two
The ruling on aborting the fetus in Islamic Jurisprudence

Since the fetus is alive and life is the right of God, then it is forbidden to abort the fetus, except for a legitimate cause allowed by God.

I will present the views of Islamic jurists on this issue, as well as the legitimate causes for aborting the fetus.

Forbidding the abortion of the fetus:

In the Holy Quran, God reveals that the fetus goes through a number of distinct stages. God says:

"MAN WE DID CREATE
FROM THE QUINTESSENCE (OF CLAY)
THEN WE PLACED HIM
AS (A DROP OF) SPERM
IN A PLACE OF REST,
FIRMLY FIXED;
THEN WE MADE THE SPERM
INTO A CLOT OF CONGEALED BLOOD;
THEN OF THAT CLOT WE MADE
A (FOETUS) LUMP; THEN WE
MADE OUT OF THAT LUMP
BONES AND CLOTHED THE BONES
WITH FLESH; THEN WE DEVELOPED
OUT OF IT ANOTHER CREATURE.
SO BLESSED BE GOD,
THE BEST TO CREATE!"

(al-Mu'minuun, XXIII, v. 12-14)

The prophetic tradition then revealed the duration of these different stages. It is noted in *Sahiih Muslim,* Abd Allah Ibn Masuud reports that the

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[1] *al-Nutfa* is the drop of sperm, it was thus called because of its minuteness; and *al-alaqqa* is a clot of congealed blood which the drop of sperm becomes after the sperm meets the egg and fertilizes it. *al-Mudghe* is a small lump of flesh that is an amount equivalent to one bite that can be chewed in the mouth. These stages take around four months, and Ibn Abbaas states that on the tenth day after the four months the soul is breathed into the fetus, that is why *al-idda,* i.e. the period a widow has to wait before she gets married again after the death of her husband is four months and ten days. See al-Qurtubi, part XI, p.7, p.108.

Prophet (ﷺ) said:

> *"Each of you is created in his mother's womb for forty days, then he becomes a clot for the same period, then he becomes a lump of flesh for the same period, then an angel is sent down by God to breathe a soul into the fetus. The angel is given four commands, to write down his livelihood, the time of his death, his work, and whether he will be happy or unhappy."*

The scholar of ruling on the abortion of the fetus cannot ignore this statement. However, since the ruling for the clot and the lump of fetal flesh is the same in Islam, we will have three stages. the first is until the fetus reaches forty days, the second is from forty days to four months old, and the third is from four months old until before it is born.

The first stage: i.e. the first forty days.

At the beginning of this stage the fetus is one cell, that starts to reproduce gradually, then it starts to take shape and form, then the shape of the head starts to appear with the beginning of the formation of the eyes. During this stage, the fetus is merely feeding and is not really of any distinctive shape.

During this stage, the majority of Islamic jurists believe that it is forbidden to abort the fetus, and the violator of the fetus should be punished, whether it be the father, mother or anyone else. Unless there is just cause for such an act such as fear for the mother's life if she continues her pregnancy, in which case it is permitted to abort the fetus, that is the sacrifice of the part to save the whole, or the sacrifice of the branch to save the stem.

This is the dominant view of al-Hanafiya, al-Malikiya, al-Shafiyaa, al-Dhahiriya, and al-Ibaadiya. Centuries ago, some Hanafi and Shafii scholars have disagreed with this point of view, as well as some Zaydi scholars in cases where both the father and the mother agree to abort the fetus, but they have given no evidence to support this statement.

The majority of scholars have supported their view that it is forbidden to abort the fetus during this period by citing the analogy with forbidding the breaking of game eggs to those who are *mohrem* that is those who are in the Sacred precincts or in pilgrim dress. Their evidence for this is that God Almighty prohibits those in *ihraam* from killing game. The Quran says:

> *"O YE WHO BELIEVE!*
> *KILL NOT GAME*
> *WHILE IN THE SACRED*

PRECINCTS OR IN PILGRIM GARB.
IF ANY OF YOU DOTH SO
INTENTIONALLY, THE COMPENSATION
IS OFFERING, BROUGHT
TO THE KA'ABA, OF A DOMESTIC ANIMAL
EQUIVALENT TO THE ONE HE KILLED"

(al-Maa'ida, V, v.98)

The Almighty also says:

"... BUT FORBIDEN
IS THE PURSUIT OF LAND-GAME;
AS LONG AS YOU ARE
IN THE SACRED PRECINCTS
OR IN PILGRIM GARB."

(al-Maa'ida V, v. 99)

Furthermore, it is forbiden to those who are in sacred precincts or in pilgrim's dress to break the eggs of game, and he who does so should offer penance for such a violation. It is reported that the Prophet (ﷺ) was brought ostrich eggs, so he said:

"Feed it to those who are not in Sacred Precincts or in pilgrim garb, but not to us."

It is clear from this that the origin of game, which is the egg, receives the same ruling as game itself, in that both are forbidden. The same is also true for any game other than birds such as mammals, the transgression of those who are in the sacred precincts or in pilgrim's dress against the fetus is the same as a transgression against them. If this is proved then the origin of the creature takes the same ruling as the creature itself.

If we now move to the human fetus, the sanctity of its life becomes obvious. Almighty says:

"NOR TAKE LIFE — WHICH GOD
HAS MADE SACRED — EXCEPT
FOR JUST CAUSE"

(al-Israa' XVII, v.33)

If it is forbidden to kill a human being then it is forbidden to kill its source, that is the fetus, in analogy with forbidding transgression against the eggs of game whose killing is itself forbidden. It is the more forbidden, because human life is sacred and sanctified. The fundamental rule for game is that it is permitted, and only forbidden for those who are in sacred precincts or in pilgrim's dress, and whatever we infer, shifting from prohibition to permission should only be approved with extreme caution (as opposed to the reverse), hence any transgression against the fetus should

be prohibited and forbidden. It is also reported that al-Ghazaali al-Shafii forbade the abortion of the fetus at this stage, since if the sperm is fixed (conjugated) then it would eventually lead to creation, and that destroying it is a crime...

As for time scale occurring in some discussions, they show the different stages in the development of the fetus, from a *nutfa* to a lump of fetal flesh, and also show the importance the Creator gives to the stages of the development of the fetus. If this is the care that the Creator gives it, then it is important that everyone does the same.

Furthermore, it is axiomatic from a jurisprudence, scientific and rational point of view that the fetus, from when it was a single cell and until it becomes a living entity, throughout all stages of its development, is the origin of human life as well as being one of the stages of the development of human life. Therefore, we should take into consideration the sanctity of human life. On the time of breathing life into the body being after four months, we only know about this through verbal reports, and as for the truth of this matter, only God Almighty knows. The Almighty says:

"THEY ASK THEE CONCERNING
THE SOUL.
SAY: "THE SOUL (COMETH)
BY THE COMMAND OF MY LORD.
OF KNOWLEDGE IT IS ONLY
A LITTLE THAT IS COMMUNICATED
TO YOU, (O MEN!)"

(al-Israa', XVII, v. 85)

If it is a matter that we are ignorant of, we should not accept a Dhahiri secular ruling on a metaphysical issue not in accordance with the prophetic tradition. We know from the prophetic Sunna that the abortion of a fetus deserves to be punished.

The second stage: This is the stage in which the fetus is between forty and one hundred and twenty days.

From a medical point of view, in this stage, the fetus starts to form organs, including the heart. Islamic law stipulates that when the fetus reaches one hundred and twenty days, God sends an angel who breathes the soul into it, and it is clear from this that if the fetus does not reach this stage then the soul was not yet breathed into it. Since this is so, then is it permitted to abort the fetus?

The majority of Islamic jurists believe that during this stage it is also forbidden, and this is a matter of fact, since if it was forbidden when the

fetus was forty days old then it is only natural that they would continue to uphold this ruling when the fetus is older. The only school of jurists to go against this ruling is the Zaydiya who believe that the mother is permitted, with the permission of the father, to abort the fetus if it is less than one hundred and twenty days old on the pretext that it is still lifeless. However, if the husband does not approve she is forbidden to abort it, and if she does so, she has sinned. We now know that the fetus is not lifeless neither before 120 nor before 40 days.

The Ziaydia themselves imposed a penalty on aborting the fetus of animals such as camels, goats, sheep or cows if any of these is deliberately aborted.

It is clear from this that it is forbidden to everyone to abort a fetus, whether it is the father, the mother or anyone else. Since the right to life of the fetus belongs to the Giver of life, it does not belong to another receiver of life.

The third stage: This starts after the fetus reaches four months and continues until birth.

The fetus at this stage is fully formed and its organs are complete in miniature at its beginning, and the mother starts to feel its movements. The fetus's organs continue to develop until it is born.

From the Islamic legal view point, the Prophet (ﷺ) has shown that when the fetus is one hundred and twenty days old, the soul is breathed into it.

The breathing of a soul into the fetus at this age does not indicate that life was not present in it before this event. On the contrary, the fetus before this event obviously possesses life as is signified by its movements and its continuous growth. Therefore, the jurists have determined movement in the fetus to be of two types, the first being that of growth and development which is a necessary complement of natural life that flows throughout all living bodies. This type of life is different from that of the soul which is brought down by God and breathed into the fetus. The soul breathed into the fetus leads to the senses and voluntary movement, because it is alive in itself, and the body becomes alive with its presence. The senses and voluntary movement are the first signs of its presence. We should not grope to understand the essence of the sole... for the Quran tells us that this is the exclusive domain of the Maker, which He has deliberately hidden from man in His wisdom and a purpose He alone knows. God verily says:

"THEY ASK THEE CONCERNING
THE SOUL.
SAY: THE SOUL (COMETH)
BY COMMAND OF MY LORD:
OF KNOWLEDGE IT IS ONLY
A LITTLE THAT IS COMMUNICATED
TO YOU, (O MEN!)"

(al-Isra' XVII, v.85)

Since at four months the fetus already enjoys a human soul, jurists have unanimously forbidden the abortion of the fetus at this stage, and the imposition of a penalty on the perpetrator of such a crime, be it the father, mother or anyone else, unless there is a just cause allowing such an action.

It is therefore clear that abortion is never allowed unless there is a cause that the Legislator accepts as just.

Causes allowing the abortion of the fetus:

Causes for allowing abortion, those that are acceptable from an Islamic legal point of view, are mainly the fear for the mother's life if she continues to carry the fetus in her womb, if she has a disease that does not allow her to carry the fetus, or if she cannot bear the changes that occur because of her pregnancy. In such cases it is legally allowed to abort the fetus to maintain the life of the mother, that is to say sacrificing the branch to keep the original stem, or sacrificing the part to preserve the whole. This is one rule that is unanimously adopted in Islamic law on the basis of reasoning.

Some scholars of the Hanafiya school argued for abortion if a lactating mother's milk would stop flowing after her pregnancy and the father cannot afford to hire a wet nurse or buy artificial milk or the baby will not accept any food other than his mother's milk. In such a case, they permit to abort the fetus in order to maintain the suckling baby so in order to save the entity that is actually alive it is permitted to sacrifice that which is still incomplete. Such cases rarely occur in our world today, since formula milk is available at low prices. Furthermore, Muslim societies observing Islamic welfare should obviate that poverty becomes a just cause for aborting the fetus.

However, poverty in itself is not considered a valid cause for the abortion of the fetus, according to the text of the Holy Quran where God says:

"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."

(al-Israa', XVII, v.31)

Fear of poverty itself is no just cause from an Islamic legal point of view to allow the taking of life of a human being, whether it is a new born baby or a fetus.

Furthermore, fear of having too many children is not considered just cause for aborting a fetus, though it could justify the use of contraceptives, not from fear of poverty but of not being able to provide adequate parental and educational support, in accordance with the prophetic saying:

"Each of you is a shepherd, and every shepherd is responsible for his flock."

Moreover, fear of shame and dishonour is not a just cause for aborting the fetus, if woman commits adultery and gets pregnant, and is afraid of dishonour or her family's anger, this can in no way be considered a just cause for aborting her fetus in order to conceal her situation, as she has already committed a crime, so she must bear the consequences of her crime and not attempt to conceal it with another crime. What is the fault of the fetus so that he should bear the penalty of her actions, when he has committed no crime. How can she allow herself to satisfy her lustful desires and let someone else die for the sake of her actions. If suffices here to mention what happened in the case of al-Djuhayna, who committed adultery, confessed her deed and was pregnant. The Prophet (ﷺ) allowed her to give birth before she was given up. If there are no just causes, then aborting the fetus is forbidden, and any transgressor against the fetus must face the punishment legally stipulated for this crime.

The ruling for aborting the deformed fetus:

Since Medicine has taken giant steps forward and it has become possible for the specialist to view the image of the fetus in its mother's womb at every stage of its developoment, as well as follow its growth and the development of its organs, the physician can detect at any given time whether the fetus has a congenital defect of one kind or another, whether the result of using a specific drug, or the result of a specific disease, or the result of genetic factors, or any other reason. If the physician detects such a defect, is he allowed to abort the deformed fetus in accordance with Islamic law?

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[1] See also verse 151 from surat *al-'An aam.*

In order to answer this question we have to deal with the different points of view in the light of Islamic Jurisprudence.

First: Islamic Jurisprudence stipulates that human life is respected and guaranteed during all phases of its development, whether as a baby, a boy, a young man, or an elderly person, whether the person in question is of sound health, ill with an incurable disease or otherwise. A deterrent punishment is imposed on the perpetrator for any transgression against human life, even if the killing of a human being falls under what is called a "mercy killing" or "euthanasia", even if the person in question has a hopeless disease or a congenital handicap which prevents him from relying on himself through life.

Therefore, Islamic jurists have unanimously mandated the penalty of death for anyone who deliberately takes away a human life even if the victim suffers from an incurable disease or is hopelessly handicapped, as previously mentioned.

Second: The qualities of a human being young or old, feeble or strong, sound of health or ill, complete in all organs or lacking some, their soundness or otherwise should in no way affect the imposition of the legally accepted punishment for killing another human being whoever he may be. It is the same penalty in all cases.

Third: The life of the fetus is respected and guaranteed as we have previously shown, and his right to life belongs to Almighty God. No human being has any right to transgress against it, harm it, or abort the fetus and kill it, except in the cases that we have previously mentioned, namely when there is fear for the mother's life. In all such cases, necessity makes it absolutely unavoidable to abort the fetus, because if it is not aborted the mother or its sibling would die.

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[1] -- *al-Hanafiya said "Time kills the healthy, the blind and the insane..." For all the previous reasons, God Almighty says:* **"O ye who believe! / The law of equality / Is prescribed to you / In cases of murder: /"** *(al-Baqara* II, *v.* 178).
al-Malikiya said: Those of sound health are to be killed in retribution for the ill and the ill for the healthy, and the one with the healthy hand for the one with the paralyzed hand...
-- al-Shafiyia say: "He who deliberately kills a sick person who is about to die must face retribution.
-- al-Hanaabila say: "He who kills a terminally ill person, is a murderer and must face the same punishment imposed for cold blooded murder or manslaughter."
-- al-Dhahiriya say: "He who kills a human being is actually giving up his own life." Ali said: "It is reported through Abi Bakr bin Shaybit that Yehia Bin 'Azhar told us from Zohayr through Jaber through al-Shi abi that a man killed a person whose soul had departed from half of his body and that the former would stand fro him...
-- al-Imamiya say: "A person should be killed in retribution for the victim even if the latter was missing limbs, or without any senses and vice versa. See the paper entitled "The beginning and end of Human life" by the author, pp. 90-102.

Fourth: Congenital deformation of the fetus is similar to that which may be present in a living human being, granted that these are deficiencies or weaknesses that can impede a person from undertaking his role in life whether in the present or in the future. Since Islamic Jurisprudence does not allow the killing of the deformed human being, or a person who is terminally ill, likewise it is forbidden to abort a fetus that the physician has determined to be congenitally deformed.

Deformities are not considered a just cause in Islamic law to allow the taking of a human life.

Neither is the inability of a human being to undertake the basic or secondary duties in life a just cause for taking a life.

Nor is a lack of limbs, or the absence of all or some of the senses, or the lack or deficiency of the mind a valid cause for the taking of a human life.

Since none of these reasons are considered valid for taking away a life, and since a transgressor in any of the previous cases is considered a perpetrator of cold-blooded murder or manslaughter, depending on his true motives and intentions.

Since this is the situation relevant to a vliving human being, then a transgressor against the fetus for any of these reasons, must be punished for his deed with the penalty stipulated in Islamic law for this crime. The penalty stipulated in the relevant paragraph.

Fifth: It is hoped at the current pace of medical progress that these problems will find their answer in preventive and curative therapy and not in abortion.

Sixth: A human being is exposed throughout his life to many illness and diseases in which he may lose one or all of his senses, one or all his organs. A child may be born of sound body, but during his growth he may be found to be blind, or mentally retarded, or dumb or deaf, whether congenitally or because of a disease. He might even grow up in sound health and then get some disease and lose some of his capabilities. Do we then decide to get rid of a human being because of such a deficiency?

Making such a decision violates God's law and sound reason. Those who are sound of health cannot close the doors of hope and put an end to someone life simply because he has contracted a disease or faced some misfortune. Otherwise humanity will face the depths of despair and give up hope of God's mercy.

The ruling for conducting experiments on the embryo:

This issue became topical after some scientists treated women who could not get their ovum fertilized in the natural way through their husbands. What these scientists did was to take a few ova from the wife, fertilized them outside the womb with sperm taken from her husband. After the successful fertilization of a few ova outside the womb, the treating physician puts back some of the fertilized ova (one,two or three at the most) into the women's womb, so that if one does not survive the others have a chance to do so. If all the ova successfully survive, the women could probably have twins. When the treating physician is positive that these ova have been successfully fertilized, that the pregnancy is taking its natural course, and that the woman in question no longer needs the rest of the fertilized ova, we are left with a number of fertilized ova which could be kept alive and preserved in a scientific manner which prevents their death.

This is when scientists started thinking of conducting scientific experiments on these fertilized ova for one reason or another. The question then arose, what is the position of Islam on this issue?

Guidelines and principles for research involving experiments on the embryo outside the womb:

I believe that an Islamic jurisprudence investigation of the issue of conducting experiments on the surplus ova fertilized outside the womb and not inserted in the mother's womb, should be in accordance with five guidelines:

First guideline: The life of the embryo starts at the moment the sperm combines with the ovum. From this moment onwards, the rights of the embryo, such as the right to life, parenthood, inheritance, will, trusts, etc. start.

There is no disagreement surrounding this guideline among Islamic Jurists, or among physicians and jurists.

Second guideline: Ther term *djaniin* (embryo + fetus) in Islamic Law is a term applied to the origin of man from the moment the sperm combines with the ovum and up to its birth, from *nutfa*[1], to clot (*alaqa*) to lump of foetal flesh (*modgha*), and flesh and bone...whether it has already taken human form or not. The Prophet (ﷺ) used the term "fetus" (*djaniin*) in his saying, when a woman was attacked and her fetus miscarried as a result of this

[1] *Nutfa* is the first cell resulting from the combination of the sperm with the ovum. Literaly a *Nutfa* is a little pure water. We have previously explained this.

attack, that a *"ghorra"* should be paid in compensation for the crime of aborting the fetus. The value of the *ghorra* was determined to be "the tenth or half the tenth of *al-diyya* i.e. the blood money paid to a murdered victim's family". The Prophet ( ) did not specify a specific stage of fetal development with his penalty, that is to say the penalty should apply to aborting the fetus at any stage. From the prophetic saying we also understand that the term *djaniin* (embryo + fetus) applies to any of the stages of the development of a human being, and that is the course adopted by Islamic Jurisprudence.

Third guideline: Life is present in the fetus from the beginning of its creation as previously mentioned in the first guideline. The breathing of the soul into the fetus, and the angel actually breathing the soul into the fetus when it is 120 days old, when it records its livelihood, death, work, whether it will be happy or unhappy, in accordance with the Prophet's saying. We have made it clear that the soul and its instillation in the body is the exclusive domain of God.

The writing of the Angel pre-determining the fetus's livelihood, death, work, whether happy or unhappy in his record, which will be kept until the day of Judgement; this is a metaphysical matter which no one but God knows or has any control over. This is a matter of faith for all muslim scholars, ancient or modern.

Therefore we should not deal with the issue of the soul, or try to link it to specific rulings, as rulings are linked with the clealry manifest signs, such as life. If life is present then we should have rulings, if it is not then there is no reason to have rulings to control that which is not in existence.

Islamic Jurists have unanimously agreed to set rulings on penalties for anyone who transgresses against or violates one of the rights of the fetus, at any stage of its development even before it is 120 days old. The rights of the fetus include its right to life, parentage, inheritance, will and the many others that we already mentioned. This is sufficient to show that we are correct in making rulings only for the life of the fetus, because as long as it is alive, no matter at which stage of its growth, it has established inalienable rights.

Fourth guideline: Life is present in the sperm before it combines with and fertilizes the ovum, the same is true of the ovum too, but it is a special kind of life that is incapable of growth, as each of them is incapable of

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[1] Or when it is 40 days old in some statements, see the author's paper entitled "The right to life of the fetus".

growth alone without the other, and that growth comes only after they combine. Hence, the Quran describes this first stage before their combination as not alive, and this is the same conclusion that the scientists have reached.

Among the scholars and interpreters of the Quranic verses which deal with this point are the following:

al-Qurtubi says that things in the beginning were ruled not a life such as the sperm...

al-Suyuuti says that the sperm is capable of starting life if it is mated, but as it is not considered a life.

If we view both the sperm and the ovum in the light of the prophetic saying: "That which is aspirated from the living is dead". That is to say everything that comes out of man such as sperm or ovum, is strictly speaking not a human life since it is not capable of growth on its own, but after it combines with that which makes it grow, it becomes a life.

al-Tabbari says: That every living being producing something from its body, the product is not a life, the sperm is not a life as it leaves the body of whoever produces it, then God creates from it a living human being, or a living animal. Then the ruling is that anything that leaves the body of a living being is ruled to be not a life.

The difference between the significance of forms of life, such as that in the sperm or the ovum before they combine, and that after they combine, becomes clear. It is only the latter which will evolve into senses and growth, which is considered life here.

We must note that sperms which are ejaculated by the millions, and the ovum too, are destined to non-life if they do not combine, as it is a temporary life with one specific objective in view, if it succeeds then a new creation and a new stage develops, and if they do not succeed their mission is over. So there is no point here in making an analogy here between what is strictly speaking is not a life and what is actually a life. It is that which is actually alive that Islamic Law seeks to protect, and for which it stipulates these rulings.

Fifth guideline: The respect that Islamic Law shows the fetus in the womb is due to it being a fetus, and this respect does not differ with size, stage, condition, etc. The fetus's life is sanctified and its rights determined whenever the conditions set by Islamic law are applied in accordance with God's code. We have already made this clear in this part of the paper.

The surplus embryo outside the womb:

In this case we are considering what is to be done with the embryos maintained in test tubes and which the mother no longer needs. We will study it in the light of the previous axiomatic guidelines and in accordance with the following methodology:

1. The embryo outside the womb is still a fetus, it is the origin of human life and one of its stages of development, in accordance with the agreement of jurists and the medical scientists.

2. This embryo strictly speaking is alive and that is a positive fact and not just a ruling, for when it is put in the womb it continues its growth steadily, from a clot, to a lump of fetal flesh, to flesh and bone, until it is born as another creature

SO BLESSED BE GOD,
THE BEST TO CREATE!

(al-Mu'minuum, XXIII, v.14).

This also is with the agreement of scholars of Islamic law and medical scientists.

3. The care that Islamic Law gives to the fetus, and the fact that it seeks to maintain and preserve it, is a matter that relates to its presence as a fetus. Acts and behaviour towards the fetus must be within the framework of Islamic Law that is set by God Almighty. Any acts that are not allowed to the fetus within the framework of Islamic law applies to it so long as it qualifies as a fetus, and we have already taken for granted that it is still a fetus while still outside the womb.

4. Conducting experiments on man, to determine the effect of a certain treatment or drug on man is a matter that is forbidden with the unanimous agreement of Islamic law scholars, physicians as far as I know, and jurists. Man is not a guinea pig and he is not to be used as a subject of experimentation. If a drug is now known to have a therapeutic effect on man, it should not be prescribed to the patient and if it is not a treatment for a specific disease it should be forbidden.

Any violation of these principles is considered a felony against a human being, and is discussed as a deliberate felony, or manslaughter and each type of felony has its penalty.

5. Conducting experiments on the fetus inside the womb in any of its stages is forbidden by all Islamic scholars, medical scientists and jurists, since the fetus, as we have previously shown is a human being at some stage of development, or is the origin of a human being, and the origin of anything receives the same ruling as the thing itself. Hence, whatever acts are forbidden to be done on a human being are forbidden for its origin, that is the fetus.

6. The embryo outside the womb is still a fetus, as we pointed out previously. Hence, experiments or any type of action that is prohibited for the fetus in the womb or also prohibited for the fetus outside the womb.

For all these reasons I believe that experiments on the embryo outside the womb should be forbidden.

The means of disposing of surplus embryos:

The physicians in this gathering have raised the problem of disposing of the surplus embryo available outside the womb and I believe that solving the problem of the availability of surplus embryos outside the womb which the mother no longer needs could be as follows:

1. That the number of ova fertilized should be limited to only those that will be inserted in the recipient mother's womb, so as to avoid the prohibited acts of killing the surplus embryo, or their death, or of the possibility of their falling into the hands of a woman other than their mother.

The following is the text of the relevant recommendation of the third symposium of the Islamic Organization for Medical Sciences: "the optimum situation" in the outcome of the "surplus fertilized ova" is that there should be no surplus. This could be achieved if the scientists could continue their research with the objective of storing the non-fertilized ova as well as finding the best method that will allow these ova to be fertilized later in a more orderly manner. This symposium recommends that scientists should only fertilize a suitable number of ova to avoid an unused surplus. If this is taken into account, then we may not need further research into how to dispose of surplus fertilized ova..."

2. However, some physicians asked if, in spite all these precautions, some surplus is still left, what is the method for disposing them, and what are the rules for conducting experiments on them and then killing them.

I have already discussed this in that symposium, but I will deal now with a few relevant issues:

a. The killing of these embryos is forbidden because it is a killing of an embryo at one of its early developmental stages or because it is a transgression against a human being or the origin of a human being.

It cannot be said that any of the stages of a human being's life, even if it were outside the mother's womb, is not sanctified.

I would say that the killing of a fetus outside the womb is just like killing it inside the womb in terms of its violation of the sanctity of human life.

The justification provided for violating this prohibition is that scientists need to study a number of issues. But this justificaiton is not good enough to allow us to violate sanctified areas, and particulalry those dealing with human life.

b. Leaving the surplus embryos available outside the womb which are not needed by the mother, until they die naturally, is the only solution to disposing of them, with the presence of sin in not avoiding their existence in the first place.

c. Leaving the ovum to die, does not lead to the *ghorra* which is the penalty imposed for transgression against the life of a fetus, because it does not involve forcefully killing a human life.

d. The risks of storing the ova so that the mother can use them in the future are too great, and involves unknown dangers for the following reasons:

1. Fear that the ova may be used in someone other than the original mother, a matter which may lead to confusion in attributing parentage and subsequent loss of rights.

2. Fear that the stored ova may be used after the termination of marital life, since with death or divorce marital life comes to an end, and a huge divider is placed between the two terms, life in marriage and life after marriage, because relations and rights expire with the end of the marital term, and a period of waiting *(idda)* is spent by the women after the end of the marital term to determine whether she was pregnant or not at the time when the marriage ended.

A divorcee or a widow has no right to insert the fertilized ovum in her womb after the end of the marital term, since this is a joint right during the marital term. According to the marriage contract she is a vessel and the agent for the growth of the fetus resulting from a legal liaison, whereas after the marriage is over she no longer enjoys these rights, it suffices to point out that no inheritance occurs between husband and wife at that time. It is a duty, in accordance with Islamic law, to find out whether a woman is pregnant after divorce or widowhood, through the period known in al-Shar'a as *al-idda* (a period of waiting in which the widow must remain unmarried), to ensure the sanctity of man and the receipt of rights by the legally rightful owners.

Part Three
The other Rights of the Fetus

1. The right of the fetus to parentage *(al-Nasab)*.
2. The right of the fetus to inheritance.
3. The right of the fetus to be included in a will or testament.
4. The right of the fetus to be given a gift.
5. The right of the fetus to be given a trust.
6. The right of the fetus after its death to be shrouded, to have pre-burial prayers, and to have a grave.

The first right:
The right of the fetus to parentage *(al-Nasab)*:

Islamic law has honoured man and placed mankind high above all the other creatures. One of the manifestations of this honour and the preference it has bestowed on mankind is the way it regards his method of reproduction, in a manner that is commensurate with man's prestige among all of God's creation. Making the right choice of spouse is the basis of this relationship, so it provided guidelines for those wishing to enter into marriage, such as the mutual approval of both parties, mutual desire to complete the marriage, living together on good terms, compassion and mutual love as the cornerstone of any such relationship. The Almighty says:

"AND AMONG HIS SIGNS
IS THIS, THAT HE CREATED
FOR YOU MATES FROM AMONG
YOURSELVES, THAT YE MAY
DWELL IN TRANQUILITY WITH THEM,
AND HE HAS PUT LOVE
AND MERCY BETWEEN YOUR (HEARTS):
VERILY IN THAT ARE SIGNS
FOR THOSE WHO REFLECT"

(al-Ruum, XXX, v.21)

Among the objectives, which include innumerable noble aims, of marriage is that breeding and reproduction will be accomplished in accordance with the will of Almighty God. The Almighty says:

"TO GOD BELONGS THE DOMINION
OF THE HEAVENS AND THE EARTH.

HE CREATES WHAT HE WILLS
(AND PLANS). HE BESTOWS
(CHILDREN) MALE OR FEMALE
ACCORDING TO HIS WILL (AND PLAN),
OR HE BESTOWS BOTH MALES
AND FEMALES, AND HE LEAVES
BARREN WHOM HE WILL:
FOR HE IS FULL
OF KNOWLEDGE AND POWER"

(Al-Shuura, XLII, v.49-50)

One of the signs of the honour and preference bestowed upon mankind by God is that only man belongs to a determined and recognized father and mother within the framework of a notarized marital contract which is made public before friends and family.

Accordingly in Islam, God rejects that a child pertains to anyone other than the father and the mother, who concluded the marital contract, and therefore Islam rejects and forbids adoption in accordance with the western tradition which falsifies the reality of parentage.

In His wisdom the Almighty relates the parentage of the child (male or female) to the father, only the father, so that people are called by the title of son of X.

The Almighty says:
"CALL THEM BY (THE NAMES
OF) THEIR FATHERS: THAT IS
JUSTER IN THE SIGHT OF GOD.
BUT IF YOU KNOW NOT
THEIR FATHER'S (NAMES, CALL
THEM) YOUR BROTHERS IN FAITH,
OR YOUR MAULAS.
BUT THERE IS NO BLAME
ON YOU IF YE MAKE
A MISTAKE THEREIN:
(WHAT COUNTS IS)
THE INTENTION OF YOUR HEARTS:
AND GOD IS OFT-RETURNING,
MOST MERCIFUL."

(al-Ahzaab, XXXIII, v.5)

It is reported in *Sahiih Muslim* that the Prophet (ﷺ) said:

"He who in Islam claims a father to be his own, when he knows well that he is not his real father, should not be admitted to heaven."

[1] Reported by Muslim.
[2] Reported by Muslim (50).

Islam tells us that he who does not know his parents, such as the product of an adultery or a bastard becomes a *maula* or a brother in faith. The Almighty says:

"THE FAITHFUL ARE BROTHERS"

or he is related to his mother, if she is known as is the case with Ibn al-Mulaana, whose father disowned him, or if there is a sure impediment blocking contact between the husband and the wife and yet she conceives.

The relation of man to his father starts from the moment his creation starts inside his mother. The moment the parentage relationship starts is the moment the sperm fertilizes the ovum. That is the same moment that Islamic law determines as the start of his legal capacity with which he becomes eligible to receive rights to be assumed as soon as he is born.

The beginning of the parentage relationship between father and fetus, is the same moment mentioned above, on which Islamic law bases the imposition of the financial obligation on the father for both the fetus and his mother throughout her pregnancy, as well as the fetus's right in inheritance, his right to a will, a testament, a gift, or trust as will be shown later.

Islamic law is very meticulous when it is a matter of determining the proof of parentage, it establishes parentage on the bases of a solid foundation, namely the presence of a marriage contract. When there is a marriage contract and the marriage is consummated, parentage is automatically established, unless the husband denies his parentage.

The Prophet (ﷺ) said:

"The baby is attributed to the marital bed, and the adulterer/ adulteress only deserves the stone".

In al-Bukhaari's words: "The baby is attributed to the lawful owner of the bed..." after proof of the bed i.e. after establishing the consummation of the marriage, under a marriage contract. As for the adulteress / adulterer, they get nothing and nothing may be attributed to them. That is a baby cannot be attributed to the father if conceived by adultery, because evil cannot possibly breed but evil.

Islam takes great pains to show that this attribution of parenthood is genuine, admitted by both the father and the mother. So it provides legislation allowing the husband to ensure that the attribution of parentage

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[1] See a paper by the author published in the series of publications of the Islamic Organization for Medical Sciences, third issue, number 107.

is really his. It thus gives the husband the right, if he knows that the fetus is not his, to bring a curse on his wife in accusation (technically called *mulaa'na).*

The Holy Quran determines the ruling for a husband accusing his wife of adultery, in the following. The Almighty says:

"AND FOR THOSE WHO LAUNCH
A CHARGE AGAINST THEIR SPOUSES,
AND HAVE (IN SUPPORT)
NO WITNESS BUT THEMSELVES, —
THEIR SOLITARY EVIDENCE
(CAN BE RECEIVED) IF THEY
BEAR WITNESS FOUR TIMES
(WITH AN OATH) BY GOD
THAT THEY ARE SOLEMNLY
TELLING THE TRUTH"

(al-Nuur, XXIV, v.6)

If they bear witness as indicated in this verse, the husband and wife are separated, never to be untied, and the parentage of the baby is attributed to its mother.

Islamic law direly warns the husband against trying to deny the parentage of his child, if he knew that it is his own, so that he will not be cursed by God. The Prophet (ﷺ) said:

"Any man who denies his own parentage of his child, while looking at it, will not see God on the Day of Judgement, and God will reveal his evil deed before all other creatures."

God has shown that if parentage is proved in accordance with the method of Islamic law described above, and the husband did not accuse his spouse of adultery, and did not deny the parentage of the child when it is born, then he cannot possibly do that later, as it is a right confirmed by its legal foundations and reasons, and nothing can void the attribution to the father later on, so there is no going back or withdrawal of a right of the child. Prenthood and its attribution besides being one of the rights of the fetus, is also one of the rights of God. The rights of God cannot be pardoned, surrendered, dropped or compromised. Making charges and accusations as to the attribution of the right of parentage is an act that carries a deterrent penalty if the charges concerning the adultery of the mother of the child are not proved. The only way to prove such an adultery is for the claimant to

[1] See also verses 6-9 from surat *al-Nuur.*

bring three more witnesses to bear witness to his allegation of adultery, or the wife confesses committing adultery.

Almighty says:

"AND THOSE WHO LAUNCH
A CHARGE AGAINST CHASTE WOMEN,
AND PRODUCE NOT FOUR WITNESSES
(TO SUPPORT THEIR ALLEGATIONS), —
FLOG THEM WITH EIGHTY LASHES;

AND REJECT THEIR EVIDENCE
EVER AFTER: FOR SUCH MEN
ARE WICKED TRANSGRESSORS; —
UNLESS THEY REPENT THEREAFTER
AND MEND (THEIR CONDUCT);
FOR GOD IS OFT-FORGIVING
MOST MERCIFUL."

(al-Nuur, XXIV, v.4-5)

The second right:
The right of the fetus to inheritance:

The jurists are unanimous that the fetus is among the legal legatees of inheritance, whenever there is an estate to be inherited from a kin, a right established by the sunna and consensus.

As for the Sunna, the Prophet (ﷺ) said:

"If the fetus is born alive then dies, it is prayed on and it gets to inherit."

Unanimously, jurists agree that if the fetus is born alive, it inherits its share of the inheritance, whether male or female, one or more children. The fetus's right to inheritance is established at the moment it is attached in its mother, after the sperm fertilizes the ovum.

However, since the fetus is concealed in his mother's womb during her term of pregnancy, it may not be easy to determine whether it is attached or not, alive or dead, and this why the jurists make its inheritance conditional on it being born alive, as is the case in the Prophet's saying.

The right of the fetus in the estate during the term of pregnancy:

There is no controversy concerning the established right of the fetus in the estate during this period, but what do we do with the estate meanwhile in order to guarantee that the rightful owner gets his full rights?

Jurists unanimously agree that the whole estate or part of it will be put in trust until the birth occurs, since the fetus could be born alive or dead, male or female, one or more than one etc. Therefore, Islamic Jurisprudence determines the guidelines which deal with all these situations and guarantees the full receipt of the inheritance by the child, after it is born alive.

Jurists make the inheritance of the fetus provisional on two conditions;

The first condition: That the pregnancy should be present in the mother's womb when the testator dies, since the fetus is a descendant of the deceased testator, and a descendant should be present when the testator dies.

Jurists have given the fetus at each of its stages starting with the sperm impregnating the ovum and until its birth alive one ruling, namely that it qualifies for its share of its testator's estate, just like the already born baby, on condition that the fetus should be born alive, in the way that we will shortly explain. The presence of the fetus in its mother's womb, when its testator dies is determined inferentially by the fetus being born alive at a period which makes it defintie or likely that it was present in the mother's womb at the time its testator died. This is the term of pregnancy.

The second condition: The fetus must be born alive, as stipulated in the Prophet's saying, in order to establish whether it qualifies to receive the inherited estate which has been put in trust for it. If the fetus is born alive we know that it was alive when its testator died, and that it qualifies to inherit the legacy at the time its testator died, but if it is born dead then it does not inherit.

The signs of life of the new born baby are the usual one's such as the first screaming, yawning, sneezing, moving of organs, suckling off the mother's breast, or any other signs determined by physicians as signs of life.

So if the child is proved alive, even for a single moment after its birth, it inherits the legacy put in trust for it from an inheritance, in accordance with the Islamic legal rules of inheritance.

However, if the fetus is born dead, then it does not inherit anything and is considered as if it were never present when its testator died. Inheritance is then the right of those persons alive and standing to inherit when the testator died, and the fetus is not one of these since it was born dead.

We can say that rights, in terms of their importance, to what extent are these established, and to what degree do they pertain to their owner and his

position, have been divided by Jurists into three sections:

First: Abstract rights: These are rights that are not related in any way to a specific place and their reasons are not available, such as the right of an Egyptian citizen to own land in Egypt, for example, this is an abstract right that exists before the purchase of the land or the reasons for this purchase.

Second: Ensuring rights: These are the rights for which there are reasons necessitating their demand, but they depend on the occurrence of some other event or action. For example, if a partner in real estate sells his share to a third party, then the second partner has found a reason requiring him to demand preemption *(al-Shofaa)*, that is to take possession of the share sold by his partner by preemption and pays the price paid by the purchaser and the expenditure involved. The transfer of ownership of the real estate requires two conditions, first, that the partner sells his share to a third party, and the second is to demand preemption in the manner shown above. The fulfillment of one of these conditions does not entail the transfer of ownership, but their presence together entails the transfer of ownership. The availability of the first before the second, puts the partner in an intermediate stage, as he does not have an abstract right, or a full right, but it is an ensured right after the determination of the reasons underlying the demand and before its actual occurrence, but he possesses this right as soon as he is informed of such a sale.

Also the right of an Egyptian to own land if a person tells him that he has sold him his land and he accepts, he would thus be accepting an ensured right, and after accepting it becomes an established right.

Third: Established rights: These are rights which have present and complete reason for existence, and their existence does not depend on anything else. For example, if a sales contract is concluded, ownership is immediately transferred, or if a marriage contract is concluded, the spouses are allowed to live together, and if the testator dies and person who stands to inherit him is alive, ownership will be immediately transferred, and so on.

Since rights are divided into the previous three categories, the right of the fetus to the estate must fulfil two conditions: first: its presence at the time of the death of the testator, and secondly, that it is born alive. The first is a matter for medical specialists to decide. The second is obvious such as his first screaming, sneezing, yawing, etc, or as observed by the doctor.

The difference between the intermediate stage, mentioned above, and the inheritance of the fetus is that the fetus's right pertains to things over

which he can exert no will or voluntary action. The fetus has no control over being conceived or being born, or living, or even the transfer of the estate of its legatee to it if born alive, as opposed to the previously mentioned actions that are all under the control of their owner. They agree that both their rights are in the intermediate stage if the second condition is not fulfilled, which in the former case is demanding preemption, for example. If preemption is not demanded then this right ceases to exist and its owner no longer has the right to exercise it unless there is a new reason.

The right of the fetus to inherit, if the second condition for the establishment of this right, which is being born alive, is not fulfilled, then this right also ceases to exist, and hence the estate is divided among the living legatees of the testator, at the time when he dies, totally disregarding the fetus born dead, unless there are reasons preventing any of the legatees from inheritance such as being the murderer of the testator.

The benefits derived in Islamic law from this detailed position of the fetus are the following:

First: Continuation of financial support for the mother and the fetus in her womb during her term of pregnancy until she gives birth.

Second: Maintaining the fetus's right in the inheritance as a guarantee for its future and ensuring its welfare.

Third: Emphasizing the humanity of the fetus, the integrity of this humanity, the establishment of its legal capacity and eligibility, despite the fact that it is still a concealed fetus in its mother's womb.

Fourth: Maintaining and ensuring the life of the fetus against any transgression against its life. That the killer of a fetus is the killer of a human soul, on whom is imposed the pre-determined penalties mentioned above, including precluding his inheritance, since the rule is

"that there is no inheritance for the murderer,"

as the Prophet (ﷺ) said.

The third right
The right of the fetus to have a will and testament drawn up for it

Jurists agree on the validity of the will drawn up for the benefit of the fetus, since it is part and parcel of the meaning of inheritance as the transfer of ownership from the deceased, but they set two conditions, first, the presence of the pregnancy or the fetus when the will is drawn up, because

transfer of ownership to a non-existent entity is not valid. Secondly, the fetus must be born alive as is the case in inheritance.

The time of the acceptance of the will: Since the will is a contract, then it must be accepted, and the person authorized to accept the will for the fetus is its natural guardian.

Jurists, however, have diverged over the time of the acceptance of the will. Some say it should occur after the fetus is born alive, because the legal capacity and eligibility for ownership can only be established after it is born, whereas others allow its acceptance before it is born, since the fetus is there at least in ruling. Other jurists have said "that the time of acceptance of the will by the natural guardian should be after the death of the patron, since his death is the time when ownership is transferred from him to the legatee. Yet, other jurists have allowed the acceptance of the will before the death of the patron, since a will in the interest of the fetus is conditional on it being born alive, and a will can be suspended in this manner, therefore it is permitted to accept the will before the patron dies.

The time inheritance is established for the fetus: A will is merely a way for establishing inheritance rights for the legatee after the death of the patron, whether the person included in the will is a fetus or not.

Inheritance is established for the fetus after acceptance of the will by its natural guardian on behalf of the fetus, that is after the death of the patron and the birth of the fetus alive.

In the light of the above, though there may be some slight differences in the details, this makes it clear that a will drawn for the fetus is valid. A will for a fetus is not considered valid unless his humanity, legal capacity and eligibility for ownership is complete, in the manner shown in the inheritance of the fetus.

The fourth right
The right of the fetus to a bequeathed gift *(al-Hiba)*

Since a bequeathed gift *(al-Hiba)* is one of the forms of ownership contracts, as it is the transfer of ownership of possessions during life without compensation, therefore there must be conditions set for the giver of the gift, the receiver, and the gift itself... One of the important conditions that must be fulfilled in the receiver of the gift, is that he should qualify for such ownership. Hence, jurists stipulate that the giver of the gift should be a legally capable, rational adult and that he should own the gift he is giving, and free to make use of his possessions and that the receiver should be eligible to own what he is given.

Islamic jurisprudence, in determining the type of legal eligibility necessary in the receiver, have adopted two approaches:

The first approach: The receiver of the gift must be a person with full legal capacity, meaning that he has to have been born, whether his legal status is nil, such as a child under seven or a partial such as a child past the age of seven but before he becomes a rational adult, or full such as a rational adult. In the last case, he accepts the gift himself, whereas in the second case he also accepts himself considering the gift as pure good, whereas in the first case it is accepted on his behalf by his guardian.

The second approach: The receiver of the gift must be eligible to own the gift, even in the second case, that is to say they do not make it conditional on whether the receiver has a complete or partial capacity at the time the gift is made. The condition they make is that the receiver should be eligible to own even if this eligibility is still in the future, such as an infant or a fetus, and even to someone whose mother may have not yet conceived him. That is an entity which is not yet born is considered eligible.

Choosing the more likely approach: Since gifts are righteous and good, and conducive to loving and caring for one another, then its effect extends not only to those to whom these are given but those who are around them as well.

Since the effects of the gift are prevalent, then allowing the giving of gifts to the fetus will fulfil the goal and the wisdom of the legitimacy of the gift. So if the fetus is born alive, in accordance with what we have already said about the will and inheritance, then a gift can be given to the child, and he qualifies for it just as he qualifies to inherit a legacy bequeathed in a will. If born dead then the gift is not validated and it does not qualify for it just as it does not qualify for inheritance from a will. If born alive and then it dies, the gift goes to its legatees, just as is the case with its legacy and will.

Therefore, we endorse the viewpoint permitting the gift to the fetus, being eligible as in the second case, or because of the eligibility it will have in the future.

I believe that after it is born alive the receiver owns what he has been given as a gift, as he has the capacity to receive his rights, and this is one of the rights established voluntarily by the will of the giver.

The fifth right
The right of the fetus to receive *Waqf*

A *waqf* is the entailment of property from ownership or other actions

and pledging it and its proceeds to charity, or a righteous cause, or to a specific person either by name or by specification as already detailed in jurisprudence books.

Jurists have stipulated the components of this type of contract, and the criteria therein, making its components the format, the parties to the contract, the object of the contract and any other specific terms that may be stipulated in it.

What we are concerned with here is to determine the conditions required in the beneficiary, if he hapens to be identified, so as to determine whether a fetus qualifies as one. The right that is established for a fetus with such a contract is the right of benefit. Islamic jurisprudence has taken two approaches in establishing this right for the fetus.

The first appraoch: This viewpoint is that if an entailment is set up for a specific person then a condition is made, namely that he is eligible to take possession, while the setter of this entailment is abroad. So it is not valid to set up an entailment for one's children if one has no children. It also makes it a condition that the beneficiary must qualify and have the capacity to own the entailment, so it is not valid to set up an entailment for a fetus, since it cannot validly own it, at the time the entailment is set up. However, if the entailment is set up in the name of some one's children, and there was a fetus among them, then he joins them when he is born alive. This approach is that of al-Shafiya, al-Hanaabila, and al-Imaamiya.

The second approach: If the settlement of the entailment is in a specific person's name, then it becomes a condition that he is in fact eligible for ownership, such as known persons, or qualify only potentially, such as the child that will be born for someone.

Their condition is that the beneficiary should qualify for ownership, either immediately or prospectively, and it is not necessary that he should be present at the time the entailment was set up, but it is necessary that the person in question should be eligible to own at the time of receipt. This approach is that of al-Malikiya, al-Zaydiya and al-Hanafiya.

The time of receipt for the fetus is a controversial matter: al-Malikiya believe it to be the time the entailment was set up for the fetus. At that time the benefits of the entailed property is put in saving until it is born alive and receives it, and if born dead the benefits of the entailed property is returned to the owner or his legatees if he had died.

al-Hanafiya stipulate that if an entailment is set up for the children, the beneficiaries will be all of them including those who were fetuses when the

benefits accrued, even if there was a pregnancy of under six months from the time the benefit was generated. Any children born after that should not be beneficiaries, as we made sure that the first was a fetus when the benefits was generated so he became a beneficiary, if however he dies before the benefit is distributed, his share is inherited by the other legatees.

al-Zaydiya believe that the benefits should be given to the entailment setter during the pregnancy term of the fetus, so the proceeds of the entailment during the fetus's pregnancy term should go to the entailment setter or his heirs. If the fetus is born alive he receives the proceeds, and if born dead then the entailment setter or his heirs continue to benefit from the proceeds.

We endorse the second approach, since a *waqf* is a contract to donate benefit from an entailed estate to a righteous cause, in an attempt to seek a divine reward in this world and the hereafter. This goal is one that Islam is keen to propagate. Therefore, the decision to accept the validity of *al-waqf* for anyone who would qualify for ownership even in the future is more likely to respect the will and wishes of the owner to act on his property, and is more commensurate with the texts of the Quran and the Prophetic tradition, to which we referred when discussing the gift contract.

The sixth right
The right of the fetus to be shrouded, to preburial prayer and to a grave

Islamic law honours man in death and in life. As for honouring mankind in death, Islamic law imposes rules on what his family or his kin or other Muslims around him owe him, namely pre-burial washing, shrouding, pre-burial prayers and burial and how all these should be performed. Since the fetus is one of the stages of the life of a human being, jurists have dealt with the rights of the fetus when it dies in terms of pre-burial washing, shrouding, pre-burial prayers and burial. If we want to present their views in detail we have to distinguish between two distinct cases. The first is the birth of a living child which then dies. The second is that of the baby born already dead.

The first must be "washed, shrouded, receive pre-burial prayers, and then buried. Some jurists say that such a child must be named after his father, so as to attribute him to his father. "The ruling for such a child is exactly like the adult.

The second is that of the fetus born dead and here also we have to distinguish between two stages:

The first: The fetus is not yet 120 days old.
The second: The fetus after 120 days.

The first situation: The fetus should be shrouded and buried, but it does not receive pre-burial washing, or pre-burial prayer. Giving it a name is controversial.

The second situation: The fetus should get the same treatment as in the first case, that is it is shrouded, buried and named, and in addition the blood of the miscarriage is washed off him.

The fetus should receive pre-burial prayers for al-Hanaabila, as well as al-Shafiyaa. They reason thus because of the Prophet's (ﷺ) saying:

"The dead miscarried fetus should receive pre-burial prayers, whereas prayers of mercy and compassion should be done on behalf of its parents".

In summary, if the fetus dies at any of its developmental stages it receives rights commensurate with its status.

In the stage before it completes the four month period it is shrouded (or wrapped in a cloth) and buried according to the agreement of all the jurists, and it is preferred according to al-Hanaabila to give it a specific name, and if it is difficult to determine whether it is a male or female, it is called Saalih or Hibbat Allah.

In the stage after the fetus completes the four month period until it is born dead, even after the completion of its term of pregnancy, it is shrouded, buried and named, as we mentioned earlier. It must be washed before burial according to al-Shafiya and al-Hanaabila, it is optional for al-Malikiya, and it receives pre-burial prayers according to al-Hanaabila.

The fetus therefore has the same rights as the new born human being in terms of pre-burial wash, shrouding, naming, prayer and burial.

In the final stage, and that is stage of the completion of its term of pregnancy as well as being delivered alive, then it dies immediately after its birth, it has all the rights of the living human being, ranging from pre-burial wash, to shrouding, naming, prayer, burial, inherits and acts as testator, and any crime committed against him is a crime against a living human being and it entails the same penalties, whether it is deliberate, or inadvertent.

The Chairman: Prof. Dr. Hasan Hathout:

We thank Dr. Hasan al-Shadhli, and now Dr. Mohammed Naiim Yasiin will take the floor to give us a summary. As for Dr. Mokhtaar al-Mahdi, since we are both physicians I hope I can prevail on you not to read the text of your paper but give us instead an outline of the main ideas in it, because the time is limited. I am positive that in this manner you can do justice to your paper.

BRAIN DEATH AND ORGAN DONATION DEFINITION AND RESERVATIONS

Prof. Dr. Mokhtar Al-Mahdi
EGYPT

What is Death?

We all speak of death as the end of life of a human being. Medically speaking it is probably the end of his integral coordinated function as one unit. At his best living status, he can be an active and creative member of the community, while at his worst living conditions he can be a permanently senseless and motionless human body. This usually results from a major cerebral insult, due to trauma or disease.

This latter condition is maintained by the persistence of minimal basic brain activities, mainly at the brain stem. These lower brain centers control the function of the vital organs of the body which is enough to maintain life in its lower forms without movements or sensations. These centres trigger the breathing movements for lung function, maintain the tone of blood vessels and hence blood pressure and circulation, and control the kidney function through a hormone (antidiuretic hormone) to keep the body salt and water from being lost in the urine. The hypothalamic part of the brain also controls the hormonal function that regulates the metabolism in the liver. This latter function is essential to produce the energy for cellular functions as well as to maintain the normal body heat for optimal physiological and biochemical reactions of the body.

The human being at this condition is considered alive as he can maintain his existence without artifical medical help, and can live theoretically the normal span of life provided he is fed and nursed. An individual at such a state has lost his identity or individuality without any difference

between him and other bodies in the same state. He is without any reaction or communication with the outside world due to the damage of a major part of his brain. This has been wrongly called a "vegetative state", even in some medical books. I believe a body or somatic life can be a more scientific description.

Such a life, whatever called, is not only useless to the individual, his family and community, but also disastrous due to the high cost of hospitalization and nursing care. Whatever the value and cost, this state represents one of the forms of the respected life of the mankind created by God. The care for it, and satisfying its needs and requirements are understandable, but the energetic treatment of an intercurrent disease or the resuscitation from an emergency condition are questionable in my opinion.

If the brain insult described was more severe, or became so, the minimal basic brain functions are also lost. Obviously breathing and circulation are stopped within minutes and the individual is declared dead. If it happens that the patient, before his breathing stops, was already put on an artificial respirator, then the brain and the individual himself although die, yet some organs including the heart may still survive, being supplied with their requirements of oxygen and nutrients. These organs are kept functioning for a bit longer time. This period of time, from 48 hours to several days, does not mean that the individual is, or will, exist anymore. His brain since that moment has already started to disintegrate and becomes liquified resembling milk. The stage of persistence of some organs alive for sometime can be called a state of "organ's life". The coordinated functions of the human being as a unit is already lost while other functions are failing one after the other. Whatever intensive medical help and effort can not maintain such a stage for long. This is due to the loss of innumerable irreplaceable brain functions reflected on the vital organs. This is the state of brain death.

During the last year, in Japan this period could be extended for few more weeks by the use of injectable hormones to keep the body salt and water a bit longer, and hence, supporting the circulation and heart for some more time. These hormones were originally produced by the brain. The other organs in turn can also be preserved for a longer time. This was done at a more high cost for no obvious value. The "life" of these organs at this stage can be probably maintained more longer, and theoretically indefinitely, if they are put under the control of a normally functioning living brain. This can be achieved if such an organ or organs are transplanted to a living human being.

There might be some analogy, at the time of occurrence of brain death, between the human individual and a robot or computer whose input and output have stopped due to a power failure. The "Power" responsible for the human function (spirit) is not known to the science, but its effect can not be more obvious.

In the medical condition known as cardiac arrest, where the heart stops suddenly due to a nerve reflex or a state of shock, the individual can be categorised as dead. Scientifically the condition satisfies all the internationally agreed criteria of death; the breathing and heart beats are stopped, the individual is unconscious, senseless, motionless, etc., but the "Power" is possibly still there for a limited time. It can possibly resume its effect and bring the body back into function if the circulation to the brain is resumed. This can be achieved if the heart muscle is stimulated to beat again by a mechanical, chemical or physical stimulus.

We have also to agree, scientifically or otherwise, that the "Power" that controls the human being as a unit is different and independent from the "Powers" that control individual organs. A kidney that is taken from a living donor can still function as a kidney outside its body if its metabolic needs are satisfied. Such a kidney is probably maintaining its "Power", while the donor himself, also continues without his own "Power" being affected.

From the above discussions and definitions, we can come to the obvious conclusion that the maintained function of any organ in the human body while the brain is dead does not mean at all that this human being is alive. On the contrary the reverse is true, the permanent damage of any organ even the heart in an individual with a normal or living brain does not necessarily mean the death of such an individual, if this organ could have been replaced by a transplant beforehand.

When to stop the resuscitation aids:

Based on the previous discussion, the preservation of some organs in an individual whose brain was completely damaged, is just a temporary condition. The enthusiasm to keep such a cadavar on respirator and other artificial aids for days and weeks without a useful aim is not understood. This is not only a great loss of money and effort, but also creates unnecessary psychological strain on the part of the relatives and friends. They are waiting for a "miracle" to happen and their relative to wake up. This miracle never happened during the many years that have passed since brain death was known as a clinical entity, and its criteria were put. Apart from the financial cost and psychological strain, these resuscitative

machines and aids may happen frequently to be required by other patients with hopeful conditions arriving to a busy hospital. A decision then has to be taken whether or not to switch off the machine. Before taking such a decision, another decision must have been taken, and an argument have been settled. If we come to the conclusion that such an individual's existence is already finished and no effort can ever bring him back, why not out of the pain of loosing a dear relative of ours, try to give others the happiness of a chance of new life, when they are doomed because of a damaged kidney or heart? If we are convinced by the idea, then we have to put the conditions and lay the foundation for such a major humanitarian issue. It is known that the organ donated for transplantation carries better chances of success if it is taken while the circulation is going on, as is the case of living kidney donation. On the otherhand this is the only way for transplanting unique organs as hearts and livers. If the idea of organ donation is not considered, then obviously the resuscitating machines are to be disconnected once the diagnosis of brain death is confirmed. On the otherhand if the cadaveric donation is considered, then the declaration of death is first given, while the resuscitating aids are left to the surgical team of organ transplantation to decide upon.

Reservations on organ transplantation:

It is natural for such a new major medical issue to face lots of reservations, at least at the beginning. This is more so as it entails in every case a critical and a fast decision concerning the death and life of two people. These reservations, in some countries were thoroughly discussed, different social and ethical arguments settled and finally the legal aspects were defined through acts of law. In other places as in our Islamic world the problems are not yet solved and hence the miraculous new offer of treatment and of saving life is postponed. A humanitarian push needs to be maintained, but in the meantime this has to be solved within the dignity and ethics pertained by religion to both the living and the dead human.

One of the main public reservations on the cadaveric organ donation is the difficulty to understand the decision of brain death, or the issuing of a death certificate for somebody whose heart is still beating. This fear is understood because of the longstanding belief, since ages, that the heart is the sacred organ of life. Even, until recently the medical science itself considered the arrest of heart as one essential sign of death. It was also the concept in some prisons that the understanding of the sentence of "hanging till death" is to keep the hanged in place until his pulse stops which usually

takes some minutes. This was inspite of the permanent damage of the brainstem the moment he is hanged. This was ofcourse before the new era of advanced medical technology and understanding that the prolongation of the period of persistence of the heart beating through the use of the respirator machines does not help those whose brain has died.

Even the diagnosis of death on the basis of brain death still needs to be timed and dated.

There are many legal as well as religious aspects that can be influenced by the timing of death. For instance, the inheritance problems in case a family is involved in an accident and more than one member of the family die in the ICU, the order of death can have a bearing on the way of inheritance. Likewise the decision for the widow status in Islamic religion has important bearing to the date of death of the husband.

The exposure to the risk of surgery as well as the risk of living with a missing organ makes a decision of organ donation a serious one. It is obvious that the organisation and the control of the whole set up of organ donation are the responsibility of the community. The decision on the acceptance of cadaveric organ donation is the most important responsibility our community has to face in this respect. This is because it is the key to the world of organ transplantation and the solution to many of its problems. Besides it will satisfy most of the needs of doubled organs as the kidneys, it is the only source for unique organs as hearts and livers. It will be also the answer to many of the risks and ethical problems of living donors as it will abolish or minimise the necessity for it.

If such an important step is taken and is already legalized, then there will be the necessity for an organisation to look after the follow up of the regulations, conditions, and other details of the process.

Among the other responsibilities of this organisation will be:

1. To supervise cases of living donors and to make sure that the decision was that of own free will. The familial relationship should be confirmed beyond doubt.

2. The supervision of living organ donation between non-relatives for money rewards. Although we all feel against involving the financial matter in such a humane issue as organ donation yet such a source should not be shut off completely. It should be kept at least while the demand exceeds too much the availability of organs, more so when the cadaveric donors are not available or not enough. The problems of

selling and buying organs has got different aspects. Each can be considered on separate bases. Buying for instance has got no much ethical blame except for encouraging selling. A man can never be blamed if he is trying to save his own life or the life of a member of his family, nor can we consider it a criminal act, "A crime of survival", knowing it is one of the human instincts. There are always expenses for the medical help, whether in the way of investigations, or treatment. It may be sometimes expensive. Selling on the other hand is the act which is really hated and the one which revives the ugly era of slavery. This is even worse if it becomes a trade and a wholesale business involving advertisements in newspapers as it has already started.

It was not very long ago when the issue of blood donation and blood banks was discussed in the same way. This in due time subsided to a certain discipline which is controlled by official health authorities. This must not be considered a call to open the door for selling, but I believe it should not be completely closed but can be put to the extreme minority of cases, its reasons to be discussed in every individual case by a certain committe who is to decide for it. Advertisements should be banned by law. As in the case of blood donation a certain money reward is put by the Committe to whom who asks for it. I would point here that the community as it is obliged to provide and facilitate health and medical services, it is obliged likewise to look upon the problems of organ donation with understanding and wisdom.

The Chairman: Prof. Dr. Hasan Hathout:

I thank Dr. Mokhtaar al-Mahdi for his valuable paper. And I introduce to you Dr. Mohammed Naeem Yaseen.

THE CONCEPT OF DEATH FROM AN ISLAMIC PRESPECTIVE

Professor Dr. Mohammed Naeem Yaseen
KUWAIT

There is no doubt in my mind that any attempt to determine the exact time of death of man, in a precise manner, must not be done without the expertise of the medical scientists. In order to reach a correct conclusion in this issue, we must combine both the theoretical knowledge of *Shari'a* scholars of the characteristics of human beings, from their work in the sources and rulings of *al-shari'a* with the scientific facts known by medical science as a result of its observation of the human body and how it functions.

In the eyes of Islam, man is an amalgam of body and soul, he does not acquire the quality of humanness merely by satisfying one of these requirements. Whereas the soul is a rational, spiritual, invisible animate being, the body is a physical, visible animate being, not capable of autonomous reasoning. The body does not possess a will apart from the soul, and it is created with the sole purpose of uniting with a soul predetermined by God Almighty. Such a unity is manifested in all forms of human activity[1].

Human character is achieved when the body and the soul are coupled, that is four months after the conception of the fetus in the womb and it ends in this world with their separation at death.

The view that the coupling of the body and soul occurs four months after the conception in the womb, is reported in the revelations of the Almighty Creator through the archangel *(al-Wahiyy)* in his appearance before the last of Allah's messengers (ﷺ). As for the moment when the soul departs from the body, that is when death occurs, there is no text from

1. *al-Rawh*, by Ibn Qayyim, Dar al-Kuttub al-'ilmiyya, Beirut, 1982, p. 242.

the Koran or the *Sunna* (the prophet's tradition) that determines it. However, through the study of *shari'a* texts, Muslim scholars have been able to reach a specific view of the functions that the soul performs and its relationship with the body.

On the other hand, medical scientists have been able to discover from research how the human body performs its functions.

I believe that if we study the findings of both parties in this area, namely Muslim scholars and medical scientists, then we could probably define the notion of death and the moment of its occurrence.

This paper will be divided into three sections and their conclusion:

Part one: *Shari'a* scholar's concept of the soul and its relationship with the human body.

Part two: The view of contemporary medicine of the functions of the human body.

Part three: How to combine the knowledge of *Shari'a* scholars and the facts of medical science.

Conclusion: deals with:

(1) The validity of our conclusion.
(2) The validity of the conclusion as a basis of rulings.
(3) Its impact on the ruling on the halting of life-support machines.

SECTION ONE: *SHAR'I* SCHOLARS CONCEPT OF THE SOUL

Through the study of many of the texts of *al-Shar'*, Muslim scholars have formed a specific concept of the soul which the Almighty Creator breathes into the human body. The main features of this concept are as follows:

a. The soul is one of the creations of the Creator. It is formed in the body of whoever is designated by the Almighty to be created as a human being. Ibn Qayyim al-Jouziyya refers to this in the following: "God Almighty sends the angel to the body, where the angel breathes life into that body, thus giving it a soul. This breath is at once the raison d'être of the soul and its cause, just as ejaculation is the cause of the formation of the body and food is the cause of its physical growth. The material from which the soul is created is the breath of the angel, whereas the material from which the body is made is the water which is deposited in

the womb. Whereas the former is heavenly matter, the latter is earthly matter...the archangel is the father of the soul, whereas earth is the father of the body"[2].

b. One of the most important functions of the soul is self-awareness and knowledge. It is thus defined by scholars: al-Jurjani defines the soul as the gentle, knowing, aware part of man that is coupled with an animal entity by the command of the All-Knowing Creator, which our minds are incapable of perceiving. This soul can be abstract and it can also be coupled with the body[3]. Abu al-Hamid al-Ghazali defines the soul in a similar manner, he says: "The soul is the source of meaning for man, which makes him capable of perceiving knowledge, pain, melancholy and pleasure"[4].

On the bases of this conception of the function of the soul, it is the part that perceives all forms of meaning, it perceives the sciences and the results of their analyses, it also learns to deduce the part from the whole. It is that part that perceives different meanings whether pain or pleasure, happiness or sadness, contentment or anger, satisfaction or despair, hate or love, and knowledge or denial... Some scholars believe that some of the things perceived by the soul occur partly through the organs of the body, whereas others say that they do not depend on the organs of the body, feeling pain or pleasure, does not depend on the body rather that it is a function performed wholly by the soul[5].

c. Scholars believe that the soul affects the body, mainly in free action and movement, and that any activity performed voluntarily by man is a result of the action of the soul. Everything that man has ever achieved in this world is the result of the soul and its influence on the body to which it is joined; the body is merely a tool in the service of the soul[6].

It is implied that Muslim scholars believe that forced or compulsory actions or reflexes in which there is no free will are not produced by the soul. Since autonomous acts cannot be produced by inanimate objects, and since this is a forced act, then there is no other alternative than to admit that there is some sort of life behind every forced or compulsory

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2. *al-Rawh*, p. 199.
3. *al-Ta riifaat*, al-Sayyed al-Shaarif al-Jourjani, Matbi'it Mostafa al-Baabi al-Halabi, 1938, p. 99.
4. *'Ihyaa uluum al-Diin*, Abu al-hamid al-Ghazali, Dar al-Ma rifa, Beirut, part IV, p. 494-495.
5. *'Ihyaa' 'uluum al- Diin*, part IV, p. 494; *al-Rawh*, pp. 286, 287.
6. *al-Rawh*, p. 242; p. 287. *Sharh al-'aqidda al-Tahawiyyit*, Manshuraat al-Maktib al-Islammi, Damascus, third edition, p. 381.

act made by the human body autonomously, that is without forcing it to act through an external stimulant. Perhaps this is the kind of life created by God Almighty in the human body before the soul is breathed into it, a life designed to serve the soul after it is breathed into the body, and it may well remain in some organs of the body, after the soul departs from the body. This is the life that medical scientists have called 'cell life' and that which some Islamic scholars have likened to vegetable life, as previously mentioned. Therefore, all that has been previously mentioned concerning the scholars concept of the functions of the soul, entails compulsory acts stemming from this form of life and does not imply the presence of a human soul in the body.

d. Although Muslim scholars have not determined the exact moment at which the soul departs from the body, yet those among them who have studied this issue, have pointed clearly to a rule, that we will examine here to find out how effective it is in determining the time when the soul departs from the body. We will study this rule in conjunction with modern medical discoveries on the subject. The rule which they all stressed is that the linking of the body and the soul is conditional on the ability of the body to serve the soul, execute its commands and accept its decisions. Also that God Almighty has pre-ordained that the soul should leave its temporary abode, that is the human body, when it is no longer capable of performing these functions:

Ibn Qayyim al-Jouziyya defines the soul as, "an entity that is different in its essence from the physical body, it is a higher, heavenly, light, animate, mobile type of being that flows into the essence of the organs, just as water flows through a flower, or oil in an olive, or fire in coal. As long as the human organs are capable of performing the commands of this gentle entity, then this gentle entity will continue to be coupled with the body, hence continuing to enjoy the abilities of the senses and perform volutary acts. If, however, the body organs become corrupt and are incapable of performing the commands of the soul, the soul departs from the body and moves to the world of the soul". Then he comments on this statement by saying: "This is the correct view of the issue, and any other viewpoints are false, as there is evidence for this view in the Koran, the prophetic tradition, the unanimous agreement of *al-Sahaba* (the prophet's companions), the proof of reason and *al-Fittra* (natural state). In defining the soul and its relationship with the human body, he provides us with a 116 proofs, derived from the Koran, the *Sunna,* and reason and replies to twenty two controversial points raised by his opponents in the argumentation[7]. Among those who adopted Ibn

7. *al-Rawh,* pp. 242-290.

Qayyim's point of view of the soul were the interpreter *Sharih al-aqidda al-Tahawiyya*[8] and Sheikh Mahmoud al-Subki[9].

Ibn Qayyim's school of thought is very similar to that of Abu al-Hamid al-Ghazali in the interpretation of death and the role of the soul in this process. al-Ghazali said, "the meaning of the departure of the soul from the body is that it no longer acts upon the body, since the body is no longer under its command. The organs are merely tools to be used by the soul, so that it strikes with the hand, hears with the ears, sees with the eyes, and understands things around by itself....the breakdown of the body occurring at death is similar to the failure of one of the body organs because of a corrupting factor preventing the soul from flowing through it. In such a case, the reasoning, knowledgeable and perceiving soul will continue to control some organs, while others will no longer respond to its command. Death means that all body organs no longer respond to the soul nor will they continue to function as tools in the service of the soul...death also means that the soul no longer has access to the body, and that the body will no longer be an instrument of the soul; a chronic disease in the hand means that the hand will no longer be a useful tool, and death is an absolute chronic disease of all the body organs..."[10].

The conclusion we reach from the study of the work of these scholars is that human life comes to an end in this world when the body is no longer capable of serving the soul and responding to it. This means that if science can, definitively, determine the moment when the body is no longer capable of exercising free will, then it has reached an answer to the question : when does human life end?

This is the understanding of a group of scholars of the signs of the departure of the soul from the human body. The starting point for their studies was not the need to propose legal rulings on human acts relevant to the end of their lives. The starting point was the need to understand the true status of man through the information obtained from *shar'i* texts and reasoning. What then is the position of those legal scholars who have devoted their effort to determine practical *shar'i* rulings in such issues? Did they not face real situations and needs which forced them to reveal their conclusions on this issue in a clear and definitive manner?

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8. *Sharh al-aqidda al-Tahawiyya*, p. 381.
9. *al-Diin al-Khaalis*, Mahmoud Khattaab al-Subki, Matbi it al-Istiqaama, Cairo, first edition, 1368 Hij, part VII, p. 186.
10. *'Ihyaa' 'uluum al-Diin*, part IV, p. 494.

In fact, discovering the views of legal scholars on this issue is extremely difficult. It seems that most of the actual cases dealt with did not force them to determine the end of human life in an accurate and precise manner. They found it sufficient to get a clear and definitive picture of the end of life and the passage of a period of time in the case of death, which accords with the layman's concept of death, on which they based their rulings; whether those that dealt with the body of the deceased such as his pre-burial ablution, shrouding, pre-burial prayers, burial, etc. or those dealing with his pre-death rights, such as the execution of his will and testament, the division of his estate, or those duties imposed on the wife of the deceased such as *al-'idda*. The significance of the exact timing of death, and whether it varies by a matter of hours is not really vital for the determination of their rulings.

In spite of the fact, that this is true of most of the cases relating to the end of human life, the legal scholars have dealt with cases in which they were forced to determine the precise time of the occurrence of death, to the best of their knowledge, and to base their rulings in such cases on their determination of the time of death. They were forced to do this in order to achieve justice, so as to avoid condemning the innocent, or freeing the guilty. Such a case is that of participating in a murder, as when a criminal assaults a person and leaves him in a critical condition, then another criminal comes along and finishes off the victim. Who then is the murderer in this case? And which one deserves *al-Qisaas* (retribution)?

To answer this question, and to determine who is the murderer in such a case legal scholars unanimously agree to determine the status of the victim after the first assault and before the second one. If the victim had terminally lost all senses such as vision, speech, etc. as well as voluntary motion, the perpetrator of the primary assault is taken to be the murderer and hence subject to retribution. The second perpetrator, whoever he is, is punished but is not subject to retribution. However, if the primary assault does not put the victim in a state in which he loses all his senses or the ability to act freely, then the second perpetrator is the one subject to retribution. In order to clarify this matter further, we will quote some legal texts:

Badr al-Diin al-Zarkashi says that "an established life is one in which the soul is in the body as well as having the ability to act voluntarily; if a man was attacked and the perpetrator or the wild animal responsible dis-embowelled him, then a second perpetrator kills him, the first perpetrators are not then subject to retribution... if a man is stabbed and is said to be expected to die in an hour or a day, in the meantime a second individual kills

him, then retribution is obligatory on the second perpetrator. Particularly, if while expecting death the victim has an established life and voluntary motion, hence we must execute the testament of Omar Ibn al-Khattab (رضي الله عنه), and consider the victim a living rational person. In contrast with the first victim who was disembowelled, whose breathing is gone, and whose movement has become nonvoluntary[11].

al-Ramli said: "If the victim is left only with the movement of the slaughtered (that is as good as dead and the injury is technically described as fatal injury), that is he is left without vision, speech, or voluntary motion, that established free will to act which signifies ability to perceive, and it is determined that he will die in a day or a few days, then he is attacked again while waiting to die from the prior cause by someone else, the first perpetrator is judged to be the murderer, because he is responsible for leading his victim to the threshold of death by dealing the fatal injury, and is thus subject to retribution. Whereas the second perpetrator is only punished for desecrating the sanctity of the dead..." al-Shabramalsi said that the reason that the second perpetrator is not obligated to the paying of blood money *(diyya)* is that it makes no difference whether the first perpetrator's act is deliberate, or merely manslaughter, and whether it is certain or uncertain to lead to the death of the victim, just as if a lion caused the victim's condition, then a second person comes and kills him. Victims who it is believed will not die as a result of their injuries are categorized as having a stable life." al-Ramli also says "Two well-reputed experts should be consulted in cases where the victim is not expected to recover from his injuries..."[12]

Legal scholars considered the absence of the senses and voluntary motion as signs indicating the probability that the victim is dying, and that autonomous reflex movements by the victim, by themselves, do not indicate that the soul will continue to remain in the body, particularly when such movement is not combined with the presence of any of the senses or volutary motion. If the victim was not in this condition they subject the second perpetrator to retribution, since his fatal assault was carried out

11. *al-Manthuur fi al-Qawwai'id,* Badr al-Diin al-Zarkashi, published by Wizarit al-'Awqaaf, Kuwait, first edition, 1982, part V, p. 105.
12. See these quotations in *Nihayit al-Muhtaaj* and al-Shabrmalsi's notes on it, part VII, pp. 15,16. See also similar comments in *al-Muhathab,* by Abu Ishaaq al-Shirazi, Matbai'it 'Issa al-Halabi, Egypt, part II, pp. 174, 175. And *al-Insaaf fi Ma'rifit al-Raajih minna al-Khilaaf,* 'alaa' al-Diin Abu al-Hassan 'Ali Bin Soliman al-Mirdaawi, edited by Mohammed Hamid al-Fiqi, first edition, 1377 Hij., part IX, pp. 451, 452. See *al-Jariimma* by al-Sheikh Mohammed Abu Zahra, printed by Daar al-Fikr al-'arabi, p. 404. See also *al-Bahr al-Raa'iq Sharh Kinz al-Daqaa'iq* by Ibn al-Najiim, Beirut, Dar al-Mi rifit, second edition, part VIII, p. 335. And *al-'Umm* by al-Shaafi'i, photoset copy from the Bulaaq edition, 1321 Hij., part VI, pp. 20, 21.

against a body in which there was still a soul. It is highly probable that in this issue they were influenced by the pronouncements of the first group of scholars such as Ibn Qayyim and al-Ghazali who stated that the soul departs from the body as soon as the body becomes incapable of responding to any form of sensation or performing any free acts. However, in the interest of being totally objective in reviewing the views of the legal scholars on this question, we must deal with an issue inferred from statements concerning participation in a murder, in consecutive stages. The issue is that if a victim has reached a state of debilitation due to disease, and not because of a crime or an attack by a predator, and a criminal finishes him off in the final pre-death stage, the majority of scholars would make it obligatory to subject such a criminal to retribution. al-Zarkashi goes so far as to state that "if the patient has reached the final stage before death, he is not pronounced dead, so that his murderer is subjected to retribution..."[13].

al-Zarkashi distinguishes between the case of the occurrence of a crime after another and the present case where there is no other cause for death, in contrast with the first case[14].

It seems that the difference between these two cases, mentioned by al-Zarkashi, is not instrumental in the difference between the two rulings. al-Zarkashi and other Shaafe'i scholars have explicitly stated, as previously mentioned, that the perpetrator of the first assault, even if a predator, had disembowelled the victim, which was considered a fatal injury, then the killing is never attributed to any subsequent perpetrator, whoever he may be. Attributing the first assault to a predator or any other act of God, such as the collapse of his house or any other cause, does not affect the outcome, if it reduces the victim to the same condition.

However, the main criteria for distinguishing between these two cases is the degree of certainty as to whether the victim has reached the stage of 'collapse' which is irreversible. The signs of death, in the time of those scholars, were not sufficient to make it certain, that the patient has moved to the stage of 'slaughtered life', as they called it. For there are many cases in which a person is said to be in the throes of death but successfully recovered and continued to live, by God's will.

If this is the real difference between the two previous cases, then it does not affect our understanding of the position of these scholars

13. *al-Manthuur fi al-Qawwa'id,* part II, p. 106.
14. *Ibid.*

concerning the determination of the time of death in the case of consecutive participation in a murder. In fact, it supports and strengthens our position.

The *Shari'a* scholars concept of the soul and its relation with the body:

In concluding the discussion of the views of Muslim scholars concerning the soul and its relation with the human body, we can say that:

— In their view, man is body and soul, and he does not acquire the quality of being human through one without the other.
— The body is the abode of the soul in this pre-determined worldly life.
— That knowledge, perception, sensations, and choice are the most important functions of the soul.
— That the function of the body with all its organs is to serve the soul and respond to its instructions, and that the body has no other function during the life of man.
— That the soul performs many of its functions through the body, and also performs others without the help of the body.
— That the human body does not perform any volutary motion in this world without the control of the soul, and that everything it does is done by the order of the soul which was placed in it as pre-ordained by God.
— Death means that the soul departs from the body, and this occurs when the body is no longer capable of responding to the commands of the soul.
— The presence of any form of sensation, perception and voluntary motion indicates the presence of the soul in the body, and the complete absence of these signs indicates that the soul has departed from the body.
— That the mere presence of reflex movements only indicates a residue of animal life without the presence of the soul.

PART TWO: THE CONTRIBUTION OF MODERN MEDICINE TO AN UNDERSTANDING OF HUMAN BODY FUNCTIONS

We have discussed previously the role of Muslim scholars, and their inferrential theological rulings *(idjtihaad)* concerning the meaning of life and death. Medical scientists, on the other hand, are mainly interested in the human body, in order to preserve the human body and ensure that it can perform its functions, in which field they have made significant contributions.

They have discovered much that was, for long periods, unknown about human body. They identified its organs and systems; as well as the

relationships and interaction of these systems, and the function and importance of each organ.

Perhaps their most important contribution is that they have been able to determine how the human body performs many of its functions, such as sensation, perception, movement and many others. They have been able to describe in fine details the internal processes of these functions, including how we see, or hear, or even feel pain.

Their most important discovery concerns the organ that controls all the other organs in the body, whose soundness is a necessary pre-condition for the correct function of any other organ, namely the brain. Medical scientists have stated that the brain is the source of all voluntary movement performed by other organs in the body and that it is the foundation of all actions. Any partial malfunction in the brain is revealed in other parts of the body. Moreover, the total failure of the brain inevitably leads to the total inability of the body to perform its voluntary functions.

They have also stated that with the help of modern equipment they can diagnose the condition of the brain, and determine its ability to perform its functions. They can also determine the types of malfunction in the brain, whether chronic or temporary, whether reversible or irreversible. Therefore, they can also determine the condition of the human body and its ability to perform voluntary movements.

One of the most significant contributions of medical scientists is their ability to preserve cellular life in the organs of the human body, separately from the human body, detached from the brain and the soul, and the ability to transplant such organs from one body to another.

PART THREE: COMBINING THE KNOWLEDGE OF ISLAMIC LAW *(SHARI'A)* WITH THE MEDICAL FACTS

Considering the conclusions of Muslim scholars and the discoveries of medical scientists, it is highly probable that there are no contradictions between them. In fact they complement each other's role in attempting to answer the main question, namely, when does man's life end?

It is possible that a careless researcher, who judges matters by their appearances, instead of looking further, could fall into the trap of the apparent contradiction between the two parties' concepts of the end of human life.

He may believe that scholars of Islamic law *(shari'a)* have attributed to the soul what medical scientists attribute to the brain and its functions. That

these scholars have described a physical organ, that can be dissected and observed by medical scientists, as equivelant to the soul. At the same time they stressed that the soul cannot be a concrete object and that they made this error because they made their observations at a time when medical science was not as advanced as it is now.

I believe that this is a superficial view of the issue based on the tyranny of the materialistic interpretation, which is overgeneralized to include all phenomena, whether concrete or abstract.

This is due to the fact that scientists only investigate the concrete, and they only recognize the results of materialistic research. So, if they wanted to investigate any activity of man, they examine what happens to the organs of the body when such an activity is carried out. They would observe the different developments, acts and reflexes performed by the different organs of the body, until they reach the end of the chain of cause and effect, and usually attribute the act to the final organ observed. Hence, when they discovered that the brain is the final organ which controls all acts performed by man, they attributed to it all forms of behavior, whether physical or non-physical. As a matter of fact, they may be right in interpreting all the physical steps occurring inside the body when man undertakes to perform a certain act. This is their field and they are specialized in it.

What we cannot accept, however, is their attribution of human behavior in its final form to the physical organ in which they observed the cause of physical reactions before the commencement of this behavior. All forms of voluntary behavior stemming from man include a moral and non-physical component, namely that of the will. All the rules of life and the universe indicate clearly that matter cannot produce meaning, and that matter can only produce matter. Hence, there must be a non-physical creature in the body that God has created as a rational entity, and which benefits from all the physical acts performed by the body on its command. All such acts are finally lodged in the brain, so this creature undertakes this human behavior in its final form.

It is difficult to believe that mere acts emerging from different organs, based ultimately on the main organ, the brain, would lead in the end to a sensation of pain, pleasure, happiness, security and other perceived sensations.

Granted that the brain and the other organs of the body differ from other concrete machines and appliances in that the former are made of living cells that grow, develop, and die. However, such cellular life is not rational, and this is really the life of a fetus before a soul is breathed into it, it

is also the life of a heart that has been detached from the body, and is being preserved under special conditions for the purpose of transplantation.

A simple rational argument would indicate the error of the final result claimed by physical scientists in attributing all hman voluntary behavior to the brain, and then stopping there. This argumentation would go as follows:

If the brain is responsible for every voluntary movement in the organs of the body, is the work of the brain itself, then, voluntary? That is to say, when the brain transmits instructions to the organs, and when it receives feedback concerning the execution of its commands (i.e. when it analyses the feedback and issues the final results); are all these varied activities performed by the brain voluntarily or autonomously?

There is no way in which we can call these brain activities autonomous and non-voluntary; such a claim would contradict our sensations and it would finally lead to the result that all acts undertaken by man are obligatory and not voluntary, similar to any act stemming from the cells of a living plant, or the living cells of a kidney that has been detached from the body of its owner.

If such activity is voluntary, then there is no way we can attribute it to concrete brain cells, because of what we have already stated concerning the impossibility of producing meaning from matter without the interference of another source to produce this meaning, a source that has a specific and different nature from physical concrete entities.

If this is so, then there is no way but to accept the existence of an animate, rational, imperceptible and nonphysical creature behind every voluntary action stemming from the brain.

On the basis of the views of our Muslim scholars, derived from many texts, and the scientific explanations by medical scientists of the different activities of the body, it is highly probable that the living human body, with the brain and all the other organs is a complex of bio-mechanical components combined in a miraculous manner, which God Almighty has ordained for the service of a rational creature that God has breathed into this living body, this creature is the soul in accordance with the terminology of the Koran and the prophetic tradition. The soul controls the living body in this life through the brain, which responds to its orders by making the organs act. The brain transmits the commands of the soul to the other organs of the body, and receives form them the feedback that the soul requires. The soul, so to speak, reads the feedback collected by the brain, and then issues its judgements and commands in the form of human acts. If

the brain partially malfunctions then it will be partially incapable of responding to the commands of the soul, some organs will also fail as a result, and the soul will also be partially incapable of performing certain acts. If the brain is completely damaged as a result of an accident or disease, which medical scientists are fully informed about, then it will be incapable of responding to the will of the soul, and all other organs will also be totally incapacitated by its failure. If such a failure is terminal and irreversible, the soul will depart from the body, by its Creator's will, and it is harvested by the angel of death, where it starts a new journey which we know nothing about except what we were told by our prophet (ﷺ), and this is not the subject of our discussion.

If the medical scientists could positively determine the time when the brain fails totally to undertake any activity because of the termination of its cellular life, and when this is irreversible, there would be no justification to deny that death has taken place.

This is the conclusion we can reach from examining the interaction between the Islamic legal scholars and medical scientists. Their arguments can be summed up in the table on the following page.

CONCLUSION:

1. The validity of the result:

We cannot claim that this result concerning the determination of the end of human life is positive, is final and full-proof. It is, however, the most likely result, since some parts of its premises are positive while others are merely guesswork, since determining the total and irreversible failure of the brain with the techniques of medical science, is still uncertain. The brain is one of the organs of the body, and though it may be the primary organ of the human body, it is not the soul. Moreover, we have no *shari'a* or scientific evidence that the soul resides in it and not in any other organ. The failure of the brain is usually due to specific diseases, and any discovered or undiscovered disease, whether treatable or not, can be cured, as the prophet Mohammed (ﷺ) told us,

"God has not brought down a disease without providing a cure for it"[15].

15. Reported by al-Bukhaari in the part on medicine in *al-Sahiih*.

Jurists	Medical Scientists	Results
1. The soul perceives everything.	Senses and perceptions occur in the brain.	The soul perceives everything through the brain.
2. The soul controls all voluntary motion of the body.	The brain controls all the other organs in the body in their voluntary movement.	The soul commands all the other organs in the body through the brain.
3. The signs of the link between the soul and the body are the senses and voluntary movement.	The signs that the brain is sound are the senses and voluntary movement.	The sign of the continuation of the linking of the soul and the body is the soundness of the brain.
4. The signs that the soul has departed from the body are the irreversible absence of the senses and voluntary movement.	The signs of the death of the brain are the irreversible absence of the senses and voluntary movement.	The sign of the departure of the soul from the body is the irreversible and terminal death of the brain.
5. Reflexes and autonomous movement do not indicate that the soul is still in the body.	Reflexes and autonomous movement do not indicate, whether, partially or totally, the soundness of the brain.	Reflexes and autonomous movement do not indicate the soundness of the brain, either partially or totally.
6. The soul is linked with the body in this world four months after the formation of the foetus.	The possibility of detaching many of the organs of the body while preserving their cellular life.	Cellular life is different from the life of the soul, and it is quite possible to link and separate both kinds of life.

The day will come when medical science would make incredible progress and may discover that the signs used by physicians today to determine the terminal death of the brain are not definitive, and that the brain can still be treated despite these symptoms. Or the day may come when scientists may be capable of transplanting a living brain to a person suffering from total brain damage. In such a case we are not applying something that one of the present physicians mentioned which was that brain transplants are inadmissible from the point of view of Islamic law, since the person from which the brain is taken is probably still alive, and the transplant of his brain will kill him. We can envisage that the donor of the brain is someone who has been sentenced to death by decapitation, as happens in some countries. If medical science has succeeded, as some physicians here have mentioned, in freezing the brain for a few hours, thus preserving its ability to be renewed, then, the possibility of a brain transplant is something that is probable from a rational and legal point of view. If this happens, then that means the possibility exists of maintaining the soul in the body by giving it a new brain[16].

2. Can we base our practical rulings on this result?

There is no dispute among the Muslim legal scholars in basing practical rulings on highly probable *(ghulbat al-dhanni)* conclusions, so long as they are derived from signs and evidences, as this has been pointed out by scholars of fundamental rules *(al-Usuul)*[17].

Therefore, we can base the practical rulings that we may need on the result we reached in determining the end of human life. They can be used to determine the killer in a case where several criminals in succession participate in a murder and also in determining rulings for the transplant of human organs.

However, every time this result is taken as a basis for determining a practical ruling, all the necessary conditions must be provided to prevent its abuse or exploitation. The decision to end a human life on the terminal

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16. If brain transplants ever happen there will be no fear from the transfer of consciousness and responsibilities from one person to another; since the brain as we have inferred is not the soul, though it may be one of the main organs in the body, just like the heart, yet it is still more important.
17. See *Kitaab al-Mankhuul min ta'liqaat al-'Usuul* by Abi Hamed al-Ghazali, Damascus, Daar al-Fikr, 1980, p. 327 and after.

death of the brain, must be made by a competent and reputable committee of physicians; it must be taken unanimously and the donor must have given his approval for such a donation during his life, and not have changed his mind before death. Moreover, there must be no other alternative to the donation offered by science and is of equivalent benefit.

Someone might say: How can you base critical rulings, such as the ruling on heart transplants, on a highly probable conclusion, when an error means the wasting of an existing life?

The answer to this objection is that a vast part of the facts of life today can only be known as highly probable, and not as positively affirmative or negative. Restricting ourselves in inference to that which is definitively positive *(al-Yaqiin)*, will obstruct many critical rulings for very serious matters. Many of the rulings of Islamic law *(al-Shari'a)* are based on the grounds of high probability and some of these rulings are very critical as they may lead to the killing of innocent persons. These include directing the judge in cases involving transgressions against specific cannons *(al-huduud)* and those involving retribution *(al-Qisaas)* on the basis of Islamic legal methods of proof. The judge must sentence the adulterer to be stoned to death if four fair men testify to his guilt. He must also sentence the killer to retribution on the testimony of two fair men. There are also many other examples of such rulings. The possibility that the witnesses are lying, however fair they may be, is possible. The probability that the judge might make an error in the judgement of such cases is undeniable, and such an error might lead to wasting the lives of innocent individuals. No one has prohibited the issuing of such sentences when they are not definitively positive, in fact everyone is unanimously in agreement that they should be issued in cases where they are highly probable by following the methods of proof set up in Islamic law.

There are actual cases, however, where a highly probable imminent death is more nearly certain, so in such cases it is best to make full use of the body organs, such as the heart, because it can be used by transplanting it to someone who can not survive without it. As when a person is fatally injured in an accident that separates his head from his body and destroys his brain irreparably. If physicians reach him in time to detach his heart which can be used in a heart transplant, is it not excessively restrictive to prohibit making use of the heart? Likewise, if someone is sentenced to death either by hanging or by the sword, what is the harm if the execution leads to saving someone else from death within the bounds of the afore mentioned conditions and restrictions? What Islamic legal rule precludes this possibility?

3. The impact of this conclusion on the ruling on halting life-support machines:

If what is intended by artificial life support is the use of artificial means to replace certain body organs that are not performing their function, or to assist certain organs, in order to enable the patient to get through a critical phase of an illness, then this type of activity is in fact some kind of therapy. Therapy is generally speaking legitimate from an Islamic point of view, and providing therapy is an obligation *(Wadjiban)* on the specialist if it is necessary to save the patient from death or a handicap or the progress of the disease. If the therapy is not useful to the patient then it need not be provided, and if it is more harmful than useful then it becomes an obligation on the specialist to halt it.

There is no doubt that the usefulness of therapy is conditional on the presence of life in the body, or at least the probability of life. If there is no probability of life in the body then we could definitively determine the futility of therapy.

The conclusion we have reached concerning our concept of death provides for the admissibility of halting life support machines in the case of a person whose brain is definitively dead; provided that medical scientists have reached a definitive determination of brain death, if there is a probability that the brain is not dead then it is not admissible to halt life support machines.

Some scholars believe that this ruling is not related to what we have already mentioned concerning the concept of death, and that the halting of life-support machines is admissible, and that its admissibility should not be based on considering a person dead with the death of his brain. As the use of these machines is considered by the proponents of this view to be some form of therapy, and therapy for the majority of Islamic jurists is not an obligation, though it is considered *(Manduuban)*[18] i.e. that for which a Muslim is rewarded when he does it and for which he is not punished if he neglects doing it.

But we believe that if we do not pronouce the brain to be dead then of necessity we cannot admit the halting of life-support machines, because if we do not pronounce the brain dead person to be definitively dead, and link

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18. See the paper entitled "Making use of the organs of another human being, dead or alive", by Dr. Mohammed Said al-Buuti, which was presented to the Academy of Islamic Jurisprudence in 1987, p. 14.

this pronouncement to the failure of the heart, as well as permitting the halting of life support machines, which physicians emphatically point out will lead to the failure of the heart, then this means that we are allowing the physicians to take a decision that will entail the failure of the heart, and probably the departure of the soul from the body, and such an act is not admissible. As for what has been mentioned that therapy is not obligatory according to the majority of jurists, in the interest of accuracy, we have to distinguish between the two senses of what has been said. The first refers to the patient taking his therapy, and the second refers to the physician in providing the patient with therapy. The first sense is the one which jurists were referring to in their previously cited ruling, and not the second. Since, generally speaking, providing assistance to the needy, whether it is medicine or therapy to whoever needs them, is an Islamic legal obligation.

THE RULINGS FOR THE DONATION OF HUMAN ORGANS IN THE LIGHT OF *SHAR'I* RULES AND MEDICAL FACTS

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INTRODUCTION

The donation of human body organs, in its contemporary state, is a new issue, which the ancient Islamic jurisprudence scholars could not have dealt with or determined its *shar'i* rulings. The reason is that this issue is the result of recent advances achieved in the discipline of organ transplantation. Contemporary physicians have taken giant strides in the area of transplanting the organs of the dead in the living. Such organs are transplanted in the bodies of people who lost their original organs because of damage due to disease or any other cause, so that the transplanted organs perform the functions that the impaired original organs used to perform. This practice covers all the organs of the body, whether those that are essential for the continuation of life, or those that perform vital bodily functions.

It is certainly true that Muslim jurisprudence scholars have dealt with several types of hypothetical acts vis-a-vis the human body and its organs in any age, and have tried through a deductive process to determine *shar'i* rulings on such acts by applying the general rules of *shari'a*. Yet, their work on this issue differs in many essential respects from the issue under consideration in this paper. It differs in terms of the type of these acts, the methods in which such acts are implemented, and its short and long term effects.

Therefore, any serious research on this issue cannot take the rulings of the ancient Muslim jurisprudence scholars in this area as a basis for analogy *(al-qiyyass)* for determining *shar'i* rulings, as there are very few similarities between the two issues. These few similarities do not permit us

to ignore many new factors, which are the result of scientific advancement and contemporary medical innovations.

If our predecessors, Islamic jurisprudence scholars, were to review this issue once again, they would have to come up with the new *idjtihad* or new rulings, in which they take into account all these new factors. They would have to keep all these new factors under their consideration, in applying the rules of *shari'a* to new innovations in their age.

These scholars, Allah have mercy upon them, viewed innovations with insightful eyes and delved deep into the issues under consideration, to enable them to take into account all the new factors and weigh them from a *shari'a* prespective. These scholars did not find it sufficient to take into account the superficial aspects of these issues. They were not tempted by ap ent similarities with preceding events to be able to issue new rulings, simply because there are apparent similarities with precedents. Likewise, they were not fooled by the presence of apparent or trivial similarities between precedents and new events to rule them outhand as being different, until they were absolutely positive that such difference was significant enough to warrant taking them into account.

This is the correct methodology that Muslim scholars performing *idjtihad* should follow in every age, and this is the methodology that should be followed in reaching new rulings for new issues, such as the serious issue presently under consideration, namely the donation of human body organs. Any error in determining the ruling for such an issue could preclude good from reaching the Moslem nation.

In this paper, I pray God to help us to follow this methodology. First, we will review the legacy of jurisprudence rulings and texts bequethed to us Muslim scholars and particularly those dealing with any acts vis-a-vis the body organs of the living and the dead. Then, we will analyse this jurisprudence legacy, determining the new factors which should be taken into consideration; those factors which make it necessary for us to re-evaluate the issue in the light of the rules of *Shari'a*.

Since the act of donation necessitates the transfer of one man's right to another person without any return, and since the donation of a human organ necessitates the withdrawal of the donor's rights and an approval for transplanting it in the recipient, then it becomes imperative to deal with this issue from the perspective of dealing with the different types of rights in Islamic *shari'a*. It becomes necessary to deal also with the rules governing acts with respect to these rights, whether it is the transfer or surrender of

any such rights, and the different types of rights pertaining to the human body from the perspective of Shari'a.

If we reach this level of *Shari'a* knowledge, we would be in a position that would allow us to deduce the overall rule governing the donation of human body organs, through an application of the rules for acts, such as the transfer or surrender of all rights pertaining to the human body, as well as understanding the pre-requisite conditions for the implementation of this general rule.

Since the question of the donation of body organs is a complicated and a multiple issue related to the number of organs, the differences between them, their relative importance, and the differences in the impact of transplanting each of them; we will therefore implement a comprehensive ruling, for the donation of the most important parts. Such a ruling would enable transplantation specialists to proceed with their work.

In order to ensure the conclusions that we may reach at the end of the present study, we will review and answer the objections that may arise vis-a-vis this conclusion.

This paper will be made up of seven sections:

Section one: The donation of organs in the light of the ancient jurisprudence legacy and texts.

Section two: Types of rights pertaining to the human body.

Section three: The possibilities of the surrender and the transfer of the right of Allah and the right of man.

Section four: The overall ruling for the donation of human organs in the light of the rights pertaining to the human body and the possibilities of transferring and surrendering such rights.

Section five: The application of this ruling to the most important human organs.

Section six: Objections and replies.

Section seven: Rulings for the sale of human organs and the receiving of any compensation for the donation of any such organs.

SECTION ONE: THE DONATION OF HUMAN ORGANS IN THE LIGHT OF THE ANCIENT JURISPRUDENCE LEGACY AND TEXTS:

The researcher hardly finds in the jurisprudence legacy any texts which deal directly with the donation of human organs for the purpose of transplantation. There are, however, some texts including rulings governing types of actions vis-a-vis the human body. These occur in the section on the sale of human organs in which the conditions for any such transaction are set forth, in the section on therapy and medication, in the section on necessity and what is permissible *(dja'iz)* or not permissible for those in a state of compulsion. These also occur in specific jurisprudence rules, particularly the ruling for choosing the lesser of two harmful actions, and also elsewhere.

Jurisprudence scholars are very conservative in relation to permitting any acts pertaining to the human body either in life or death. The basic rule in their discussion is that the utilization of parts of the human body is forbidden *(haraam)*, whether such transactions occur through sale or otherwise.

al-Mirghani says "It is not permitted to sell a human being's hair or utilize it in any way, because humans are highly dignified, therefore no part therefrom should be undignified or demeaned..." (1).

al-Kassani says, "Human bones and hair should not be permitted to be sold, not because of their uncleanliness *(nadjassat)*, as such parts are determined to be clean in the prophetic tradition, but out of respect for human organs; the demeaning of such human organs through their sale is a form of humiliation" (2). Elsewhere he says in support of forbidding the sale of maternal milk; "it is forbidden to sell a mother's milk, as it is part of the human body, and as such it is worthy of the highest respect and dignity, and it is not dignified or respectable to demean the human body by making it an object of selling and buying" (3).

It is noted in the "Indian *fatawa*" that "it is not permissible to utilize parts of the human body because of human dignity(4).

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(1) *al-Hidayiti*, part III, p. 34 and likewise in *Hashiyyiti Ibn 'abdeen*, part III, p. 115.
(2) *al-Badaa'i*, part V, p. 142.
(3) *Al-Badaa'i*, part V, p. 145.
(4) *Al-Fatawwi al-Hindiyya*, part V, p. 354.

Ibn Quddama in *al-Mughni* stipulates the forbidding of the sale of human body organs that have been cut or amputated, because such organs cannot be utilized" [1].

Al-Shirbinni said that "it is forbidden to exploit any part of the human body because of its dignity and worth" [2].

Al-Nawawwi and others have stipulated that it is forbidden for any person to cut part of his body off and give it to someone, who is compelled to do so, to eat it [3].

Al-Kassani mentions that if someone compells someone else to cut off an organ from a third person, and the latter allows him to cut off this organ; such an act is still forbidden, because any such act is not placed among those acts that are permitted by mere granting of permission of the affected person [4].

All jurisprudence scholars have unanimously agreed not to allow a person under duress, to eat parts of the body of a living person, to save himself from destruction[5].

These and similar texts in jurisprudence indicate that the fundamental rule *(al-'asl)* is the forbidding of the utilization or exploitation of the parts of the human body, either because of its dignity and value, or because no legitimate use can be made of the parts.

Scholars have mentioned a few exceptions to this rule, in which they permit the utilization or the exploitation of some parts of the human body in some ways, or permit certain acts pertaining to the human body. However, all such acts are bound by compulsion or the state of being under duress. All such acts, whether those pertaining to the living body or that of the dead, are controversial issues. The exceptions pertaining to the living human body are as follows:

1. *The selling of maternal milk:* Scholars belonging to the Malki, Shafe'i and Hanbali schools of jurisprudence permit the selling of maternal

(1) *Al-Mughni wa al-Sharh al-Kabir*, part IV, p. 304.
(2) *Mughni al-Muhtaaj*, part I, p. 191.
(3) *Al-Majmou'*, part IX, p. 37; *Hashiyyit Qalyouni wa oomeira*, part IV, p. 264.
(4) *Al-Badaa'i*, part VII, p. 177.
(5) *Al-'ashbah wa al-Nadhaa'ir*, by Ibn Najim, p. 87; and *al-Mughni* by Ibn Quddama, part XI, p. 79.

milk, if it is milked from the mother. Their supporting argument for this ruling is that it is clean *(tahir)* and beneficial, and that the Islamic legislator permitted the drinking of maternal milk even under conditions where there is no compulsion or duress, but they differed concerning the permissibility of its sale.[1]. Ibn Quddama fully expresses this sentiment when he says "as for the selling of maternal milk, it is hateful to Ahmed. Scholars have argued over this point. Apparently, al-Kharqi permits it, in his words "everything that is beneficial", and so does al-Shafe'i. Other scholars, however have forbidden its sale, particularly the Abu Hanifa school... because it is a liquid execreted by the human body, just like the sale of sweat, and because it is a part of the human body just like any other part. Ibn Quddama, however, chooses to permit it, because maternal milk is clean *(tahir)* and beneficial, so he permits its sale just like the sale of a sheep's milk; he also permitted receiving compensation for it if used to quench a person's thirst. So, maternal milk, he argues, is beneficial, unlike sweat which is of no value, and likewise a sheep's milk is sold but not its perspiration. He forbade the sale of that which is free, as it has no owner, and the sale of dismembered body parts, as these were of no benefit" [2].

Whereas al-Hanafi school and a group of the Hanbali scholars go so far as to forbid the sale of maternal milk separated from the mother; they support their argument by pointing out that maternal milk is part of the human being, who is a dignified and worthy entity, therefore, no part of him should be demeaned and humiliated" [3].

2. *The consuming of own flesh under severe duress or compulsion:* It is probably the case that al-Shafe'i jurisprudence scholars permitted those under compulsion or in severe duress, to cut part of their own bodies such as their thighs or any such part, to be consumed as food, provided that it is impossible to find the flesh of a dead animal or human and provided that the fear of cutting is not equivalent to or greater than that of cutting oneself. They supported their argument by noting that the destruction of a part is allowed if it is absolutely necessary for the survival of the whole, such as the

(1) *Al-Furuq wa Tahdhib al-Furuq,* part III, pp. 240-41; *Mawahib al-Jalil* part IV, p. 265; *Bidayyit al-Mujtihid,* part II, p. 138; *al-Mughni,* part IV, pp. 10, 304; *Rawdit al-Talibin,* Part III, p. 353; *Al-Qawa'id wa al-Fawa'id al-'usuliyya,* by al-Ba'li al-Hanbili, p. 195.

(2) *Al-Mughni wa al-Sharh al-Kabir,* part IV, p. 304; Mohammed Rasheed on Ibn Quddama's statement by saying that this is already occuring with regard to human skin, which is transplanted to other parts of the body in this day and age.

(3) *op.cit., Al-Bada'i,* part V, p. 145.

cutting of the hand for food [1].

The majority of jurisprudence scholars, however, do not permit this. Ibn Quddama argues against this view by pointing out that those under compulsion to eat a part of themselves for survival, may die as a result of taking such an action and thus become guilty of killing themselves. Moreover, their survival is not guaranteed as a result of eating their own flesh [2].

The exceptions, listed by jurisprudence scholars, to the prohibition of making use of the bodies of the dead are as follows:

1. Jurisprudence scholars for al-Shafe'i school, Abu al-Khattab from among the ranks of al-Hannabila, and Ibn 'Arabi and Ibn 'Araffa from the ranks of al-Malkiyya school permitted those persons under extreme duress or under compulsion to eat the flesh of the dead for survival. In fact, some Shafe'i scholars make it imperative *(wajib)* for the person under compulsion to do so if he felt that such an act would be necessary for his survival. However, all other scholars forbid eating from the corpses of the dead [3].

Those scholars who favour this prohibition, base their arguments on the dignity of human beings, dead or alive. They support this stance by the words of the Prophet (ﷺ) who is reported to have said that

> *"the breaking of a dead person's bones is just like the breaking of his bones while alive"* [4].

On the other hand, scholars who permit such acts support their positions by arguing that the sanctity of the living is greater than that of the dead. The harm or damage occuring in eating of the flesh of a corpse is less than that of losing the life of a living human being. Abu al-Khattab points out that the previous prophetic *hadith* constitutes no valid bases for argument in this issue, as the eating would be of the flesh and not the bones. Accordingly, he argues the purpose of this *hadith* is the creation of an analogy of the basis of the prohibition and not its degree. This is further supported by the difference in the imperativeness and the safeguards determined for saving the living as opposed to the relative lack of any such measures for

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(1) *Al-Majmou,* part IX, p. 37; Qalyubi wa omayra, part IV, p. 264.
(2) *Al-Mughni,* part XI, p. 79.
(3) *Al-Taj wa' al-akil,* by al-Muwwaq, part II, p. 254; *al-Mughni,* part II p. 79, 89; *al-Majmou',* part IX, p. 36, Qalyyubi wa 'omayra, part IV, p. 262; *Qwa'id al-ahkam,* part I, p. 95.
(4) Narrated by Ahmed and Abu Dawoud, *al-Fateh al-Rabbani,* part VIII, p. 89.

safeguarding the dead. Some Maliki scholars in interpreting this *hadith* take 'A'isha's version which is the "breaking of the bones of the dead is just like the the breaking of them while the person is alive, is so if such an act is done with no purpose, if this act is committed for an imperative purpose, then the analogy does not hold" (1).

2. The majority of jurisprudence scholars permit the cutting open of a dead person's abdomen, to extract money that he may have swallowed when alive, as long as the amount concerned is not negligible. Some scholars make this conditional on the amount concerned being no less than a gold quarter of a dinar, whereas others make it conditional on the amount being no less than the amount determined for *zakaat*. Other scholars make this conditional on the swallowed money belonging to someone else, whereas others link it to the state of compulsion. There are still many other views and opinions on this issue (2). Ibn Abd al-Salaam supports this view on the basis that the sanctity of the money of the living being is greater than the sanctity of the dead (3).

3. The jurisprudence scholars of al-Hanafiya, al-Shafe'iyya and some of the scholars of al-Malkiyya allow the cutting open of a dead woman's abdomen to extract a foetus that may be living, in order to attain the greater of two conflicting interests thereby rejecting the worse of two wrongs, since the interest of keeping the foetus alive is judged to be greater than maintaining the dignity and the interest of the dead.

However, al-Imam Ibn Malik and some of scholars of al-Hanbali school opposed this. Ibn Quddama has argued for this opposing view by saying "that such a foetus does not usually live hence it is not allowed to tamper with the sanctity of the dead for something that is uncertain. The Prophet (ﷺ) said

> *"the breaking of the bones of the a dead person is just like the breaking of the bones of the living",*

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(1) Reported by Ahmed and Abu Dawoud- *al-Fateh al-Rabbani*, part VIII, p. 89; narrated by Malik in *al-Mawti'*, based on ai'sha, al-Munthaqi *Sharh al-Mawti'*, part II, p. 30.

(2) *Al-Mughni*, part II, p. 414; *al-Taaj wa al-'iklil*, part II, p. 254 *Qawa'id al-'ahkaam*, part I, p. 102.

(3) *Al-Mughni*, part II, pp. 413, 414; *al-Taj wa al-'iklil*, part II, p. 254; *al-'shyyaa wa al-nadha'ir*, by Ibn Najeem, p. 88; *Qawa'id al-'ahkaam*, part I,p.102.

This being the analogy, the Prophet (ﷺ) has ordered us to desist from any such act [1].

4. Some Shafe'i scholars have permitted the joining of the fractured bones of a living human being with those taken from the dead if such a practice were to lead to the repair of the former's broken bones. The following text occurs in the commentaries of Al-Sharwani and Ibn Qassem al-'Abbadi on *Tuhfat al-Muhtaj,* the only thing that could be used to join up fractured bones is the bones of that (animal) whose flesh may be eaten fresh, and it is absolutely forbidden to set fractured bones with the aid of human bones, if there is a choice between an unclean *(nijis)* thing and human bones as a means of setting fractured bones, then it becomes imperative to choose the former and not the latter. Then, Al-Sharwani and al-'Abbadi reproduce the deduction, of more than one of Al-Shafe'i scholars who in turn have taken it from the words of the author of *al-Mukhtasar,* "it is imperative to use the former", namely that if an unclean thing is not found then it is permitted to join fractured bones with human bone.

After the previous quotation, Al-Sharwani "permits the setting of fractured bones with human bones if no other alternative is found: it does not make any difference whether the bones are those of a male or a female. A man's bones can be joined with those of a woman, and vice versa. Furthermore, such practices should not detract from or spoil the ablution cleanliness of the person involved or that of others through touch, even if the adjoining bones were set externally, because a member does not detract from the cleanliness of ablution unless it is the genital organs".

In another place, Al-Sharwani comments further on the following text from *al-tuhfat,* "the same applies to that which has been adjoined with the aid of the bones of a venerable human being with the simultaneous existence of a clean or unclean alternative which can be used for the same purpose, must be removed", by saying that "it is understood from this that if nothing is found except human bone to adjoin fractured bones the use of the bone from a non-muslim or a muslim is lawful and whether the bones be those of a scholar or someone else makes no difference, and that this ruling applies to everyone except the Prophet (ﷺ).

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(1) *Al-Mughni,* part II, pp. 413, 414; *al-Taj wa al-'iklil,* part II, p. 254; *al-'shyyaa wa al-nadha'ir,* by Ibn Najeem, p. 88; *Qawa'id al-'ahkaam,* part I,p.102.

Ibn Qassem al-Abbadi in his notes on *al-Tuhfat* commenting on Ibn Hajar's views on the same issue "that it restricts setting fractured bones to the use of the bones of the dead, if other alternatives are available even if this other material is unclean. But if no other material is found, then the setting of fractured bones with the bones of the dead may be permitted, just like when the flesh of a corpse may be consumed by those who are compelled to do so, if no other edible material can be found..." (1).

I have not found any texts by non-Shafe'i scholars dealing with the issue of making use of the bones of the dead, other than those mentioned by some Hanafiya scholars dealing with the undesirablity of the use of a dead person's tooth instead of a fallen tooth (2). The difference between the two cases is apparent in the presence of necessity in the setting of fractured bones, and its lack in the case of lost teeth.

OBSERVATIONS ON THE PREVIOUS JURISPRUDENCE VIEWPOINTS

It is noted in the previous jurisprudence views that:

1. The ancient jurisprudence scholars dealt with the issue of possible acts vis-a-vis human organs with extreme caution and conservatism, since they established the basic rule to be the prohibition of any such acts, and have severely narrowed down the exceptions to the rule. The most conservative of these scholars were those belonging to al-Hanafi school, to the extent that they only mention a single exception to this basic rule, namely the view of Abu Hanifa permitting the cutting open of the abdomen of a dead pregnant woman with the purpose of extracting her foetus, if there is a possibility that it may survive. On the other hand, the most liberal among these scholars, were al-Shafe'i scholars, who permitted most exceptions. However, they were no different from the other scholars of jurisprudence in their caution and restrictiveness vis-a-vis this issue.

2. The main reason for the scholars restrictiveness in *ijtihad* in this area is the value and sanctity that Islam places on human beings. However, many scholars believe that this sanctity varies in degree, depending on whether the human being in question is alive or dead. They have noted

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(1) See these texts in the notes of al-Sharwani and Ibn Qassem al-'abbadi on *Tuhfat al-Muhtaj*, part II, pp. 125-6.

(2) *Baddaa'i al-Sanaa'i*, part V, pp. 132-3.

that the sanctity and dignity of the living is greater than that of the dead. They have also implemented this principle in cases where there was a contradiction between the interests of the dead manifested in maintaining their sanctity and dignity, and the interests of the living in preserving and maintaining their lives.

It must be pointed out, however, that the majority of these scholars have ignored the principle that led them to adopt a restrictive attitude vis-a-vis any acts regarding parts of the human body, in the issue of selling maternal milk. They have all permitted this practice, and saw no contradiction between permitting it and the dignity and the inviolability of the human body. It seems that these scholars believe that the concept of the dignity of the human body combines with the principle of the interest of the body and other moral factors such as the right of all human beings not to have their corpses mutilated without cause. This is supported by the previous ruling permitting the eating of the flesh of a dead person to save someone in a stressful situation and their tendency to expand what may be taken from a dead body for general purposes. The later Shafe'i scholars, for example, permitted the use of the bones of the dead to set the fractured bones of the living, when there was a need for such a practice. Therefore, when these scholars concluded that the use of maternal milk does not physically or morally harm the donor, they permitted such practice as well as receiving compensation for it.

3. Most of the exceptions listed by jurisprudence scholars to the fundamental rule forbidding any acts vis-a-vis the human body, are based on an unanimously accepted basic rule of *Shari'a.* Namely, the rule requiring the committing of the least of two harmful acts, to preclude the worst of the two, or in other words the sacrifice of the least of two interests to implement the greater one. Although they disagree with each other over most of these exceptions, their differences are not due to their disagreement on the basic rule of *Shari'a.* Their disagreements are due in the first place to differences in the evaluation of the facts of each case and to what extent this rule applies. The application of this rule necessitates the presence of a lesser harm and a greater one and the impossibility of avoiding both of them at the same time, and verifying the presence of both of them in the right amount to implement this rule. All these factors bear variation in different cases and issues.

4. It is important to note that jurisprudence scholars' concepts of the types of acts vis-a-vis body organs, particularly those acts which they studied and used *ijtihad* to reach a theological ruling for, was inevitably

governed by the amount of medical knowledge available at their time regarding diagnosis, therapy and surgery. Although this was a positive sign of the validity of their scientific orientation in the medical sciences, yet it did not permit them to obtain accurate or even quasi-accurate results in evaluating the harm caused by disease or the interests inherent in therapy, or the assessment of the results of a surgical operation. This failing was definitely reflected in the scholars degree of confidence in the medical diagnosis of their time; some scholars even stated that the results of diagnosis fall in between that which is definitive and uncertain. This has had its impact on all the deducted rulings *(ijtihad)* that were reached regarding the relevant issues. In *al-Fatawi al-Hindiyya,* it is stated that the means of removing harm may be divided into (i) those which are absolutely positive, such as water and bread to relieve thirst and hunger respectively, (ii) that which is suspect such as bleeding, taking a laxative, and all other means of medical therapy such as dealing with heat by applying cold and vice versa. These are the apparent medical means for therapy. There is also (iii) that which is uncertain. That which is absolutely positive may not be ignored, on the basis of *al-tawakul* i.e. mere trust in God, as ignoring harm that may lead to death is absolutely forbidden. As for the uncertain, it is stipulated that abandoning it is the condition for the manifestation of trust in God. As for the middle ground, that which is suspect, such as receiving medical treatment and care by physicians, engaging in it does not contradict putting one's trust in God *(al-tawakul)* as opposed to the uncertain, and abandoning it is not forbidden as opposed to that which is absolutely positive [1].

The transplanting of body organs as it exists nowadays, was totally unknown to these jurisprudence scholars and I do not believe that they imagined or conceived them, even within the domain of science fiction. If any of these scholars would have engaged in researching transplantations as we do today, he would have become the object of severe criticism and would have certainly been denounced.

It is clear from what we have already discussed that the acts vis-a-vis the human body, that these scholars researched the ruling for, dealt with eating from the body of a living or a dead person when under a severe compulsion to do so. They have unanimously ruled any such act vis-a-vis

(1) *al-Fatawwi al-Hindiyya,* part V, p. 355.

the inviolate *(al-ma'soum)* living person, whether he permits such an act or refuses to do so. They did not expect any practitioner of *ijtihad* in any age to oppose their unanimous ruling in this issue, because it was not possible to implement the rule of necessity and choosing the least of two harms in this case, as it is difficult to assess the real factors involved, particularly since the person who does the evaluation is the one who is under duress in a severely stressful situation, or he is the donor given his permission. Such a person does not possess the necessary qualifications for evaluation or implementation of such a decision, since the probability of destroying the life of the donor is quite large. Consequently, the probability of erroneously applying the rule of choosing the least of two harms was quite high. However, eating from the body of a dead person by a person under compulsion to do so, was treated rather leniently by the majority of jurisprudence scholars, since the previous consequences were not possible.

5. After the jurisprudence scholars determined that it is forbidden to make use of the parts of a living human for eating by a person under severe compulsion, they generalized this ruling to all forms of exploitation of body parts, and stipulated as we have seen that it is inadmissible to utilize human body parts in their age. The reason for their tendency to generalize this ruling is that they believed it was impossible in their age to conceive of ways of making use of human parts to save another human being from total or partial destruction other than eating these parts under necessity. The only other alternative for making use of human body parts is to use them to bring about purposes that can be accomplished otherwise by using non-human objects, and which are not related to therapy or saving someone.

Supposing one of us lived in their age, and was approached by a person who came to him to obtain a ruling concerning the donation of his kidney, cornea, blood, bone marrow cells, some of his body skin or tissues or even an embryo; what then would his reaction be? How would he conceive of the interest of such a donation to the recipient? Man's conceptions and expectations are limited by the state of his era and the status quo. Their age and their advances in the medical sciences did not allow them to conceive of any possibility of making use of human body parts for purposes other than those for which inanimate objects, plants and animals were used.

From this perspective, it becomes clear to us that these scholars were at one with their age and their knowledge, when they prohibited the

utilization of the parts of a human being because of his dignity and veneration. Most of their conceptions of the utilization of body parts contradicts human dignity, or in the very least does not justify detracting from this dignity. Therefore, they had no room for applying the rule for committing the least of two harms in this issue, other than the few exceptions that I have previously referred to.

6. From the previous argument, it is not valid to submit *ijtihaad* in the issue of the donation of organs at the present time to the legacy of jurisprudence rulings in some aspects of the utilization of human organs at their time, even though the language of these rulings is general and comprehensive. Since in the present age, the ways and means of utilizing body organs differ greatly from those studied and researched by the ancient jurisprudence scholars. These differences are both quantitative and qualitative. There has also been great advances in the medical sciences.

In terms of the quality of the utilization of human organs, the Almighty has guided physicians to forms of utilization of organs which do not detract from the dignity of human beings. These are based on the transplant of the healthy organ from one human body to another without damaging the transplanted organ, to serve a new soul in the same way it performed its functions in the donor's body, and may be even more efficiently and effectively. A typical example is the kidney which with its counterpart functions as a spare and when physicians transplant it to another human being who is about to die because of his impaired kidneys, it becomes the means of his survival through Allah's will. Such practices do not imply or involve any detraction from the dignity of the donor.

Acts vis-a-vis human organs become violations of human dignity only when these are taken from him to be used in the way animals and inanimate objects are used, such as the use of human skin to make garments or bags, or the cutting of an organ to be consumed as food, or the use of bones to make tools and instruments, or the use of human blood as a drink or a dye, etc. However, the transplanting of an organ from one body to another, to perform the same functions that Allah designated it for, in the body of another person, and in the service of a human soul, does not in any way detract from the dignity of human beings and is not considered a violation of their customs and tradition.

The type of use that is made of human organs has witnessed many changes because of the advances of the medical sciences and surgery that are now capable of preventing the dangers, risks, pain, torture, and the

serious side-effects involved in transplanting body organs. These risks were a main subject of consideration in many of the deducted jurisprudence rulings. The majority of jurisprudence scholars, for example, prohibited the consumption of one's flesh under necessity, because such a practice is as risky as the necessity itself. There is also the Shafe'i, forbiddance of consuming part of the body of those who are convicted and condemned to die *(al-muhdar dammuhu)*, unless they have been killed, because Islam has forbidden the torture of any living creature.

The advances of the medical sciences in determining the impact of surgery in modern times is also another reason for qualitative changes in the view points of jurisprudence scholars. Shortcomings in this area was one of the main reasons that led some jurisprudence scholars to forbid the performance of some surgical operations, such as al-Hannabila's prohibition of cutting open the abdomen of a dead woman to extract her fetus, and their justification for this is that saving the fetus in this way is an conjectural matter [1], and the scholars forbiddance of inducing the extraction of a living fetus from its mother's womb to save the mother's life, however risky the continuation of the pregnancy may be for the mother's life, and their justification for this ruling being that saving the mother in this way is an conjectural *(mawhum)* matter, and there are other examples of this tendency.

As a result of the advances in the medical sciences, jurisprudence scholars have become more confident in medical judgements and diagnosis, which has helped to raise the level of these judgements from the level of "weakly probable" to "strongly probable" in many cases, and in some cases to the level of the positive.

7. All these new factors in the issue of acts vis-a-vis human body organs would oblige the researcher in the area of the donation of organs to refrain from submitting it to the rulings of the ancient jurisprudence scholars and to search for new interpretations of these matters, on the basis of the rules of *Shari'a*. The researcher thus must undertake a new process of judgement of the shortcomings and interests resulting from organ transplants, taking into consideration all these new factors.

(1) *Hashiyyit Ibn 'abdeen*, part I, p. 602; part VI, p. 591.

SECTION TWO: TYPES OF RIGHTS PERTAINING TO THE HUMAN BODY:

Muslim jurisprudence scholars divide rights into two major categories: the right of Allah, and the right of the individual [1].

The right of Allah is that which pertains to public interest, and not that of a particular individual.

The jurisprudence legislator by determining the right of Allah was protecting the interest of the community, and the fact that it is designated the right of Allah does not indicate that it is only Allah that attains any interest from such a right, in fact Allah Almighty is in need of no one; it is all His creatures that need Him. This designation was used, however, to enhance the importance, significance and comprehensiveness of the right of the community which is covered by this designation.

The right of the individual *(Haq al-'abd)* is that which pertains to the interest of a particular individual [2].

Types of rights pertaining to the body of the living human being:

The body of the living person is linked with two types of rights namely the right of Allah and the right of the individual, according to the majority of scholars. Al-'Izz Ibn Abd al-Salaam states that "the crime of a person against his own body or organs varies in its sinfulness in accordance with his personal loss, and the losses and injustices that may befall others as a result of his actions... no one has the right to destroy that part of himself, as this is a joint right shared by the individual and his God..." [3].

The right of Allah in the human body is referred to in many *Shar'i* rulings, such as:

a. The agreement of *shari'a* on the forbiddance of suicide, as well as considering suicide one of the deadliest sins *(al-kaba'ir)* as the Almighty says:

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(1) *al-Muwwafqaat*, part II, p. 318, part III, p. 247; *al-Furuq*, part I, p. 140; *Qawa'id al-'ahkaam*, part I, p. 153.

(2) *al-talwiih 'alla al-tawdiih*, part II, p. 151; *al-Muwwafqaat*, part II, p. 318; *al-Tashrii' al-jina'i al-Islami*, part II, pp. 484, 485; *al-Haq wa mada sultan al-dawla fi Taqiyyidih*, p. 70.

(3) *Qawwa'id al-'ahkaam*, part I, p. 130; See also: *al-Furuuq*, part I, p. 141; *al-Muwwafqaat*, part II, p. 376; *Tahdhiib al-Furuuq*, part I, p. 157.

"NOR KILL (OR DESTROY) YOURSELVES: FOR VERILY GOD HATH BEEN TO YOU MOST MERCIFUL"

(al-Nissa', iv, 29-30).

The Prophet (ﷺ) said:

"He who kills himself with an iron, his iron will be in his hand poking his stomach in the fire of hell, for all eternity; he who hath taken poison will continue to take it for all eternity in the fire of hell; and he who throws himself from a mountain to kill himself will fall in the depths of hell fire for all eternity" [1].

The reason is that he who kills himself is transgressing against the right of Allah Almighty [2].

b. There is also the scholars' prohibition of anyone harming himself in any way; they forbid anyone from cutting one of his organs or injuring himself without a reason [3]. If the individual had full rights over his body he would not have been forbidden from doing so.

c. There are also the rulings of the scholars of al-Malkiyya and al-Shafe'iyya schools in *al-Mokhtar* making it imperative to punish the murderer even if he is forgiven by the blood relatives of his victim. These scholars justify this ruling by pointing out that the forgiveness of the blood relative erases the individual's right but it does not detract from the right of Allah or that of the community, and this is why he has to be punished, as this is in the interest of all people [4].

d. Some of the rulings proving what we have previously put forward, are those dealing with the forbidding of alcoholic drinks and the imperativeness of implementing the stipulated punishment *(al-Hadd)* for committing such an offence, even though the drinker does not really transgress against any one, in fact, he is transgressing against his own mind. This indicates that mental health pertains to the right of Almighty Allah [5].

e. The right of the community in the individual's body is further supported

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(1) al-Bokhari wa Muslim, *Mokhtasir Sahiih Moslem,* part II,p. 31.

(2) *al-Muwwafqaat,* part II, p. 376; *al-Qawa'id,* by al-'Izz Ibn 'abd al-Salaam, part I, p. 130; *al-Furuuq,* part I, p. 141; *al-Tashrii' al-Jinna'i al-Islami,* part I, pp. 447, 448.

(3) *Qawa'id al-'ahkaam,* part I, p. 130; *al-Muwwafqaat,* part II, p. 376; *al-I'tsaam* by al-Shatibby, part II, p. 24; *Bada'i' al-Sana',* part VII, p. 177.

(4) *Qawwa'id al-'ahkaam,* part I, p. 130; *al-Muwwafqaat,* part II, p. 376; *Muwwahib al-Jalil,* part VI, p. 268; *al-Muwwafqaat,* part II, p. 315; *al-Muntaqa,* part VII, p. 124, *al-Tashrii' al-Jinna'i al-Islami,* part II, p. 184.

(5) See *al-Muwwfaqaat,* part II, p. 376.

by the *Shar'i* texts that indicate the unity of the Muslim community and the brotherhood of believers. This necessitates co-operation and sharing among Muslims in profits and losses. Abu 'ishaq al-Shatibby notes this altruism and the Muslim's surrender of his worldly goods for his Muslim brethern that all Muslims are one. The Prophet (ﷺ) said that:

"Believers to each other are like parts of a structure, each part supporting the other"

and that

"Believers are one organic body, if part of it is impaired, then all other parts will suffer similarly from fever and sleeplessness".

He (ﷺ) also said that

"Believers should wish for their brothers what they wish for themselves".

Muslims should support each other for the good of all. Furthermore, they cannot become one organic body unless they all benefit from the common interest, each according to his merit, just like each organ in the body shares the food supply justly in accordance with its needs... The origin of this in the Quran is the description of believers as being *('awliyya')* supporters of each other, and they have been frequently commanded to close ranks and be brothers to each other..."[1].

On the other hand, the right of the individual in his body and organs, appears clearly in a number of *Shari'* rulings:

a. Making the right to retribution *(qissass)* imperative if an organ of the body is injured in an attack, as well as making it imperative for the victims' heirs if the offended party is deliberately and unjustly killed. Making the paying of compensation obligatory for causing bodily harm and injury, as well as mandating *(diyya)* blood money or a set compensation to the heirs of the victim, if retribution is abandoned or not mandated for some reason. Furthermore, giving the victim or his heirs the right to grant pardon from retribution or compensation signifies that the transgression occured against an individual right, if this was not so, pardon would not be the right of the individual, since the rights of God cannot be possibly pardoned by any human being.

b. This is further supported by the ruling of the majority of jurisprudence scholars that the victim's acceptance of his own killing allays the right to

(1) *al-Muwwafaqaat,* part II, pp. 354, 355.

retribution *(qissass)*. If a person tells another to kill him, and the latter does so, then the right of vengeance is waived, according to Abu Hanifa and his colleagues al-Shafe'i and Ahmed and a few Malki scholars.

The majority of scholars rule that if a person asks another to cut his hand, and the latter does so, then no retribution is mandated [1]. In justifying this ruling, al-Kassani from among the ranks of al-Hanafi scholars says, "If someone says: cut my hand and another obliges, then the majority of scholars rule that the latter has committed no offence, since limbs are just like money, and the possession of money can be surrendered by the permission of the owner. If the owner says: "Destroy my wealth, and the latter does, then no offence has been committed". The Malki scholars believe that the permission to injure or cut someone is only valid if the injured party continues to hold on to it, after the injury or cutting has been sustained. If the victim withdraws his permission after the injury has been sustained, the required *Shar'i* punishment for the offence becomes mandatory. This is either retribution or the paying of compensation[2].

Therefore, the majority of jurisprudence scholars believe that the permission of an individual to cut one of his organs off, precludes the perpetrator from receiving worldly punishment, while simultaneously stating that man is forbidden from cutting any part of himself or permitting others to do so. One might believe that there is some form of contradiction here, but in fact there is none. This may be explained by noting that they believed that two rights pertain to the human body, namely the right of Allah and the right of the individual. The permission grants pardon only for the right of the individual, but the offence is still there as the right of Allah has been ignored, and the only way to remove it is repentence. The Malki scholars have gone so far as to ignore the right of the individual over his organs, since they determine the impact of the pardon, only if it occurs after the offence, and they void any permission prior to the perpetration of the offence and do not regard it as a valid pardon. A pardon is one form of surrender, and the surrendering of a right prior to determining it is void for them.

In our previous discussion, we have underlined the right of Allah and the right of the individual in the human body. In fact, the right of Allah in the

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(1) *Bada'i al-Sana'*, part VII, p. 236; *Nihayyit al-Muhtaaj*, part II, p. 49; *Manh al-Jalil*, part IV, p. 346, 347; *Sharh al-Mahali 'alla al-Minhaaj*, part IV, p. 127; *Kashaaf al-Qinaa*, part III, p. 343; *al-Tashrii' al-Jinaa'i al-Islami*, part I, p. 442.

(2) *al-Badaa'i*, part VII, p. 236, See *Hashiyyit Ibn 'abdiin*, part VI, p. 591.

human body, represents the interests of the community in his body. It is well known that the interests of the community are fulfilled by the souls, the minds, the eyes, the hearts, the hands and the feet of its members. Each of the organs of every member in the community contributes respectively in bringing about the interests of the community and providing its protection. Furthermore, the health of the human body is what allows each member to undertake God's ordinances, many of which are borne by the individual in the interest of his community. Such ordinances as prayer, zakaat, Hajj (pilgrimage), Jihad, propogating good and denying sins, supporting kin and many others are borne by the individual in the interest of the community in which he is a member. In this sense, the right of the community is linked to each organ in the body of all its members.

The right of the individual to his own body is in fact his own business, to use his body to fulfill all his interests in this world and the after life. He is the one who is concerned with using his eyes, brain, tongue, feet and hands to fulfill his interests in this world, whether these be food, shelter and clothing. He is also concerned with using his organs to bring about reward and avoid punishment in the after life. The body with its perceptive and moving force is the tool used by the soul to bring about its goals.

Rights pertaining to the body of the dead:

With the coming of death, all rights pertaining to life come to an end. The individual is left with the right to be washed before burial, shrouding, burial, pre-burial prayers, absolution prayers, and keeping his body from being mutilitated. Though these are individual rights, they still include the right of Allah, a right which may not be waived [1].

SECTION THREE: HOW FAR CAN THE RIGHT OF ALLAH AND THE RIGHT OF THE INDIVIDUAL BE TRANSFERRED AND WAIVED?

Many muslim scholars have stated that the right of Allah and the right of the individual differ in how far each of them can be transferred and waived. They noted that the fundamental rule in relation to the right of the individual is that it is in the interest of its owner, and hence he has the right to waive it or transfer it, and to undertake various other acts vis-a-vis his body. However, the fundamental rule in relation to the right of Allah is that it is not permitted to waive or transfer it except in accordance with *Shar'i* justification

(1) *Qawwa'id al-'Ahkaam,* part I, p. 167.

that are governed by specific rules. These will be presented later.

In determining these two fundamental *('asl)* rules, Ibn al-Jawziyya says, "rights are of two kinds, the right of Allah and the right of the individual. The right of Allah does not allow any form of compromise...as for the right of individuals it permits compromise, waiving and compensation for it" (1)

Al-Shatibby says that "the right of Allah is that in which the individual has no innterest, whether it makes sense or does not to the individual" (2). Elsewhere, he says "all the rights of Allah, bear no interest for the individual, whereas the right of the individual bears his intrest" (3).

Al-Qaraffi says, "we mean by the right of the individual that which when waived is waived, otherwise there is no right of the individual which does not involve the right of Allah Almighty, this must be delivered to its true recipient,... this is known as the validity of waiver. Everything that an individual can waive is the right of the individual, and anything that an individual cannot waive is the right of Almighty Allah. (4).

However, there are certain exceptions to those two fundamental rules, in which the right of the individual becomes impossible to waive or transfer, and in which the right of Allah becomes valid for waiving or transfer:

The exception which precludes the individual from acting vis-a-vis his right, either through transfer or waiving of this right, is based on the Islamic concept that such a right is a gift from Allah to his worshippers, and that it only holds through Islamic religious law. It is Almighty Allah that legislated these rights, and mandated his worshippers to a specific course in the application and use of these rights. If an act vis-a-vis this right contradicts the course determined by Allah, then such an act is forbidden. Al-'Izz Ibn Abd al-Salaam says, "there are hardly any individual rights which they may waive that do not involve the right of Allah as well, this is the right of Allah to be obeyed and affirmed"(5). "The most prominent feature of this, is that it

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(1) *a laam al-Mowqi iin*, part I, p. 108.

(2) *al-Muwwafqaat*, part II, p. 318.

(3) al-Shatibby determined this meaning and provided examples for it in *al-Muwafqaat*, part II, pp. 375-378.

(4) *al-Furuuq*, part I, p. 141.

(5) *Qawwa'id al-'ahkaam*, part I, p. 167.

prevents man from unfairly using his right to the detriment of the rights of others"[1].

Consequently, on the basis of this rule the individual is forbidden from acting vis-a-vis his right either through transfer or waiving, if his actions lead to waive or to damage the rights of others, whether the injured party is an individual or the whole community. It is not permitted for a person to act in his property in such a way that may injure his neighbour, or his partner. A husband is not permitted to transfer his right to enjoy his spouse as soon as the marriage is consumated. All these acts are transgressions against the right of the community to maintain and preserve the honour and the kinship line in it. There are many examples of this. However, if a person uses his right within the given course determined by religious law *(Shar')*, the basic rule then is to allow him to do so without any encroachments on his rights.

Regarding the exception, in which it is legislated to act vis-a-vis the right of Allah either by transfer or waiving, it occurs at conflict of rights and admixture of benefit and harm, and there is no way out except through the waiver or transfer of some of these rights. This then becomes imperative or permitted in accordance with rules set in Islamic religious law and deducted by scholars. The most important being the choice of the lesser harm from among two to prevent the worst, or the sacrifice of the least of two interests to bring about the greater of two interests.

There are many applied examples for this rule, such as: the permission to eat from a dead animal *(al-mayta)* in cases of extreme starvation or hunger, drinking alcohol if it is the only available drink when a person is choking, uttering heresy under compulsion, permission to eat the flesh of a dead person for those under compelling necessity to do so, at least according to some scholars, permission to pay out Moslem money to disbelievers if it was the only way to escape their seige, or paying Moslem money to save Moslem prisoners of war, permission to amputate a diseased hand to save a life, permission to cut off part of one's body to eat it if one is under dire need or duress (according to al-Shafe'i scholars), permission to lie if it involves a higher interest such as in cases where it is necessary to make peace among people such as in war, or to keep injustice at bay, permission to cut open the abdomen of a dead pregnant woman to extract her living fetus, if it is possible to keep the fetus alive, permission to kill an innocent Moslem to get out of seige by disbelievers, permission to

(1) See: *al-Muwwafqaat*, part II, p. 348-, dealing with rights and the extent of the power of the state in his assessment, p. 160-1.

talk disparagingly about other Moslems behind their back if there is an overwhelming interest that can be fulfilled, such as in cases of consultation prior to the conclusion of a marriage contract, permission to criticize the informants of *hadith*, permission to discredit witnesses and reveal secrets before court, permission to inspect taboo areas of the human body for diagnosis or therapy, etc. There are innumerable examples[1] of these rules which go to show that it is one of the most important rules of Islamic religious law *(al-shar')*. Scholars never disagreed with the theoretical basis of this rule, they have however disagreed over its applications. It is quite probable that their disagreement was due to differences in assessing the reality of the situation and the fulfillment of the necessary conditions for the implementation of the rule, such as being absolutely sure of which of the two harms is worse, as well as being absolutely positive of the impossibility of keeping both of them at bay.

SECTION FOUR: THE COMPREHENSIVE RULING FOR THE DONATION OF HUMAN ORGANS IN THE LIGHT OF THE PREVIOUS DISCUSSION:

The donation of a body organ necessitates the transfer of the right of Allah and the right of the individual pertaining to this organ. We have previously noted in section three, that it is not valid in Islamic religious law for an individual to act vis-a-vis his right if it pertains to the right of Allah, unless the permission of the individual to transfer his right is coupled with an Islamic religious law justification that permits the transfer of the right of Allah. The *Shar'i* justification for such an act, is that it should be the determined means for reviving a higher right of Allah in the position to which it is transferred.

The conclusion of all this is that the donation of a human organ is not legitimate unless it is positively the only means for keeping away a greater harm from the recipient than that occuring to the donor because of the donation of his organ. As this means rejecting a greater harm with respect to the right of Allah pertaining to the body of the would be recipient, by shouldering a somewhat smaller harm befalling the right of Allah in the body of the donor. If these are coupled with the permission of the donor to waive

(1) *Najiim*, p. 85-90; *al-Nadha'ir* by al-Suyyuti, pp. 86-89; *al-Mughni*, part XI, pp. 87- ; Qalyyubi & Oomeyra, part IV, p. 262; *Tafsiir al-Qurtubi*, part II, p. 225- ; *al-Muntaqa*, part III, pp. 140-141; *al-Manthuur fi al-Qawwi'id* by al-Zarkashi, part II, p. 317.

his individual right, we find a case in which it is permitted to act upon the joint rights of the individual and those of his God. This results from the provision of the permission of the individual regarding his right, and the presence of the Islamic religious legal justification with regard to the right of Allah.

This means that it is forbidden to donate an organ which may lead to the donor's death, whatever the interest this donated organ may achieve for the recipient, since the interest fulfilled by such a donation cannot conceivably be greater than the harm it may cause, even if it leads to the preservation of the recipients life. Granted that this may be the case, the interest fulfilled in such a donation will still be equal to the lost interest, and in fact it is actually less, since the human organ in its original creation is definitely better than in its new place in the recipient's body, in addition to the extra-expenditure involved in the transplant itself.

This also necessitates that the organ donated be admitted from Islamic religious law perspective as a sure means of saving the recipient from death, that which cannot cause the death of the donor or threaten his life. The maintenance of the soul is a maintenance of all the rights of Allah pertaining to donor's body. The interest inherent in maintaining these rights is greater than the interest involved in preserving the right of Allah in the body of the donor, particularly in keeping the donated organ.

It is also necessary that the donation be legal in that it is beneficial to both the donor and the recipient, or that it has no harmful effects on the health of the donor and promises reasonable benefit for the recipient's health.

It also should be noted when balancing the interests and the harm resulting from the process of the donation of body organs, what is actually taken into account is what pertains to the health of both participants without any regard given to other aspects. It is not permitted to include in the process of balancing harm and interest other aspects such as poverty or wealth, knowledge or ignorance, feminity or masculinity, or size etc. Since all people are equal in their right to preserve and maintain their bodies in the eyes of Islamic religious law, *Shar'i* does not give any regard to these factors in this issue, just as it does not in matters of retribution *(qissass)* as it makes the latter mandatory for any offender whosoever he may be.

We must point out here that if the donor loses his right over his body, such as when he is condemned irreversibly to be executed, then this is taken into account in the process of weighing the pros and cons of such an

act. In this case, all the health interests of the donor are ignored, and he is left with the other interests of the donor such as his right not to be tortured or his body mutilitated. Some scholars noted that previously, when they allowed the person under duress or compulsion to kill those who are condemned to death and to eat from their flesh to save himself.

Conditions for allowing the donation of human organs:

Since the basis for permitting the donation of human organs is the rule of choosing the least of two harms in order to reject the worst of the two, and the conditions that must be present to grant this permission are generally speaking the same conditions that must be present to apply this rule. These are:

a. The possibility of positively assessing the harm that is to be rejected.
b. The possibility of assessing the harm that is to be caused by the action under consideration.
c. The difference between the harm that is to be rejected and that to be committed must be clearcut and certain.
d. The impossibility of rejecting both harms.

From these general conditions to implement the rule, it is possible to derive the conditions permitting the donation of human organs. These are:

1. The scientists must determine a valid and reliable scientific means for assessing the present and future harmful effects resulting from the cutting of the donated organ from the donor.

2. The scientists must determine a valid and reliable scientific measure for the harm befalling the recipient of the donated organ in relation to his health condition.

3. The scientists must determine a valid and reliable measure for determining the interests occuring to the recipient as a result of transplanting the donated organ to his body.

   These three conditions are necessary to weigh the interests and the harm resulting from transplants and those resulting from an abstention from donation of organs. These are dependent on the advancement of medicine, and their application varies from one organ to another.

4. The results of the process of comparing the interests and harm resulting from the implementation of the transplant and those resulting from leaving things as they are, should clearly show the superiority of

donation to just leaving things as they are.

It must be noted here that comparisons in this area differ in degree of accuracy from a comparison of the figures, a matter which leads us to underline the superiority of the interests accomplished by the donation to the harm therein, and to the maintenance of the status quo. It must be made clear to the experts in the area of transplants that the comparison should reveal a clear superiority for undertaking the transplant, otherwise the sacrifice of the interests of the donor is not justified by dubious interest.

Physicians should also make it their business to verify that there is a clear superiority in favour of undertaking the transplant. Such a decision should be taken by a committee of competent specialists, which should include all specializations to judge each case on its merits.

5. Donation of an organ must be the only way to save the recipient from his misery, and if there are any other means available, then the donation should be considered illegitimate. The reason is that in Islamic religious law, the application of the rule urging the choice of the least of two harms is void if both harms can be avoided. Al-'Izz Ibn Abd al-Salaam says, "If we have both interest and harm together, we should try to obtain the interest and reject the harm; if it is impossible to do both, then if the harm is greater than the interest, we should reject the harm and ignore the loss of the interest..."[1]

   Consequently, it is not permitted to donate a human organ, unless the attending physicians decide that there is no way to save the patient from the harm befalling him except through the transplant of a substitute organ. Such a decision necessitates the absence of any other alternative to compensate the patient, either through the use of an artificial organ, or that of an animal or any other means.

   Furthermore, it is not permitted to donate an organ from a living human being if it is possible to obtain one from a dead person, as the harm resulting from transplanting an organ from a dead person is a lot less than those of taking the organ from a living person.

6. One of the conditions for permitting the donation of a human organ is that such an act should not be a reason for abandoning another of Allah's rights other than the one inherent in the donated organ. Such as is the case when donation of an organ leads to social or moral harm

(1) *Qawwa'id al-'ahkaam,* part I, p. 89.

which contradict one of the goals of Islamic religious law. An example is the donation of sperm, which leads to the confusion of parentage and breed *('ikhtilaat al-'ansaab)* which is a social harm opposed by *Shari'a,* since it is not justified by the recipient's need for children. Other examples of this is the donation of testicles or ovaries, as will be shown in the next section.

7. The recipient should be an inviolate person *(ma'soum al-dam)* such as Moslems, Christians and Jews. It is not permitted to donate an organ to a belligerent disbeliever or an apostate, or a convicted persistent adulterer, or murderer or highway robber, or a cold-blooded murderer facing *al-qassass,* which has not been waived for any legal reason.

8. The act of donation should not be a certain means to demean human dignity. This is the case if the organ is donated to a party which probably conducts trade in human organs, and exploits the need of patients as a way of making commercial profits, because human organs cannot be evaluated in terms of financial gain, not because they are useless if cut from the body, as some scholars[1] previously noted. Such organs have become very valuable specially after physicians have become able to transplant such organs. Attributing financial gain *(al-maliyya)* to something, presupposes the fulfillment of two conditions for jurisprudence scholars; these are: that this object could in fact be exploitable and useful; secondly, Islamic religious law should have permitted its exploitation in the many possible ways and not under compulsion or a need that demeans it[2]. The first condition may be fulfilled regarding dismembered human organs, particularly since physicians can use them for transplants, but the second condition is not thereby fulfilled. It could, however, be disregarded under compulsion or dire need, as is the case here. It is therefore permitted to donate organs, according to the previous arguments, in cases which require rejecting a greater harm by committing a smaller one in difference to the right of Allah which is more important than the right waived by the act of donation. It is therefore, a condition to obtain the permission of the organ owner who has been chosen by Allah to use it, and accordingly the act of donation is not classified as a sales or gift contract. It is an act involving a right of Allah linked with the right of an individual, and which has been made necessary by the need to preserve a greater right of Allah. The necessity here is not related to the donor, nor it is related to the right of

(1) *al-Mughni wa al-Sharh al-Kabiir,* part IV, p. 304.

(2) *Bada'i al-Sanaa'i,* part V, pp. 143, 145; *al-Mughni wa al-Sharh al-Kabiir,* part IV, p. 7.

the beneficiary over his body, though this right will also be maintained because of its linkage with the original right of Allah which is originally intended to be maintained, but it is rather the right of Allah over the body of the beneficiary that is taken into consideration. This will be further explained in the conclusion of this study.

9. The donor must possess his full mental capacity when he proceeds with the act, as the verbal acts of those who are incapacitated are null and void. The act of donation does not become fully binding except in its implementation, according to the rules of jurisprudence. Before then, the donor has the right to withdraw his permission.

If the donor becomes insane before the operation is performed, it casts doubts on his permission, as he might have backed out of his donation had he been in full control of his mental capacities.

The offer to donate an organ by the young, the insane or the mentally retarded is not acceptable, even though it may come from their guardian. The *Shar'i* prosecution is bound to protect the interests of the young and the insane, and it is generally agreed among jurisprudence scholars not to accept the guardian's voluntary financial donations in the name of the young or the insane or any donation of their rights, therefore it is not permitted to accept their consent to use their organs while they are alive.

The testimony to will the organs of the dead is acceptable, and is implemented after their death. They can back out of their decision before their death, as is well known in Islamic jurisprudence.

Is it permitted for the dead person's heirs to donate or give permission to donate one of his organs after his death even though he has left no testimony to that effect?

Most of the scholars who have studied this area, who have permitted the testimony to donate an organ, believe that the permission of the heirs should be acceptable and can substitute for the dead person's permission. Some scholars have established an analogy here between the right of the heirs to pardon the person guilty of libel in their dead and all the property of the dead during their lives goes to the heirs after his death, since the donation of an organ or the testament to do so is the right of the person before and after his death, it becomes the right of his heirs after his death[1].

(1) See a paper by Dr. al-Buuti entitled "The use of human organs of a person, dead or alive, by another person", presented to the Academy of Islamic Jurisprudence in 1988. See also another paper under the same title, by Dr. Bakr Ibn Abd Allah Abu Zeid presented to the above institution, p. 23 and other papers presented to the same institution.

Though this interpretation may seem quite likely, yet I believe that the right of the individual to donate one of his organs during his life or after his death is not one of those rights that are transferable via inheritance, as this is an individual right *(Haq 'ikhtisass)* linked to an individual's interests during his life, and his other interests after his death, if he dies he is disassociated from his life interests, but he is not disassociated from interests that are legislated for his death, such as his right not to have his body dismembered or to be cursed, libelled or demeaned in any way after his death.

Establishing an analogy between the view of most jurisprudence scholars, concerning the right of the inheritors to pardon the libeller of their deceased when he was living, is in fact an analogy with a difference. In this case, the harm befell the person before his death, and his right to obtain satisfaction was established before his death, as well as his right to pardon his libeller. If he pardoned or forgave his libeller during his life, the libeller would be free from the punishment for libel in this world, and the sin of libel in the after-life; since the sin of a transgression against an individual right is waived by the libelled person granting the offender his pardon. If the libelled person dies before he grants the offender his pardon, his inheritors are left with the right to demand a worldly punishment or grant a pardon for the offence. The majority of jurisprudence scholars agree with this position. However, the pardon granted by the inheritors is not relevant to the sin incurred in the after life as a result of this offence.

The same is not true in the case of cutting an organ from a dead person, as such an act is a transgression against the rights of the individual that occurs after his death. If the concerned individual had not given his consent to such an act through a will or testament during his life, then no one has the right to grant such a consent after the death of the concerned individual. The fundamental rule that should be used as an analogy is the libelling or offending a person after his death and not before; such an act is not dependent on obtaining permission from the inheritors. If the libeller was forced to commit his offence under duress, such as if he is threatened with death if he did not libel a dead person, then it is the necessity that will determine the ruling in this case and no account is taken of the permission granted by the libelled person's kin. If the condition of necessity is fulfilled, the person under duress is permitted to libel or curse a dead person and this is not dependent on the permission of the inheritors.

This is the fundamental rule *(al-'asl)* on the basis of which any analogy should be made concerning the issue of using the organs of a dead person

without his specific permission or testimony to do so. Consequently, the permission of the dead person's kin is futile, if no necessity exists and if the dead person did not already donate one of his organs in his will. If these two conditions are not met, then no one has the right to grant such a permission. If, however, a case of necessity exists, then an analogy could be set up on the basis the previous jurisprudence scholars permission to eat the flesh of a dead human being if it is likely that such an act would save a life from destruction or death. Necessity is fulfilled in this case, if the death of an individual coincides with another facing death, and the transplanting of the organ from the dead to the living who is about to die is the only way to save the latter from death. It is permitted to use the organ then without obtaining permission to do so from anyone. If it is permitted to eat from the flesh of a dead person under duress despite the dismemberment and mutilation involved as well as the possible futility of such an act, then it is possible to use organs without mutilation or defilement of the dead.

In order to establish an analogy between this case and the other, necessity has to be established when an organ is taken from a dead person, and this is not permitted without a will if necessity is not obvious, however possible it may be. It is not valid to take the organs of the dead without a specific will to do so and save them until it becomes necessary to use such organs. However, this practise is permitted if the deceased wills this in his testament, as in this case it is a matter of weighing the harm inherent in cutting off the organ of the dead and the harm inherent in not transplanting the required organ to the sick person; as long as harm is more likely to occur it has to be taken into consideration in the balancing process.

In this context, we would like to mention that the donation of some of the parts of the fetus prior to ensoulment is within the right of the pregnant woman and her husband together. The fetus in this stage is theirs alone, and no other inheritor has any right to it, as the entity that entitles others to inherit from it has to be human, and the fetus at this stage cannot be called human and we will demonstrate this point in section five of this paper. The right to the fetus before a soul is breathed into him is restricted to the husband and wife, not the *Shari'a* attorney, since an attorney can only represent human beings, and the fetus before a soul is breathed into him is not so. The fetus at this stage cannot be inherited, but rights over it is restricted to the husband and wife as its survival fulfills their needs.

10. Since permission for the donation of a human organ is the exception from the fundamental rule, and is conditional on many requirements and restrictions, hence the implementation of the transplanting of

donated human organs must be placed under the supervision of state institutions which are morally and scientifically qualified to undertake such a responsibility. Such institutions must verify all the conditions, requirements and justification for undertaking such acts. This issue should not be left to private institutions and individuals who might compromise or deliberately disregard the necessary pre-conditions.

SECTION FIVE: THE IMPLEMENTATION OF THE COMPREHENSIVE RULING AND THE CONDITIONS FOR ALLOWING THE DONATION OF THE MOST IMPORTANT HUMAN BODY ORGANS:

The results of the comprehensive ruling and the conditions that must be met to allow the donation of various body organs, vary according to the type of organ, the donors and the recipients, the scientific progress achieved in diagnosis and the discovery of drugs facilitating transplanting of organs. These issues depend on the expert knowledge of medical scientists and the accuracy of the information they convey to jurisprudence scholars. The ruling of jurisprudence scholars in these matters depends on the information and accurate descriptions provided by medical specialists.

In the following, we will try and apply the comprehensive ruling and the conditions that we deducted for allowing the donation of some of the most important organs on the basis of the general information provided by the medical scientists in this area. If we make mistakes in some of these aspects, the reason will be the absence of accurate medical information, and we hope that the knowledgeable reader who has such information could correct these errors.

These applications will be divided into two parts, the first part will deal with the donation of organs from the living, while the second will deal with the donation through a will after death.

Part One: Donation of organs from the living:

First: Donation of renewable parts of the body:

The investigator would find no difficulty whatsoever in applying the previously mentioned *Shar'i* rules to the donation of blood, bone marrow, parts of the skin and any other renewable body elements. Since such elements can always be renewed and since their donation does not cause any permanent or irreversible damage to the donor, while such donations, and particularly the donation of blood, is a matter of the greatest value and benefit to the recipients whereas it only causes a few temporary inconveniences to the donor. Allowing such donations is a result of this

application, if such a donation is performed according to the conditions which preclude harm for the donor and the recipient.

The question might arise here concerning the ruling for the donation of blood to be kept in blood banks so as to be used when there is a need or necessity.

The answer to this question is no different than that provided in cases of permission of donation, since the expected interests and harms when conflicting are similar to actual interests and harms. Al-'Izz Ibn abd al-Salaam says in justifying some aspects of jurisprudence in which an expected interest is taken into account; "If someone says, 'how can we forbid an actual achievable interest because it entails an expected delayed harm', we may respond by saying, "if such a harm is likely then *al-shar'* treats that which is expected just as if it was actual. *al-Shar'* cautiously treats that which is likely as that which has positively occured"[1].

The need for donated blood in our present time has become much greater. In fact, there is a continual need for donated blood because of traffic accidents, wars, etc.

One may not be far from the truth, if we claim that the provision of adequate quantities of donated blood to face expected needs has become one of the duties *(fard kifayit)* that are imposed on a Moslem community. So the provision of supplies of blood for the need is a duty that should be imposed on every Moslem like the religious duties imposed upon them. But one must, however, impose conditions on donations to blood banks which preclude the exploitation of people and guarantee justice in the distribution of these supplies.

Second:

Donation of vital organs without which life cannot continue:

Moreover, the researcher in *Shar'* will find no difficulty in establishing the ruling for the donation of a vital organ, without which the donor's life cannot continue; such as the donation of the heart, the liver, the lungs and the kidney (if one is already not functioning). The donation of any of these organs leads to a certain death, thus it is considered suicide, and it is one of the most hateful sins, and there is no *Shar'i* justification for such an act, however, serious his pain, suffering and disease may be. *Al-Shar'* has given

(1) *Qawa'id al-'ahkam,* part I, p. 107.

man no permission to commit suicide even to escape intolerable pains[1].

It is also not valid to establish an analogy between the permission of *al-Shar'* (religious law) to the *mujjahid* (the fighter for Allah) to confront all risks for the sake of Allah almighty, the triumph of Islam and the defeat of its enemies, such as a single attack on a large contingency of the enemy or the permission of *Shari'*, in fact its call, for believers to confront the injustice of rulers and to call for the establishment of good and the rejection of evil, however tyrannical these rulers may be. The Prophet (ﷺ) said:
"The greatest of all martyrs is Hamza Bin Abd al-Muttalib and a man who confronted a tryannical leader with justice and was killed for his endeavours".

This is the way for *Jihaad* in Islam, and *Jihaad* is based on self-sacrifice and risk taking; Allah almighty says:

GOD HATH PURCHASED OF THE BELIEVERS THEIR PERSONS AND THEIR GOODS; FOR THEIRS (IN RETURN) IS THE GARDEN (OF PARADISE): THEY FIGHT IN HIS CAUSE, AND SLAY AND ARE SLAIN:

(al-Tawbba, 111)

If the nation had no brave men like these, willing to risk their lives to obtain the triumph of Allah, it would not be capable of achieving victory in its struggles. But there is no relationship between these and the suicidal donation of vital organs to save an individual from death.

Risking one's life for the sake of Almighty Allah differs in essence from the suicidal donation of vital organs. The purpose of *jihaad* is to confront situations faught with the risk of being killed, but it does not necessitate death and destruction. Many risk takers have been saved as well as saving others, and many cowards have been destroyed and have caused the destruction of others. Hence, it is believed that such risk taking in the course of *jihaad* is coupled with trust in Almighty Allah, belief in His will and the desire to achieve victory and save one's life. This is not the case in the donation of vital organs such as the heart, the whole liver or both kidneys, as Allah has made that a sure and certain cause for death and destruction, and it is inconceivable to think of saving oneself after such an act, as this is

(1) See an established Prophetic saying with the same meaning in *Mukhtasir Sahih Muslim*, part II, p. 32. See also *Zad al-Mokaad*, part II, p. 62, for a similar meaning by Abi Ayuub al-'ansari.

in fact an attempt to achieve a miracle which has only been written by Allah Almighty for his prophets and messengers.

Furthermore, it is not valid to apply the principle of altruism to this case, since altruism is not legitimate if it is an act vis-a-vis the right of Allah without the presence of a *Shar'i* justification allowing such an act. An altruistic act is valid for a Muslim if he is acting vis-a-vis what is exclusively his own[1]. If there is another reason coupled with altruism to justify the transfer of the right of Allah, then we can apply the principle of not acting vis-a-vis the right of Allah except as a measure to save or revive a higher ranking right of Allah. We have already mentioned that man's body is linked with the right of the individual and the right of Allah, and if the individual altruistically acts vis-a-vis his body, then this is not a valid act unless it is a cause for bringing about a higher interest, and he who donates his heart, or liver, or kidneys is in fact wasting a right Allah which is no less than the right he wants to bring about by such altruism, in fact, he is certainly wasting a greater right, as an individual with his original healthy organs is healthier than an individual with transplanted organs.

Third: The donation of a singular organ which is not vital for the continuation of life:

If the organ to be donated is one of a kind in the donor's body, then the fundamental rule is that it is not permitted to be donated to another person, even though its loss might not lead to the death of the donor. Whether this organ is congenitally unique such as the tongue, the penis or the pancreas, or it became one of a kind because of damage to the other members of that class, such as a person who has lost an eye and is left only with one eye. It is not valid in *Shar'* to donate such an organ as the interest brought about by such a donation in the recipient's body is no greater than the interest achieved by leaving that organ in the body of its owner, and the harm involved in this donation is greater than the actual present harm. Such altruism is not valid, because as we pointed out previously such altruism necessitates the transfer of the right of Allah without any real justification.

(1) *al-Muwaafqaat*, part II, pp. 356, 357; *al-'ashbaah wa al-Natha'ir*, by al-Siyyuti, p. 116 *al-'ashbaah wa al-Natha'ir*, by Ibn Najiim, p. 119.

The only allowable justification for the transfer of the right of Allah is a greater right of Allah. As such, the shar'i rule by which license is given to transfer the right of Allah is not applicable in such a case.

Nevertheless, it is conceivable that one of the unique organs of the body that is not essential for the continuation of life, could lose its main function as far as its owner is concerned, though the organ may not itself be damaged in any way, so that if it is transplanted in someone else it would regain its original function at the same time it would not cause any harm to its original owner. Such as the case of the womb of a woman who is no longer capable of producing any ovum, where it has become certain that the woman in question will never be able to produce ovum. In this case, we may permit the woman to donate her womb to another who has a damaged one, but still has fertile ovaries, on the assumption that the womb is not involved in the genetic breed *(al-'ansaab)*, and that the donation of the womb will not lead to the confusion of parentage *('ikhtilat al-'ansaab)*, and that its transplanting will not lead to any bodily malfunctions, and that the transplant is likely to succeed, and that this womb is free of a previous ovum or sperm. In this case the harm waived by the donation is greater than the harm occuring because of the transplant. So we are probably right when we say that such a transplant is allowed.

Fourth: The donation of an organ that is not one of a kind in the body:

This type of donation cannot be governed by a single rule, as we have to go into details here, as there are variations in the loss and the transplant of the organ, depending on the type of organ involved. But we can divide this type of transplant into three classes:

The first case: The donation of the organ should be a sure means for saving the recipient from death, and it does not lead to permanant damage to the donor, such as in the case of donating one of two kidneys. It is highly likely that such a donation is permissible, conditional on the fulfillment of the pre-requisites. The two most important pre-requisites are: the certainty of not endangering the donor's health and the high likelihood of the success of the transplant of the kidney in the recipient. These two conditions entail the presence of many other detailed conditions which are well-known to the specialists. All the necessary conditions that the the specialists require are also conditions for the validity of the donation.

We may say here that permission is granted for this case, as the right of Allah that was almost lost in the recipient is greater than the right of Allah

that was lost in the donation of one of the two kidneys. The specialists stress that man can live a stable and healthy life with just one kidney, and that one healthy kidney could fulfill the needs of the body that used to be performed by the two kidneys together. So it is allowed here to act vis-a-vis the right of Allah and consequently the donor's altruistic act.

Needless to say that this permission is conditional upon the specialists belief that the body of the recipient will accept the donated kidney, even with the aid of a drug that has no serious side effects. If the drug used to help the recipient's body in not rejecting the new kidney has serious side effects and the transplanting of the new kidney is only prolonging the recipient's suffering, then the interest brought about by such a transplant is not thought to justify it from the point of view of *al-Shar'*. However, the process of balancing the interests and the harm, that must be applied in implementation of the rule of rejecting the greater of two conflicting harms, is not an exact calculation based on figures, numbers and hard scientific data. In order that the jurisprudence scholar comfortably gives his approval to the transplant, the differences between the contradicting elements should be clear cut and certain. Otherwise, the fundamental rule is the forbiddance of acting vis-a-vis the right of Allah both in its transfer or waiving.

The second case: When the donation of the organ that is not one of a kind in the body becomes the cause for saving the recipient's life, and does not directly lead to the death of the donor, but it makes the donor's life unstable and threatens him with the diseases and health risks while giving the recipient also a threatened and unstable life. Such a donation is not permitted, as is the case in the donation of one of two lungs to someone with damaged lungs. If hypothetically it could be transplanted before the death of the recipient, then such a donation does not bring about a greater interest to donor and the recipient than the interest already present in the donor's body before the donation, since its result is an unstable life threatened with death for both of them.

The third case: When the donation of an organ that is not one of a kind in the body does not lead to saving the recipient from death and does not lead to the death of the donor, such as the donation of the cornea of the eye or one of the limbs or any similar organ. Such a donation can be subdivided into the three following categories:

The first type: The donation of all the members of the organs is not allowed since this is just like donating an unique organ because it leads to a loss of the utility of this organ for the donor and because it does not lead to an enhanced interest for the recipient or the recipients.

The second type: The donation of one member of the organ to a recipient who already has one member of the organ, such as the donation of an eye to a one-eyed person. The rule here is that this is not permissible like the preceding type, since this donation does not involve the enhacement of an interest above the status quo which may justify the transfer of the right of Allah pertaining to the eye in question.

The third type: The donation of one member of the organ to someone who totally lacks the use of the donated organ, such as the donation of an eye by a normal person to a blind person, or the donation of a hand to someone with no hands at all, etc.

This type of donation is controversial because it involves a number of considerations, among which is, the immediate bodily interest that such a donation leads to in the recipient is less than the interest lost by the donor, disregarding the indirect results of such an action. This is so because the human organ in its original place is more efficient than it is when it is transplanted into another body.

However, if we look at the interests brought about by returning the blessing of sight to recipient and compare it with his previous plight then the interest brought about by such a donation bypasses its harm.

On the other hand, we find that the organs which Allah created in pairs vary in the results of losing one of the members. Some of these pairs, when one member is lost, lose more than half of their effectiveness, such as the legs for example. A pair of legs for a person achieve double the interest than the presence of only one leg. Disregarding the health considerations of this issue we find that one person with two legs is more efficient than two persons with one leg each. Other pairs of organs lose less than half of their efficiency when one of them is lost, such as the eyes and the ears.

There is also another consideration that has to be taken into account, namely, that scientific progress has greatly alleviated the harm resulting from handicaps as it has provided handicapped people with prosthesis and aids which have to be taken into account in weighing the interests and harms of transplants.

Furthermore, if we take into consideration also the risks involved in dismemberment and transplants, we find ourselves in a highly controversial position facing conflicting considerations. A situation in which we cannot be certain of the presence of a justification to permit acting vis-a-vis the right of Allah pertaining to the donor's organ. We are left in this case with the

alternative of choosing the reserve (precautionary) position *(al-'ihtiyyat)*, which means that we have to apply the fundamental rule for acts vis-a-vis human organs, which is the forbiddance of any such acts in the right of Allah without adequate justification.

Fifth: The donation of reproductive organs:

Reproductive organs here refer to those body parts that contribute to reproduction. These are the ovaries and the womb in the woman and the testicles and the penis in man. As well as the ovum and the sperm.

Most of these organs differ from other parts of the body because they are linked with specific objectives of the religious legislation, which are the preservation of breeds and the prevention of mixups in parenthood and kinship. In order to bring about this objective in the Islamic community, the legislator has forbidden all acts which may lead to the creation of human off-spring in ways other than marriage.

Since the creation of human off-spring means the linking of the man's sperm with the woman's ovum, thus *Sharia* forbids all such links outside a marital relationship. On this basis, we can deduct the ruling for the donation of reproductive organs:

1. The donation of a womb by a living person is forbidden except in one case, namely that of a woman with irreversably damaged ovaries, who has no use for her womb, and donates it to a woman with healthy ovaries and a damaged womb. Also in rare cases where the female donor may have more than one healthy womb. It is axiomatic that permission for such a donation is conditional upon scientifically showing that the womb cannot lead to a mixup in parenthood and the donating female should not be adversely affected, and that the donated womb should be useful to the recipient, and finally that it could certainly be established that the donated womb is free from any old sperms or ovum.

2. We have also previously mentioned the forbiddance of donating the penis from a living donor, as it is a unique organ in the body, and donating it does not bring about a greater interest than there is present in the status quo. It is highly likely that it is forbidden to establish an analogy in case of the infertility of its owner between it and the womb with the damaged ovaries, since the penis has other functions than simply being a sperm canal.

3. The donation of sperm completely runs against the purpose of the Islamic legislation, since it leads to the creation of offspring by ways other than marriage. There is absolutely no way to allow such donations.

4. The same is true of the donation of the female's ovum, it is absolutely forbidden.

5. The donation of the testicles or one of them, according to the available medical explanation of their function, is also absolutely forbidden. Since the specialists state that the production of the sperm occurs in the testicles. That they produce sperm on command from the glands, and that they require no external material to produce sperm. This means that a person who receives a donated testicle is not involved in any way in producing his sperm, except that his glands chemically stimulate (hormones) his transplanted testicle to produce sperms during his sexually active age. If a person with a donated testicle impregnates his wife, then he is actually impregnating his wife with a sperm that is not his own..."[1]

   On the basis of this scientific explanation of how sperm is formed in the male's testicles, it becomes clear that the donation of testicles leads to a mixup of parenthood and is thus forbidden.

6. The same is true of the donation of the female's ovaries, since the specialists state that the ovum, like the male sperm, after the donation pertain to the donor and not the recipient[2].

Sixth: The donation of fetuses and their parts:

There are different types of that form of donation:

1. The donation of fetus:

A woman donating her fetus to be transplanted in the womb of another woman who does not become pregnant because of damaged ovaries, in order that the fetus becomes the baby of the latter. Such a donation is not allowed under the rules of *Shar'*, as it leads to the linking of the offspring to

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(1) Taken from a paper by Dr. Mohamed Aymen Safi entitled "The transplant of organs in the body of man", presented to the Academy of Islamic Jurisprudence, 1988, p. 13.

(2) See "The use man makes of the organs of the living and the dead" by Dr. Mohamed Ali Bar, presented to the Academy of Islamic Jurisprudence, p. 1, 1988.

someone other than the natural parents, and *Shar'* forbids such practices. *al-Shar'* has forbidden adoption, as it is a form of linking offspring to someone other than its natural parents. If this is the case then there is no interest to be gained from such a donation, as it leads to many forms of harm, the least of which is to cause disputes over fatherhood, motherhood and the lineage of the children, which may lead to many other disputes.

The same rule applies to the donation of surplus fetuses in test-tube baby programmes, as the same dangers are present.

2. The donation of some of the organs of the fetus:

Some medical scientists have pointed out that science has been able to use human fetuses in transplanting organs, and the use of organs of the fetus in the cure of some incurable diseases[1]. Is it permissible under the rules of *Shar* to donate some organs of the fetus for this purpose?

The answer to this question requires distinguishing between the fetus in which a soul has been breathed, and that in which no soul has yet been breathed.

A soul is only breathed into fetus four months after its formation in the womb[2]. The investigator here supports the view of some ancient jurisprudence scholars who found it necessary to consider the last stage of the fetus in which life has not yet been breathed (that is the sate of *al-Modgha* which lasts for forty days) as similar to that in which life has been granted[3], that is the fetus in this stage will be as if life has already been breathed into it, as a form of reserve period in case of any

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(1) Dr. Mohamed Ali al-Bar, p. 18; Dr. Mohamed Aymen Saffi, pp. 16, 17.

(2) The origin of this is the prophetic saying: "Each one of you is formed in his mother's abdomen for forty days as a *notfa and then he becomes a alqqa then Allah sends an angel who is ordered to write four words, he is told to write the fetuses work, livelihood, date of death, and whether he will be happy or unhappy, then he breathes life into it...*"; See, *Fath al-Bari*, p. 11, p. 405; and *Sahih Muslim*, with al-Nawawi's explanation, p. 16, p. 190. See also for time of the breathing of life into the fetus, *Kitab al-Rowh*, by Ibn Qayyim, p. 237; *Jami' al-'uluum wa al-Hikim*, by Ibn Rajab al-Hanbali for his explanation of this prophetic saying. al-Qurtubbi says: that scholars have not differed concerning the time of the breathing of a soul in the fetus which is determined as being after 120 days, that is the completion of four months and the beginning of the fifth, as we have shown in the Prophet's sayings, and we should depend on this in the rulings we need", *al-Jami' li-'ahkaam al-Quran*, p. 12, p. 18.

(3) *Nihayyit al-Muhtaaj illa Sharh al-Minhaaj*, part VIII, p. 416.

miscalculation of the period of the formation of the fetus. This period may be reduced if science achieves progress in the means of determining the age of the fetus in a certain manner. If science reaches this sure method for determining the age of the fetus without the possibility of making mistakes, then there will be no need for this reserve period. As long as medicine depends in determining the age of the fetus on information taken from the pregnant woman, then the possibility of a mis-calculation is still present and the need to maintain the reserve period still exists.

If we are correct about the time of the breathing of a soul in the fetus, and the necessity of taking the reserve period into consideration, we then can proceed with determining the *Shar'i* ruling for the donation of some organs of the fetus for the purpose of therapy:

a. Donation of fetus organs after life has been breathed into it:

There is no controversy among Muslim scholars that a fetus in which life has been breathed is a full-fledged human being. Under the rule of Islamic *Shar'* he enjoys inviolability *(al-'issmat)* of the new born baby. Aborting such a fetus is considered one of the deadliest sins, and an act of murdering an inviolate soul. In fact, all the writings of these scholars indicate that such an act is not allowed, even if it highly endangers the mother's life[1].

Consequently, the rules for donation that apply to this fetus are the same that apply to the new born baby. It must be noted here that aborting or extracting this fetus from his mother's abdomen with the likelihood of it being alive for the express purpose of taking one of its organs is not a valid or acceptable act under any circumstances. In fact, no drop of blood may be taken from him if this harms him, because it is inconceivable to obtain his permission, and no one has guardianship over it in its life in a matter that may cause him harm. We previously pointed out that the acts of guardians are restricted to those that bring about interest for those who are under their guardianship. If the fetus was extracted dead, then the rules that apply to the dead apply to it.

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(1) *Hashiyyit Ibn 'abdeen*, part I, p. 602, part VI, p. 591; *al-Sharh al-Kabeer* part I, p. 399, 400; *Nihayyit al-Muhtaaj*, part 8, p. 416; *Hashiyyit al-Jammil 'alla Sharh al-Manhij*, part V, p. 490; *'ihyya' 'uluum al-Din*, part II, p. 53; *Jaami' al-'uluum wa al-Hikkam*, p. 46; *al-'insaaf*, part I, p. 386; *al-Mihalli li- Ibn Hazm*, part I, p. 30, 31.

b. The donation of organs of the fetus before life is breathed into it:

It is highly likely that determining the ruling for such a donation depends on two other matters:

Firstly: The ruling for aborting or extracting the fetus at this stage: Is it permitted without justification, or is it only permitted with the presence of justification for such an act? Or is the ruling in this case identical to the ruling for aborting the fetus after life has been breathed into it?

Secondly: The nature of the fetus at this stage: Is it human or is it just a creature with some form of life, and a possibility of becoming human once life is breathed into it?

The ruling for the abortion of the fetus before life is breathed into it:

Jurisprudence scholars have differed vis-a-vis this point. There are several views on this issue:

First view: Permitting abortion at any time before the breathing of life into the fetus. So abortion is permitted in *al-Notffa* stage (the first forty days), and *al-alqqa* stage (the second forty days), and *al-Modgha* stage (the third forty days).

Most of the scholars of al-Hanfiyya, the majority of al-Shafi' yya, and Ibn 'aqiil from among al-Hannabila[1] adopt this view.

Second view: The forbiddance of abortion in all stages of the fetus before life is breathed into it. This is the view point of most of al-Malkiyya scholars, some of the scholars of al-Hanfiyya, al-Ghazzali from the ranks of the scholars of al-Shafi'yya, and Ibn Jouzi from the ranks of al-Hannabila scholars[2]. Some of these scholars have stated that this forbiddance is dependent on the absence of an excuse or a justification for such an act.

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(1) *Sharh Fath al-Qadiir*, part II, p. 495; *Hashiyyit Ibn 'abdeen*, part I, p. 302; *Hashiyyit al-Rahuuni 'alla Sharh al-Zurqanni*, part III, p. 264; *Fath al-'aliyy al-Malik*, part I, p. 399; *Hashiyyit Qalyubbi alla Sharh al-Mahili*, part III, p. 159, 16; *Nihayyit al-Muhtaaj*, part VIII, p. 416; *Hashiyyit al-Jammil alla Sharh al-Manhij*, part V, p. 491; *al-'insaaf*, part I, p. 386.

(2) *Hashiyyit Ibn 'abdeen*, part VI, p. 590, 591; *al-Sharh al-Kabeer ma'aa Hashiyyit al-Dousuqi*, part II, p. 267; *Fath al-aliyy al-Malik*, part I, p. 399; *Hashiyyit Ibn abdeen*, part VI, p. 591.

However, if such an excuse or justification is present, abortion is permitted.

Third view: Permitting abortions in the two stages of *al-Notffa* and *al-alqqa* (that is the first eighty days of the fetus life), and forbidding it in *al-Modgha* stage (that is the forty days before life is breathed into it). This is the view point of some of the scholars of al-Shafi'yya[1].

Fourth view: Permitting abortion in *al-Notffa* stage (that is in the first forty days), and forbidding it in the stages of *al-'alqqa* and *al-Modgha,* and this is the view point of the majority of al-Hannabila scholars and al-Lakhmi from al-Malkiyya scholars[2].

It seems that the arguments of the first and third groups is based on the view that the fetus before life is breathed into it is not human[3], and that life is breathed into it 120 days after its formation.

The third group made an exception of the third forty days as a reserve period as a precaution against any errors in determining the beginning of the formation of the fetus.

As for those who forbid any acts in all stages of the fetus life argue that the fetus before life is breathed into it, is a creature who is likely to become human, and that it is the origin of human beings. Therefore, it is forbidden to harm or damage it, just like a person who is on pilgrimage *(Mohrim)* is forbidden from breaking the eggs of game, as these are the origin of game, likewise it is prohibited to damage the origin of human beings[4].

The fourth group have restricted aborting the fetus to the first forty days because they believe that the fetus is not formed before then[5].

It is highly likely, I believe, that abortion is forbidden before life is breathed in the fetus without an excuse or justification for such an act. But it is permitted if there is an excuse or necessity or a paramount consideration. However, forbidding it is not in any way as strong as forbidding abortion of the fetus after life is breathed into it. Since it is not the killing of a human being, but rather damaging of a useful creature qualified to become a human being through Allah's will. So if an excuse or interest is present to abort it, this is not then considered forbidden.

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(1) *Tuhfit al-Habeeb 'alla Sharh al-Khateeb,* part III, p. 303.
(2) *Fath al-'aliyy al-Malik,* part I, p. 399; *al-'insaaf,* part I, p. 386; *al-Furuu',* part VI, p. 191.
(3) *Hashiyyit Ibn 'abdeen,* part I, p. 302.
(4) *Hashiyyit Ibn 'abdeen,* part VI, pp. 590, 591; *'ihyya' 'uluum al-Din,* part II, p. 53.
(5) *Jaami' al-'uluum wa al-Hikkim,* p. 46.

abort it, this is not then considered forbidden.

This view is further supported by illustrating the second issue, which is the nature of the fetus from the scholar's *Shar'i* point of view:

The nature of the fetus before life is breathed into it:

The Prophet (ﷺ) says:

"Each one of you is formed in his mother's abdomen as a notffa for forty days, then he becomes an alqa, then he becomes a Modgha, then Allah sends an angel who is ordered to write four words, he is told to write the fetuses work, livelihood, date of death, and whether he will be happy or unhappy, then he breathes life into it..."[1].

This saying of the Prophet (ﷺ) shows that the fetus passes through two basic stages, the stage before life is breathed into it, which is the first four months, and the stage after life is breathed into it. This Prophetic statement determines an essential difference between the fetus in the first stage and its second stage. The difference between a body without a soul, and that of a body in which a soul has been breathed by the will of its Creator. It is the soul that gives the body its human identity, and its departure marks the termination of this identity. The first soul to be breathed into a body is that of the body of Adam(عليه السلام)and which made him human, as is well-known from the Quran and the Sunna of the Prophet (ﷺ).

This distinction between the soul and the body is the real reason for the termination of the identity of the individual in this world, as is mentioned in the Quran; Allah says:

IT IS GOD THAT TAKES THE SOULS (OF MEN) AT DEATH;

(al-Zumar, 39:42).

According to the Islamic view, the fetus before life or a soul is breathed into him cannot be described as human, and its abortion is not viewed as a killing of a human soul, though it is a damage of a creature that is qualified to have a human character through the will of God.

This is what Moslem scholars understood from the previous prophetic saying, whether those who forbade abortion before life is breathed into the fetus or those who allowed it. We will show this to be the case in their writings:

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(1) It has been documented previously.

Ibn Quddama says when talking about the rulings for miscarriage or abortion, "before the soul is breathed into the fetus, it is not considered human, so no prayer is required for it at its burial"[1]. Ibn al-Shafi'i says as quoted by al-Shukkani, "that the fetus is given ritual wash before burial if it is four months old, as its livelihood and date of death are written in the fourth forty days, and this is only for the living fetus"[2].

Al-Qurtubbi says in his interpretation of the Prophet's (ﷺ) saying "breathes a soul into it", that "the breathing of the soul is the cause of the creation of human life in the fetus, and that this happens through God's will"[3]. Ibn Hujjra in interpreting the same saying "that breathing means the blowing of wind from within the blower to enter that in which it is blown into, but what is really being said by giving this power to God is that God says Be and it comes into existence"[4], that is be a human being and it becomes thus on His command.

Ibn Qayyim al-Jouziyya believes that the fetus has two lives: the first is that of a plant, that God creates in the fetus before the soul is breathed into it, and its effects are witnessed in the growth of the fetus and its autonomous feeding. Whereas the second life is a human one, and it occurs in the fetus after the soul is breathed into it, and its effects are seen in sensations and willful movement[5].

The jurisprudence scholars of al-Hanafiya according to Ibn 'Abdeen, that "a woman is allowed to abort the fetus before the soul is breathed into it, because before that moment it is not yet human"[6].

Ibn Hazm al-Dhahiri says that "the fetus after the passage of 120 days is living according to positive sources, and if it is alive then if killed it is considered a murder... but if we are not positive that it has not yet gone beyond 120 days then we are positive that it has not yet lived, and that it has no soul and cannot have been killed. It is no more than water or a clot of blood or *modgha* of muscle, bone and flesh, in all this it is a part of its mother. If it is certainly not alive then when aborted it is not killed, because one cannot kill the dead"[7].

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(1) *al-Mughni*, part II, p. 398.
(2) *Nayl al-'awtar*, part IV, p. 83.
(3) *al-Jammi' li 'ahkaam al-Quran*, part XII, p. 6.
(4) *Fath al-Bari*, part XI, p. 411.
(5) *al-Tibyyaan fi 'aqsaam al-Quran*, p. 255.
(6) *Hashiyyit Ibn 'abdeen*, part I, p. 302.
(7) *al-Mihali*, part VIII, p. 33.

We can also see this in the views of some jurisprudence scholars who forbade abortion of the fetus before a soul is breathed into it. They argued that abortion in this stage is a damage of a human origin and they likened it to game eggs which is damaged by someone on a pilgrimage. They have also said that the sin of aborting the fetus in which a soul has not been breathed is less than that of aborting a fetus in which the soul was breathed[1].

From the previous arguments we conclude that fetus before the soul has been breathed into it cannot be described as human, and that its deliberate abortion is not considered the killing of a human being, and that the wrong doing in such an act is the damage of a useful creature, and that such wrong doing is in no way equal to the killing of a fetus in which a soul has been breathed. And that such an act may be permitted if an excuse or justification in *Shar'* is found, and that justification for permission in this stage are much more lenient than other excuses in other stages of the fetus's life.

On the basis of the previous conclusions we can say that donating organs from a fetus in which the soul has not yet been breathed involves less harm than donating organs from a living or dead human being. These harms can be divided into three kinds:
The first kind: is the harm of damaging the fetus, and this is much lighter than damaging a human being or one of his organs, since the fetus before a soul is breathed into it is not human, and since its dignity is less than that of the living or dead human being. The harm involved in any such damage may differ in some cases, such as abortion for other reasons than the need for therapy, such as the abortion of the fetus to save its mother from destruction or the aggravation of a disease.

In this case, this harm is no longer taken into consideration in the process of weighing up the pros and cons to determine the rule for the donation of the organs of the aborted fetus for the purpose of therapy.

The second type of harm is that involved in the donating woman revealing her body, and this harm is lesser in rank than the harm inherent in many ordinary or serious diseases. *al-Shar'* determines this harm to be tolerable for the sake of therapy.

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(1) *Fath al-'ally al-Malik*, part I, pp. 399, 400; *Hashiyyit Ibn 'abdeen*, part II, pp. 590, 591; *Hashiyyit al-Rahuni alla Sharh al-Zurqanni*, part III, p. 264; *'ihyyaa' 'uluum al-Din*, part IV, p. 53.

This harm may also be discarded from the process of weighing up the pros and cons if the fetus is aborted for a reason other than the donation of its organs, or if the fetus is left over from test-tube baby programmes.

The third harm is the pain the mother suffers in the abortion. This is a transient harm and is considered negligible by the specialists. It may also be discarded from the balance sheet if the abortion is necessary.

If it is scientifically valid that the organs of the fetus,before the soul is breathed into it, constitute a successful therapy for some dangerous diseases, such as lack of immunity in children, some types of diabetes, and some of the diseases of the nervous system, as well as others[1], then it is permitted to donate organs from such a fetus to be transplanted in those who may need them, so long as the following conditions, considerations and restrictions are taken into account:

1. If these three forms of harm that have been previously mentioned are all present, then the disease that is to be cured by organs from the fetus, must be a serious or incurable disease that is going to get more serious if not treated. These three forms of harm together are serious enough to be given consideration. If the disease to be treated is an ordinary one that does not endanger life and is not likely to become more serious then some consideration must be given to these three forms of harm.

All these forms of harm unite if there are no needs other than the provision of therapy for the abortion of a fetus before a soul is breathed into it. If the disease to be cured by parts of the fetus is dangerous and serious then it is permitted to abort the fetus by his father's and mother's permission for this purpose. The forms of (harm) inherent in such a donation become tolerable, since the revival of a human and delivering him from the grip of a terminal disease is greater in the scale of interests than the mere preservation of living cells (the true nature of the fetus at this stage), even if combined with the lesser harms of revealing the woman's body, and avoidance of some of the suffering of the mother. Since the abortion of the fetus before a soul is breathed into it is permissible according to the previous argument, then this is clearly an adequate excuse and justification for such an abortion. As for the scholars who have permitted abortion without an adequate excuse or justification, we may say that they would have more ground for permitting this case.

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(1) Dr. Mohammad al-Bar, p. 18; Dr. Mohammed Aymen al-Saffi, pp. 16, 21.

If the fetus is to be aborted for a reason other than the donation of its organs, then it is likely in this case to permit the use of parts of the miscarried or aborted fetus to treat and cure less serious illnesses than those mentioned earlier. Provided the following conditions are met:

2. That there are no other alternatives for treatment of the illness and that the illness is not temporary and will not be cured in time.
3. The parts taken from the fetus should not pertain to the reproductive organs such as the testicles or the ovaries, because of the reasons mentioned earlier.

The ruling for the donation of some nerve cells extracted from fetus:

As for the donation of nerve cells from aborted fetus to treat some incurable brain diseases, the same rule that we have previously mentioned applies. In fact, we do not accept what some scholars have mentioned, namely that the transplanting of nerve cells in the nervous system and the brain could affect the character of the recipient, on the assumption of modern empirical science that thinking, emotions, will and other meaningful functions are located in the brain(1).

Islamic scholars have stated that the force affecting the human body and influencing its acts is a rational entity that God breathes into the human body, that is the soul. Any voluntary act performed by man is one of the effects of the soul, and that all the work of man in this world is the work of the human soul that has linked itself to the body, as the body is the tool and slave of the soul(2).

Empirical scientists only research that which is concrete, and they only accept the results of concrete empirical research. When they want to explain any human activity they follow up on the changes occuring in the concrete parts of the body when the activity they are interested in is pursued. They observe different developments, actions and reactions occuring in the different parts of the body and finally they attribute to the organ which produced the final activity, the act performed by man.

Therefore, when they discovered that the brain was the final organ to react for each act performed by man, they attributed to the brain all human actions whether material or otherwise.

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(1) Dr. Mohammed al-Bar, p. 19.
(2) *al-Rowh*, pp. 242, 285; *Sharh al-'aqidda al-Tahawiyya*, p. 381.

In fact, empirical scientists could be quite right in determining all the concrete steps that occur within man when he performs a certain act as this is their field and they are more knowledgeable in it.

What I do not approve, however, is the attribution of all human actions to the physical organ which witnessed the final physical response before the performance of the action. All human volutary actions involve a moral element that of the will. All the habitual aspects of life and the universe indicate that matter does not produce rational meaning, it produces matter like itself. Therefore, there must be a spiritual creature in the body of man that has been created by God as a rational entity. This entity uses the body under its control as is the case with the brain thus producing human actions in their final form.

It is difficult to believe that some changes occuring in the human organs, finally manifesting themselves in the main organ, the brain, produce in the end sensations of pain, ecstasy, happiness, comfort and many other perceivable sensations.

It is true that the brain and all other body organs differ from mechanical machines and apparatus, in that it is made of living cells that grow, develop and die. But even this life is not rational, and it is the same life of the fetus before a soul is breathed into it. It is the same life that drives the dismembered throbbing heart preserved under specific conditions for a transplant.

A simple rational argument would illustrate the error in the claim of the empirical scientists that all human voluntary actions should be attributed to the brain exclusively and finally. The argument goes as follows:

If the brain is behind every voluntary movement of the organs of the body, the question then is the activity of the brain itself voluntary or involuntary? That is to say when the brain sends commands to the organs in the body, and when it receives feedback concerning the implementation of its commands, then analyses these actions and issues final results in their light; are all these different activities stemming from the brain voluntary or involuntary?

There is no way we can say that these activities of the brain are involuntary. It would be a call to go against what we perceive. It also leads us to say that all actions performed by human beings are involuntary, as if all human activity is similar to that of a living plant or the cells of a living kidney separated from the body of its owner.

If human actions are voluntary then there is no way we can attribute them to physical brain cells, because we have already argued that it is impossible to obtain meaningful actions from matter, without the intervention of another source that has a different nature than that of material entities.

If this is so then there is no way but to accept that there is a living, rational, spiritual entity that underlies all the voluntary actions of the brain.

On the basis of our conception of the voluntary actions of man, we believe that the transfer of some nerve cells to the brain or the nervous system does not transfer or cause the transfer of any of the components of the character of the donor. Thus his thoughts, beliefs and emotions are not transfered to the recipient. It only leads to an improvement in the function of the recipient's brain, in that it becomes more responsive to the commands of the soul which God has specifically given to a specific body. The brain is just like any other body organ, in that it has the same relationship with the soul that all other organs have namely that of the obedient soldier with his commanding officer. Though the relationship of the soul with the rbain would be qualitatively greater than the rest of the body, because the soul controls the whole body through the brain. Based on this analysis, we see no reason to prevent the donation of some of the nerve cells of the fetus, as well as transplanting these in the nervous system or the brain of another human being within the limits of the previous conditions.

Part Two: Donation of a human organ through a will:

If we apply the rule of tolerating the least of two harms to waive the worse one with the conditions therein to the donation of man's organs after his death, then the scope of permission is much larger than that we reviewed for the donation of organs while alive. That is so because the worse harm in the donation of human organs is not present in that form of donation. Namely, the harm of damaging present life and exposing it to unnecessary risks and dangers. There is no life in the dead that we may threaten by the taking of their organs.

After the departure of the soul from the human body, man is left with the right to honour him, that is his right to be washed before burial, the right to be shrouded, prayed on before burial, carriage to the place of burial, decent burial and the right not to have the corpse defaced. We have mentioned previously that these rights are not the exclusive rights of the individual, but they include the right of God, which the individual has no right to waive or surrender.

We believe that the taking of the organs of the dead on the basis of their will to do so does not waive these rights, as it does not contradict what we have already mentioned, except for those who may suspect that this is a form of defacing or dismembering the body. However, this is definitely not the case, as defacing does not only involve taking organs from the body, but doing so with the intent of mutilating and defiling the person. If the taking of the organ from the body is done with the intent of collecting or protecting a right, then it cannot be considered defilement[1]. The majority of jurisprudence scholars have permitted the opening up of a dead person's stomach to extract money he may have swallowed while alive. They did not consider this defilement. Another group of jurisprudence scholars have allowed the use of the bones of the dead to repair the bones of the living if this was necessary. Modern jurisprudence scholars have permitted performing an autopsy on the body to detect a murderer or for educational and training purposes. They have based these rulings on what we have already mentioned.

Even supposing that such an act was a form of defilement, then forbidding it, as we mentioned before, is left to the individual in question and the right of God. The individual has granted his permission, and God Almighty permits the transfer of his right if it was necessary to revive or uphold an even greater right, on the premises of the rule of tolerating the least of two harms to waive the more serious one.

If so, then the donation of an organ in a will is permissible, provided the aforementioned conditions are adhered to. This covers all organs except those linked to lineage and breed such as the testicles and the ovaries, as the reason for the forbiddance is still present.

This covers the theoretical aspects of any such donation, yet from the practical point of view, the usefulness of this ruling depends on determining the concept of death from the point of view of *al-shar'*: this depends on our acceptance of the contemporary concept of determining the time of death, as being the terminal and irreversible death of the brain, and which in no way depends on the death of the heart or any other body organ. Combined with the permission for the donation of organs by will, then this provides the opportunity to make full use of the major organs in the body, on which man's life depends such as the heart, the liver, the kidneys, the pancreas, the lungs and other body organs.

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(1) There is a similar point of view in *al-Taj wa al-'iklil*, part II, p. 254.

If this method of determining the time of death is rejected and the traditional method for determining the time of death, only when the heart stops beating, even if the brain is terminally dead, then this will preclude making use of these major organs and restrict such donations only to certain organs. The success of organ transplant operations depends on the viability of the organs transplanted to the recipient's body, and the extension of this viability to the moment when they are connected to the specific parts of the brain or the nervous system of the recipient. By viability here we mean that no damage has occured to the organs, a matter which depends on the blood reaching the cells of the organ in question. This in turn depends on the heart continuing to perform its function, because if it stops the cells of the various organs will also die a short while after it stops. This period of time is not usually enough to perform a transplant operation. This means that the legitimacy of donating the organs of a dead individual via a will would be worthless from a practical point of view if it is conditional on the stoppage of the heart to determine the time of death. This means that we are legitimizing donation through a will with those organs that are not in fact very useful for those who desparately need a transplant of a vital and major organ.

I have written a separate paper on the concept of the death and it has been published in the Proceedings of the medical symposium which was held in Kuwait by the Islamic Organization for Medical Sciences on the 15th January 1985, entitled "Human life: Its beginning and end from an Islamic perspective". It was also published in al-Shari'a and Islamic studies Journal published by al-Shari'a College in Kuwait University, in December 1985 issue. In this article I have argued that in order for the soul to continue to be coupled with the body, the body must continue to be viable to accept the sensations, the movement and the will of the soul. That if the medical scientists could positively determine the time in which the body becomes totally and terminally incapable of sensation and incapable of performaing any voluntary action is the time when the soul leaves the body and the occurence of death. If such incapacity is the positive result of the death of the brain, and could absolutely determine the qualities of a dead brain, then there is nothing to prevent determining the time of death, being the death of the brain.

SECTION SIX: OBJECTIONS AND REPLIES:

The result that we have reached on the basis of some rules of *Shar'*concerning the question of the donation of human organs could pose a problem and two objections:

The Problem:

Some investigators have found a problem in how a specific individual determines his right to bodily integration with another person when undertaking the process of balancing the interests and the harm resulting from the donation of a human organ[1]. The answer to this problem is from two perspectives:

The first perspective: The opposition in this perspective of the donation of the organ is not between the donor's right over his organ and the recipient's right from this donation. In fact, it is between the community's right in the donated organ, its right in the body of the recipient, and between the harm which occurs to its right in the donated organ as its utility is delayed and the harm which occurs to its right in the body of the sick person if the donation is prevented. This opposition is in fact between two interests or two harms befalling the community in two different areas of its rights. In fact, they are both in the same direction and hence there is no problem in performing the weighing of interests and harms to preserve the higher interest and waive the more serious harm.

The interest of the donor in his organ depends on his permission. His acceptance is a pre-requisite to be entered in the weighing up process. The donor is not to be forced to do so and no one should force him to accept the result of this weighing up process. The exclusive right of the individual may not be transfered without his specific permission. It is only *al-Shar'* that precluded him from transfering it in this case, as this involves a transgression against the right of the community given to it by God on all the bodies of its individuals. If we could from a theoretical point of view to separate the two rights, then the individual would have the right to act vis-a-vis his body. But such a theoretical approach is impossible to achieve in reality, because the two rights are indivisibly linked. This only comes to the surface when there is a justification to permit the transfer of the right of the individual, coupled with the permission of the donor. In any other case, the fundamental rule remains unchanged and the transfer is forbidden.

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(1) This problem has been pointed out by Dr. Ahmed Sharaf al-Din in his paper entitled "Modern medical procedures and their rulings in the light of the rules of Islamic Jurisprudence", presented to the First International Conference for Islamic Medicine held in Kuwait in celebrating the beginning of the fifteenth Hijri century in 1981. Dr. Sharaf al-Din answered this problem in his paper with a probable brief directive. See the first issue from the Islamic Medicine Bulletin devoted to the publication of the Proceedings of the afore-mentioned conference, second printing pp. 569, 570.

The second perspective: Despite what we have presented so far, we find examples in *al-Shar'* where the results of such weighing up of the opposition between contradicting interests being referred to different directions:

In *al-Shar'* it is allowed for an individual to tolerate a harm to waive a more serious harm to the community. As in a case, where a group of attacking enemies use a Moslem or a group of Moslems to shield themselves, where it becomes permitted to kill this Moslem or group of Moslems to defend and save the Moslem community.

There are also cases where the community tolerates a harm or disinterest to avoid a more serious one that would otherwise befall some of its members, such as paying out a ransom from the Moslem treasury to save a Moslem prisoner.

There are other cases in *al-Shar'* where the individual tolerates a harm or disinterest to prevent his brother from facing a more serious harm, such as when he finds a person who is desparately in need of food and drink, where it becomes his duty to provide him with the food and drink that would save him from destruction.

The fundamental rule here is the Islamic view of the relationship between the individual and the community and the linking of their rights and interests. Believers are like the organs of one body or the bricks in one wall. There is no right that God gave the individual that is not linked to the rights of the community which appear as conditions and restrictions qualifying the mandate granted to the individual over his rights.

The First Objection:

A human being's life does not belong to him, it belongs to God Almighty, He created it, and only He can act vis-a-vis this life. As long as this is the case, man has no right to donate any of his organs, because the right over them is not his.

The answer to this objection, is that the rulings of practical *Shari'a* and jurisprudence texts tell us that man's body is linked with the right of God and the right of the individual. And that permission from the individual is effective only in so far as his own right is concerned, and is not taken into consideration unless *al-Shar'* gives him the permission to transfer his right; a licence given only when there is a justification for such an act. This justification in itself is not the individual's permission. It is the fact that the donation itself is the cause of reviving a right of God that is greater than his

right over the body of the donor.

Assuming the validity of the argument, and that the right of God over the body of man is exclusively that of God. This does not in any way contradict permitting the donation of organs under the conditions, limits and restrictions that we have previously expounded in detail. In fact, this underlines the conclusion that we have reached. Since rights over the human body are exclusively those of God Almighty, the rules of *Shari'a* indicate the rights of God may be transferred or waived if such an act is necessary to save a greater right of God. We have given many examples from *Shari'a* illustrating this point, al-Sheikh 'izz Ibn 'Abd al-Salaam has expounded this rule in detail in his book *Qawaa'id al-'ahkaam* and has provided us with many of its applications.

The claim that the donation of an organ is not permissible since that organ belongs to God who has right over it is valid if such a donation is futile and absurd and does not intend to revive a yet greater right of God. However, the generalization of this claim is in fact one way of looking at this issue, and a total disregard of the other aspect of this issue. Both, the body of the donor and the body of the recipient belong to God, who has exclusive rights over both. Since the transfer of the organ from the former to the latter saves the right of God in the body of the recipient more than simply not undertaking such a donation, thus the claim that such a donation contradicts the goals of *Shari'a* in maintaining the rights of God is null and void, and permitting such a donation in fact maintains these goals according to the rules of *Shari'a*.

This objection based on the exclusiveness of the right of God over the body of man leads us to a further conclusion than that we have already reached. Namely, that it leads us to claim that it makes it our duty *(wujuub)* to donate the organ in question to save a greater right of God, without obtaining the permission of the donor. Since, according the objecter the owner of the body has no rights over his body. The fact of the matter is that both the individual and God hold joint rights over the former's body as al-'izz Ibn 'Abd al-Salaam[1] shows. Therefore, we have to obtain the permission of both the individual and *al-Shar'* to perform a transplant. The permission of the individual is his approval, and that of *al-Shar'i* is obtained by showing that the interests achieved in the donation are greater than its harm.

The Second Objection:

The opening of the door for the donation of organs leads to many

(1) *Qawwa'id al-'ahkaam*, part I, p. 130.

harms and exposes men to exploitation and commercialization in this respect. There are many incidents publicized in news papers highlighting fraud and exploitation of the donors, who on the one hand, exploit the need of the sick or by the sick who need donated organs exploiting the poverty and financial need of the donors. This calls upon us to forbid any such donations on the basis of the principle of precaution as a precautionary measure.

The response to this objection lies in explaining the scope of the principle of putting an end to pretexts as a *shar'i* premise on which ruling could be based:

The principle of precautionary prohibition intends intends to forbid certain practices not because of an inherent reason in them, but because they lead to committing that which is forbidden *(haraam)* or sinful. It is counter-balanced by the principle of allowing some practices that are inherently forbidden because of the interest that they may lead to under certain circumstances.

Jurisprudence scholars do not differ in accepting the principle of precautionary prohibition in toto, though they may have differed with respect to its application. They have also not differed with respect to allowing some inherently forbidden practices, to aid in bringing about a greater interest in the *shar'i* scale. The scholars who have exceeded others in their application of the principle of precautionary prohibition are those of al-Maliki school.

It is universally agreed among these scholars that this principle should not be taken in an absolute manner and that it should not be applied to all practices that may lead to committing what is forbidden. Some pretexts are not allowed to be halted by agreement, while others are. There are still others that are a source of disagreement among these scholars and this is the area which bears either prohibition or permission.

The pretexts that should be halted by agreement are those which rationally, or traditionally or actually lead to harm and produce no interest greater than this harm[1], which cannot be avoided through imposing restrictions, conditions or implementation procedures.

The scholars however have not generalized the application of this principle to all practices that could possibly lead to a harm or disinterest. Since the generalization of this principle leads to the rejection of many *shar'i* rulings, if not the majority of these rulings. There is no *shar'i* or legal ruling

(1) See *al-Furuuq*, part III, p. 266; *al-Muwwafqaat*, pp. 194-200.

which cannot be abused and malpracticed. This is something that stems from the nature of human beings and the nature of the world around us. In fact, this is the basis of the test God gives to human beings in this world. As an example we will provide a few rulings and orders:

Islam's penal code comprises of specific penalties, retribution and conventional penalties. If this system is applied in a *shar'i* manner, it will bring about the greatest possible interest for all people. Yet, even this system can be abused in practice, in that it would be made to distinguish between the powerful and the weak. The Prophet himself (ﷺ) has pointed this possibility out, when he said,

> *"It has destroyed those before you, that if the powerful (al-Shariif) among them stole they did not punish them, whereas when the weak committed theft the penalties were implemented on them..."*[1].

Hence, legislating a punishment for theft could then become a blight on the nation, particularly if the punishment was applied only to the weak. The same applies to the penalties of *al-qissass* (retribution), which if applied to all, would bring about the interest of everyone, but if poverty and wealth, privilege and honour were taken into account in its implementation, it would be the opposite. Likewise, the legislation for the forgiveness of *al-qissass* where it could be imposed on the poor if the criminal is from the ranks of the rich and wealthy. Likewise, the legislation for fighting tyrants and highway robbers. How many rich and powerful have suffered the rulings for tyranny and injustice? The same could be said for the rulings governing marriage, polygamy, divorce, dowry, transactions and many other aspects of life. All these can be abused by cheating, exploitation, fraud and delinquency. The problem is not in the legislature itself, the problem lies in those who apply the legislature, whether they are rulers or the ruled. Halting such abuse cannot be achieved by the abolishment of such legislation and the forbidding of all acts on the pretext that it opens up the possibility of abuse by those who have no conscience. Such abuse can be controlled only through viable implementation procedures and *shar'i* restrictions, and deepening belief and faith in the hearts and minds of people.

As for the limitation of the scope allowed to people, and closing the door of their interests by hanging on to the principle of halting all possible pretexts for harm, will not prevent or alleviate evil. In fact, it may enhance evil and urge people to violate and disregard laws and rulings. The

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(1) Narrated by Moslem in *Sahiih Moslem bi-sharh al-Nawwawi*, part XI, p. 186.

examples of this provided in the issue of donation and the transplant of organs are quite obvious. There would be those who kidnap the weak and the poor to take their organs by force and to make this a trade, or those who would exploit sufferers of renal failure and blackmail them on the promise of the donation of one of his kidneys, and many others. The incidents published by the newspapers in this area are criminal under any law or order, yet criminalizing such acts has not prevented them from happening.

It is very likely that the harm in the area of the donation of organs is mainly due to chaos, lack of clear cut rules, and the absence of control and supervision. The only way to halt or limit abusive practice in this area, and to enhance its interests is to control it with the previously mentioned restrictions, conditions and procedures. Furthermore, transplants should only be performed in specific centres and under the control of trusthworthy authorities.

SECTION SEVEN: THE RULING FOR THE SALE OF HUMAN ORGANS AND THE RULING FOR COMPENSATION FOR DONATIONS:

The ruling for the selling of human organs:

Moslem jurisprudence scholars have agreed not to allow the sale of human organs. Because among the conditions, inter alia, which they require for a sale are the following two: the first, is that the object to be sold must be of some usefulness in reality; the second, is that the legislator should have allowed its use in some aspect of life without necessity or compulsion.

The first condition requires that people should have found some use for the object to be sold in some aspect of their interest. The second condition provides that there should be no *shar'i* text or principle preventing the use of the object in normal circumstances, that is not under necessity or compulsion. The permission to use something in a situation of necessity or under duress is not sufficient to satisfy the second condition. For example, the permission to consume alcohol and dead animals under duress or in a situation of necessity is not sufficient to allow the sale of such items under normal circumstances[1].

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(1) *Badaa'i' al-Sanaa'i'*, part V, p. 143; *al-Mughni wa al-Sharh al-Kabiir*, part IV, p. 7; *al-Furuuq wa tahthiib al-Furuuq*, part III, pp. 238, 239; *Mawaahib al-Jaliil*, part IV, p. 263; *Rawdit al-Taalbiin*, part III, p. 384, 350.

Most human organs at the time of the major jurisprudence scholars had no actual use in reality. That for which they did not conceive a use in reality was forbidden to be sold as the second condition was not satisfied in it. That is because the legislator did not permit its use. The legislator has dignified the human body by this forbiddance on the sale of human organs. Those scholars who have allowed making use of some organs after the death of their owner made this conditional on the presence of necessity.

Jurisprudence scholars did not make any exceptions from the forbiddance of the sale of human organs, except the sale of maternal milk, if it is milked from the mother. They believed that it is useful for feeding children and that the legislator has allowed making use of it in regular circumstances and not just in situations of necessity. Hence the two conditions required are fulfilled and scholars have allowed its sale, giving it as a gift, and making use of it. The jurisprudence scholars who have rejected this position are al-Hanafiyya scholars. They thought that making use of maternal milk is merely a permission given by the legislator to satisfy people's need to hire surrogate wet nurses when the lactating mother dries up and this is not enough to satisfy the requirement of the second condition. So, such a permission they thought should be restricted to the specific type of act allowed by *al-Shar'* for this form of use and that is the hiring of a wet nurse, whereas other forms of this activity continues to be governed by the fundamental rule, namely prohibition, for the sake of man's dignity[1].

This was a brief summing up of the jurisprudence scholars stance vis-a-vis the sale of human organs, and that is the absolute prohibition of any such activity. This also means the prohibition on giving human organs as a gift, because they stipulated that gift should meet the same requirements that a purchasable object should meet[2]. Are then any new elements that may require re-opening *ijtihaad* once again in this issue?

In fact, the new elements in the present age that we have mentioned in section one of this paper do not require the re-opening of *ijtihaad* with regard to the jurisprudence scholars ruling not to permit the sale or the giving as gift of human organs, since the condition that gifts and objects offered for sale must be permitted to be used in regular circumstances and not just under necessity will not change with the advance of time. Hence, the use of human organs will continue to be forbidden except under duress

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(1) *Badaa'i al-Sanaa'i*, part V, p. 145; *al-Furuuq*, part III, p. 240; *Bidayyit al-Mujtahid*, part II, p. 138, *al-Mughni*, part IV, pp. 10, 304.

(2) *Badaa'i al-Sanaa'i*, part VI, p. 119.

or dire necessity, because expansion in the use of such organs without dire need or absolute necessity contradicts human dignity. All the cases of permission that we have deduced in this paper are based on the ruling of committing the least serious of two harms, which is restricted by the absence of an alternative and other conditions which make it a necessity or an obligation. The issue in all these cases is not a contract transfering ownership of the organ to someone else, it is rather an act with regard to the right of God and that of the community to transfer it from one place to another because of dire need or absolute necessity. What is being transferred is the right of God, but since it is also coupled with the right of a specific individual, it cannot be transferred without the permission of this specific individual.

Furthermore, the nature of the right of the individual over his organ is the right of exclusive use and enjoyment throughout the period of his life, and that he does not possess the right to transfer them. The individual's donation of his organ, if it has *shar'i* justification, is considered a form of surrender of this exclusive right of use, and is not to be considered a positive contract, but merely a transfer of the organ because of necessity or dire need, and not a willful and voluntary act. The individual's permission is one of the conditions in taking the necessity or the need into consideration and is not a cornerstone in a contract, or a reason for the transfer of an organ.

The ruling for compensation for the donation of human organs:

The reason that allowed us to permit the donation of some organs,as we have shown previously, is the enhacement of interests that such an act may bring about over and above the harm it may cause. There is no doubt that if the donor asks for a compensation for his organ then this would be considered a new issue that should be taken into account in the process of weighing up the interests and the harms of the donation. We have to determine whether this new element tips the scales in this weighing up process, making the harm resulting from the donation more than the interest it may bring about, hence leading to the forbiddance of the donation. Or it may have no impact whatsoever on it.

The probable harm mentioned by objecters who have researched this issue is that this may detract from human dignity. They believe that if the donor receives any compensation for his donation then this is considered a form of sale. Thus turning human organs into commodities that may be sold, bought, auctioned, and discounted.

It is my belief that the mere taking of a compensation by the donor for his organ, if previously determined by the legislator, does not imply any detraction of human dignity. Since, *al-shar'* has imposed such a compensation when someone else damages or causes damage to an organ, and gave the individual the right to take such a compensation or to pardon the offender. The least that this *shar'i* course indicates is that the taking of compensation for the loss of an organ does in no way detract from human dignity. What may actually demean human dignity is the sale of the human organ at a price to be determined by the two involved parties. If a compensation is imposed to which the two parties are committed, then this in no way demeans human dignity. We have already pointed out that the donation of a human organ is not a sale or gift contract. Compensation for the donation of an organ should be treated just like the compensation imposed in cases where an organ or a limb is damaged by someone else. This matter should not be left to the discretion of the two parties to haggle over the price. A compensation should be pre-set determined by *shar'*, and the donor should be able to surrender his right to this compensation or part thereof. No consideration should be given to anything over and above the pre-set compensation. If the donor happened to take more than the pre-determined compensation and the other party could prove this before a court of law, then the judge must be able to return it. No legal protection should be given to any increase over and above the pre-determined compensation.

It is true that the donor may exploit the need of the sick or his kin, to take a much higher compensation in secret than that is legally pre-determined, and that the recipients will pretend not to have paid more because of their dire need. This may possibly occur and it is a form of blackmail. But the cause of it is not the setting of a pre-determined compensation and nothing will prevent this from happening. Not even, forbidding a compensation will prevent this from happening. In the latter, the donor and the recipient could secretly agree on a large compensation to be paid by the latter to the former, while both pretend that the donation was free. Blackmail and exploitation are likely to occur under any system or order, as we pointed out in the previous section.

It may be said, as well, that determining the maximum possible sum for the compensation contradicts the opinion of jurisprudence scholars to the effect that the defendant and the offender may agree on any sum they see fit to conclude an agreement for reconciliation. As both parties have the right to agree to a sum larger than the pre-set compensation *al-diyya al-shar'iyya* (blood money) in cases of criminal offence. The answer to this

problem, is that this is restricted only to cases where *al-qissass* is imperatively imposed on the offender. If it is not imperatively imposed such as in cases where there is mere suspicion or where the damage befalling the limb or organ is accidental, then the defendant can only claim the legally pre-determined compensation. The case of donating an organ does not of course involve *qassass*, therefore this does not apply.

This then is in full agreement with our opinion that the donor should take his rightful compensation or part thereof in case of a donation from a living person. However, there should be no compensation in cases where a donation is willed after death, as there is nothing in *al-shar'* to impose compensation for the organs of the dead.

The *Shar'i* compensation should by a full *diyya* for organs that are unique in the body, but such organs cannot be donated as we explained earlier in section five. So there is not much to be gained by determining their compensation.

If the organ in question has counterparts in the body, then the compensation for it should be the result of dividing the full *al-diyya al-shar'iyya* (full legal pre-determined compensation) on the number of members of this organ. The full *diyya shar'iyya* is 4250 grams of pure gold, hence the compensation for one kidney, for example, should be 2125 grams of gold. There are no texts determining the legal compensation for many types of transplants, as well as those for organs that have lost their function. The compensation for these should be left to be determined by the specialists, according to the scholars. However, interest calls upon us to determine and make public the legal compensation for all organs that may possibly be donated.

REFERENCES

1. 'IHYYAA' 'ULUUM AL-DIN, Abu Hamid al-Ghazali, Matbi it Mostafa al-Halabi, 1939.
2. AL-'ASHBAAH WA AL-NATHAA'IR LAL-SUYYUTI, Dar al-kutub al-'ilmiyya, Beirut, 1983.
3. AL-'ASHBAAH WA AL-NATHAA'IR LIBN NAJII, Dar al-Kutub al-'ilmiyya, Beirut, 1985.
4. AL-'I'TSAAM, Abu Ishaaq al-Shatibi, Dar al-Tahriir lil-Tab' wa al-Nashr, 1970.
5. 'A'LAAM AL-MOWIQ IIN ANN RAB AL-'ALAMIIN, Ibn Qayyim al-Jouziyya, Dar al-Jiil, Beirut, 1973.
6. "'INTIFAA' AL-'INSAAN BI-'A'DAA'I JISM 'INSAAN ' AAKHR HAYYAN AW MAYTTAN", Dr. Mohammad Sa iid al-Butti, paper submitted to the Academy of Islamic Jurisprudence, 1987.
7. "INTIFAA 'AL-'INSAAN BI-'A'DAA'I JISM 'INSAAN' AAKHR HAYYAN AW MAYTTAN", Dr. Baqr Ibn Abd Allah Abu Zeid, paper submitted the to Academy of Islamic Jurisprudence, 1987.
8. "'INTIFFA' AL-'INSAAN BI-'A'DAA'I JISM 'INSAAN 'AAKHR HAYYAN AW MAYTTAN", Dr. Mohammed Ali al-Bar, paper submitted to the Academy of Islamic Jurisprudence, 1987.
9. AL-'INSAAF, al-Mardawwi, second print, 1980.
10. BADAA'I' AL-SANAA'I', 'alaa' al-Din al-Kassani, second print, Dar al-Kitaab al-'arabi, Beirut, 1982.
11. BIDAYYIT AL-MUJTAHID, Ibn Rushd, Matba'it al-Kuliyyaat al-'azhariyya, Misr, 1969.
12. AL-TAAJ WA AL-'IKLIIL, Mohammed bin Yussef known by al-Muwwaaq, printed in the notes of MAWWAHIB AL-JALIIL.
13. TUHFIT AL-HABIIB 'ALLA SHARH AL-KHATIIB, al-Bijirmi, Dar al-Fikr, 1981.
14. AL-TARGHIIB WA AL-TARHIIB, Abd al-'adhiim bin 'Abd al-Qawwi al-Mundhirri, Mustafa al-Halabi press, second print, 1988.
15. AL-TASHRII' AL-JINAA'I AL-ISLAMI, 'Abd al-Qadir 'odda, printed by Mo'assisit al-Risaala, Beirut, 1981.
16. AL-TALWIIH 'ALLA AL-TAWDIIH, Saa'd al-Din Mas uud bin Omar al-Taftazani, Dar al-'ahd al-Jadiid, Misr.
17. TAHDHIIB AL-FURUUQ, Mohammed 'Ali Bin Hussein, printed on the notes of HAMISH AL-FURUUQ.
18. JAAMI' AL-'ULUUM WA AL-HIKKIM, Ibn Rajab al-Hanbali, Dar al-Ma'riffa, Beirut.
19. HASHIYYIT IBN 'ABDIIN, second print, 1966.

20. HASHIYYIT AL-JAMMAL 'ALLA SHARH AL-MANHAJ, Sheikh Zakariyya al-'ansaari, Dar al-Fikr.
21. HASHIYYIT AL-RAHUNI ALLA SHARH AL-ZURQANNI, Mohammed Bin Ahmed al-Rahuni, first print, Bullaq, 1306 Hij.
22. HASHIYYIT QALYUUBI WA HASHIYYIT OMAYRRA ALLA SHARH AL-MAHALI, Dar 'ihyyaa' al-Kutub al-'arabiyya, 'Issa al-Halabi.
23. HASHIYYIT AL-SHARWWANI AND HASHIYYIT IBN QASSIM AL-'BBADI ALLA TUHFIT AL-MUHTAAJ, Dar Saadir, Beirut.
24. HASHIYYIT AL-DUSSUQI 'ALLA AL-SHARH AL-KABIIR, Mohammed al-Dussuqi, printed on AL-SHARH AL-KABIIR.
25. AL-HAQQ WA MADA SULTAN AL-DAWLA FI TAQYIIDIH, Dr. Fathi al-Doreini, Mo'ssasit al-Risaala, Beirut, 1977.
26. RAWDIT AL-TALIBIIN, Yehya Bin Sharaf al-Nawwawi, al-Maktab al-Islami.
27. AL-ROWH, Ibn Qayyim al-Jouziyya, Dar al-Kutub al- 'ilmiyya, Beirut, first print, 1982.
28. ZAAD AL-MO'AAD FI HUDDA KHAYR AL-'IBAAD, Ibn Qayyim al-Jouziyya, al-Sunna al-Mohammediyya press.
29. SHARH AL-QIDDA AL-TAHAWIYYA, Manshuraat al-Maktab al-Islami, third print.
30. SHARH FATH AL-QADIIR, al-Kamaal bin al-Humaam, Dar Saadir, Beirut.
31. AL-SHARH AL-KABIIR, Ahmed al-Dardiir, printed by 'issa al-Halabi.
32. SHARH AL-MAHALI ALLA AL-MINHAAJ, Jalaal al-Din al-Mahali, Dar 'ihyyaa' al-Kutub al-'arabiyya.
33. SAHIIH MOSLEM BI SHARH AL-NAWWAWI, 'Abu al-Hussein Moslem Bin al-Hajaaj and Yehya Bin Sharaf al-Nawwawi the writer of al-Sharh, al-Matba'it al-Misriyya, 1930.
34. "GHARS AL-'A'DAA' FI JISM AL-'INSAN", Dr. Mohammed Aymen Saafi, paper submitted to the Academy of Islamic Jurisprudence, 1987.
35. AL-FATAAWI AL-HINDIYYA, a group of scholars, al-Matba'it al-Kubra al-amiiriyya bi-Boulaq, 1310 Hij.
36. FATH AL-BAARI SHARH SAHIIH AL-BOUKHARI, Ibn Hajjar al-'asqalanni, al-Matba'it al-Bahiyya al-Misriyya, 1384 Hij.
37. AL-FATH AL-RABBANI, Ahmed 'Abd al-Rahmaan al-Banna known as al-Sa'aati, Dar 'ihyyaa' al-Turaath al-'arabi.
38. AL-FURUU, Mohammed Miflih al-Maqdissi.
39. AL-FURUUQ, Shihaab al-Din al-Qaraafi, Dar al-Ma'riffa, Beirut.
40. FATH AL-'ALLI AL-MALKI, Mohammed Ahmed 'oleish, Mostafa al-Halabi press, 1958.

41. QAWWA'ID AL-'AHKAAM FI MASAALIH AL-'ANAAM, 'izz al-Din Abd al-'aziiz Bin 'Abd al-Salaam al-Silmi, Maktabit al-Kuliyyat al-Azhariyya, Dar al-Sharq lil Tibaa'it, 1968.
42. AL-QAWWA'ID WA AL-FAWWA ID AL-'USULIYYA, 'Ali Bin 'Abbass al-Ba'li al-Hanbali, Matba'it al-Sunna al-Mohammediyya, Cairo, 1956.
43. KASHAAF AL-QINAA, Mansour Bin Idriiss, al-Matba'it al-amriyya.
44. AL-MAJMUU SHARH AL-MOHAJAB, Yehya Bin Sharaf al-Nawwawi, printed by Maktabit al-'Irshaad, Jeddah.
45. AL-MAHALI, Ibn Hazmi al-Adalussi, al-Maktab al-Tujaari.
46. MOKHTAAR AL-SIHAAH, Zein al-Din Mohammed bin Abi Bakr al-Raazi.
47. MOKHTASIR SAHIIH MOSLEM, al-Haafiz al-Munthiri, third print, 1979.
48. AL-MUGHNI, Ibn Quddaama, Dar al-kitaab al-'arabi, Beirut, 1983.
49. MUGHNI AL-MUHTAAJ, Mohammed al-Shirbinni al-Khatiib, Dar 'Ihyyaa' al-Turaath al-'arabi, Beirut.
50. AL-MUNTAQI SHARH AL-MAWWDI', Abu al-Waliid Soliman Bin Khalaf al-Baji al-'Adalussi, Matab'it al-Sa'aada, Misr, first print, 1332 Hij.
51. AL-MATHUUR FI AL-QAWWA ID, al-Zarkishi, Wizarit al-'Awqaaf, Kuwait, first print, 1981.
52. MINH AL-JALIIL, Mohammed 'Oleish, al-Matba'it al-Kubra, 1294 Hij.
53. AL-MUWWAFQAAT FI USUUL AL-SHARI'A, Ibrahiim Bin Moussa Abu Ishaaq al-Shaatibi, Dar al-Ma'riffa, Beirut.
54. MAWWAHIB AL-JALIIL, al-Hattaab, second print, Dar al-Fikr, Beirut.
55. NASHRIT AL-TIBBI AL-ISLAMI, first issue, second print, The papers presented in the first International Conference on Islamic Medicine, 1981.
56. NAYL AL-'AWTTAAR, al-Shukanni, 'idarit al-Buhuuth al-'ilmiyya, Saudi Arabia.
57. NIHAYYIT AL-MUHTAAJ, al-Ramli, Matba'it al-Baabi al-Halabi, Egypt.
58. AL-HIDAYYITI, Ali bin Abi Baqr al-Mirghanini, Mostafa al-Halabi, Egypt, 1936.

The Chairman: Prof. Hassan Hathout:

I just want first to make sure whether the rendering of the translation was satisfactory for our non-Arabic speaking guests. How was the translation? Specially the last 10 conclusions. We can repeat them in Medical English if you so wish. Was it all right? Was the translation all right? O.K. This leaves us with 15 minutes for discussion. Now the other two items on Freudism will be shifted to the 4.30 session, as more discussion. Dr. Alfi had to leave, so I try to fill in for him. Are there any questions about this session that dealt with the human being at the very very beginning and at the board of death?

DISCUSSION

DISCUSSION

Dr. Hussam Al-Diin:

My brother Dr. Mohammed Naeem Yaseen said that he is a scholar and not a Mufti (Jurisprudence umpire), and that the views he presented in the issue are merely his scholarly views and not official jurisprudence views. He bases his discussion in his research on the following: that Islam did not define the exact meaning of death, and that there are no texts in the Quran or the Sunna defining death. This is a view I disagree with. The Holy Quran is revealed in Arabic and Arabic words have their specific denotation.

The Chairman: Prof. Hasan Hathout:

The session will not be extended for a single minute beyond the time allotted for it even though some speakers are calling for an extension of the session.

Dr. Husaam Al-Diin: (continuing)

The Quran is revealed in Arabic, and the word *al-mawt* (death) is Arabic. its denotation is clearly defined as the departure of the soul from the body, manifested in the following: the stoppage of the pulse and the heart, and the absence of senses, meaning that the eyes look upwards, the body is cold, and decomposition starts in the cells. This is the juristic definition of death, the medical concept of death is an issue we do not view from a juristic aspect. This is why when we say a medical death, it means that the person concerned will die later; it does not mean the end or the corruption of the brain, nor does it mean that the person concerned is dead, but it means that he will die soon.

The Chairman: Prof. Hasan Hathout:

Dr. Husaam, the Secretariat and Dr. Jindi will hopefully send you the published proceedings of the seminar entitled Human life its Beginning and End. Since we started in this seminar from the point you are raising

now, and since we do not have enough time to repeat what we said in this seminar, I suggest that you read the proceedings of that seminar. I will now give preference in discussion to the guests.

Dr. A. Capron:

I have a question to follow up on the presentation of Dr. Alfi and Dr. Al-Shazly and that is, on the question of multiple pregnancies and the termnation of some fetuses. I was puzzled by what I understood to be the conclusion and I wanted to be sure that I understood it correclty. The statement was made, that it would be acceptable to end the life of certain fetuses where there were multiple pregnancies and the life on the analogy to a crowded ship in which all will drown if some are not thrown over-board. But looked at medically what we understand is that it is all right by that analogy to kill some of the fetuses, where they are now healthy, but there is a risk of injury if the pregnancy is carried to term and birth occurs because the multiple futuses are at a greater risk but not certainty of injury. And, yet it was said that it is un-acceptable to kill a fetus found with total certainty to be terribly deformed and perhaps to face a life of suffering, a child that would be born, for example, with Lesch-Nyhan syndrom, where a child has a neurological disease and eats his own fingers and lips and has to be restrained and dies at an ealry age. And I am puzzled by this contrast because the argument which was given in the favour of ending the multiple pregnancies is the risk not the certainty of injury and yet if the pregnancy is ended after prenatal diagnosis, it is very likely that the parents can then go on and have another healthy child. But if the child is born with the severe burdens, they are likely never to have another child and so it is again a question of taking one life potentially to bring another healthy life and I would like to have that explored.

The Chairman: Prof. Hassan Hathout:

The question is for Dr. Hasan al-Shadhli and he has chosen two situations. In the first there is a multiple pregnancy of seven fetuses, and the overcrowding in the womb may lead to a miscarriage. So I have come here to research this case, since the wasting of life is certain in order to save a probable and uncertain life.

The second situation which he discussed is that you allow the destruction of one fetus because you fear only a probable outcome which is the destruction of all the fetuses. At the same time, there could be a pregnancy with a fetus suffering from Lesch-Nyhan syndrome, where the fetus has a neurological disease which leads him to eat his own fingers

and lips, lives a short tormented life where it has to be restrained, and dies at an ealry age. His parents will also suffer terribly in this ordeal. if such a pregnancy is aborted when diagnosed, then we will save the fetus from the pain and torment and give his parents the opportunity for another pregnancy.

Prof. Dr. Hasan Al-Shadli:

Concerning the first part of the question, I think all these fetuses will eventually die at a given moment, as has occurred.

The Chairman: Prof. Hassan Hathout:

If there was 'certainty' in his speech he was not sacrificing certain life for the probability that all will be lost, but he said if it was 'certain' that all will be lost then it is better to save some at the price of sacrificing the others.

Prof. Dr. Hasan Al-Shadli:

The premise on which I based my opinion in the case of multiple pregnancy is that we know for certain that this will lead to the death of all the fetuses; this concludes the first part of the question. As for the second situation, the fetus which is deformed or mutilated or is suffering from some form of disease, whatever this disease may be, in his mother's womb, is liable to the same set of rules that apply to the living. I insist here that the fetus is one of the stages of life, and whatever applies to the living applies to the fetus. My answer to the first question is what applies to the living, and what applies to man applies to the fetus.

The Chairman: Prof. Hassan Hathout:

His views, is the same rule that applies to the uterine phase of life, is the rule that applies to the post-uterine phase of life and since in his view human life has its sanctity and since he would not be willing to kill that baby after delivery, then he would not see that it should be aborted.

Dr. A. Capron:

I understand the two reasonings but to kill in the multiple pregnancy, to kill the babies because they face death later, seems to be the same reasoning. It seems like euthanasia to me. I do not understand, how if the baby is at risk, it is any different than euthanasia of the dying person who would soon die, and yet it is forbidden to take that person's life.

The Chairman: Prof. Hassan Hathout:

I think, I got his point. It is not sacrifice too, because if you leave them they might all be lost. In his view, only if it is definite that all will be lost then it is better to save three and lose two than to lose the five.

Dr. A. Capron:

But certainly the same is true with a dying person. I mean, if you have certainty that the person will die or take for example, uncephalic baby, I would understand that it is forbidden to take life of a dying person simply because he would die in five minutes because five minutes is the same as infinity and the same is true about the uncephalic as you know that the baby soon after the birth, will die very rapidly and yet it will be forbidden to end that life and so how can the prospect that the babies will die in the multiple pregnancy be a justification for taking their lives, it is the same thing. I am puzzled. I am not trying to argue. I am trying to understand where the line is drawn.

The Chairman: Prof. Hassan Hathout:

If you are certain that the boat is drowning, and the seven passengers definitely will all drown, then it is all right to save three and lose four, if you have the chance to do. But on the deformed baby or the ill baby etc... in his view being before born is just the same as being after born and he does not see justification to end life, to take positive measures. If life will continue spontaneously for five minutes, let it take it five minutes and reach its natural conclusion rather than killing it. Now, we have 3 minutes and then we go.

Dr. Adel El-Sobky:

I will pose a question in Arabic and I want you to translate it for me. It deals with the same issue; I do understand the response of Dr. Hasan al-Shadhli, the analogy of the boat and the analogy of the fetus with the living person, but there is the general principle that the public harm that this policy would cause would be a major problem. If as physicians we do not abort the cases of malformation etc. that we frequently see, the hospitals will be occupied with hundreds of thousands of cases that will prevent us from giving the necessary medical care to the healthy babies, and the abnormal will also live longer...

The Chairman: Prof. Dr. Hasan Hathout:

He is saying that thus there would be a competition in terms of the available resources between the congenitally malformed fetuses, whose

right to life you are trying to safeguard, and healthy babies who have a better chance of life. The discussion will continue after the session, but if you could just take a minute to answer this question, we will resume the session in the afternoon.

Prof. Dr. Hasan Al-Shadli:

From what I understand from the question, it is that it may correct what I said about the time allowed for aborting the fetus.

The Chairman: Prof. Dr. Hasan Hathout:

The question of Dr. Adel al-Sobki is that if we do not abort the congenitally malformed fetuses and leave them to be born alive, they will become a heavy burden on the resources of the state and a waste of money that could be utilized otherwise.

Dr. Hasan Al-Shadli:

This is exactly what I was saying at the end of my answer to this question. I said that respecting the life of the fetus is an absolute principle that permits no further discussion.

Secondly, as for aborting the fetus merely because there is some fault or shortcoming in it, this fault could either be a serious one that prevents it functioning, or it could be this or that. In any case, the analogy here is between the fetus and the living individual. And whether this fault or shortcoming may lead to problems in the future in terms of the financial burden or otherwise, that is another matter. From an Islamic point of view, Islam gave us the right to choose a spouse freely, but all this is before marriage. Once a marriage is consummated and there is a pregnancy, no one has the right to interfere and no one can touch the fetus except for a just cause. if there is a just cause then we can, but if not then no one has rights over the fetus. If the fetus is malformed or it has fautls that will lead to problems in the future and will constitute a financial burden in the future, then this is a different issue that is not taken into consideration by Islamic jurisprudence in my view for that matter.

The Chairman: Prof. Hasan Hathout:

So, the financial liability is not a justification to waste a life. There would be more room for further discussion. We meet here at 4.30 If you make it exactly, it would be nice.

PART TWO

ISLAMIC VALUES, ETHICS AND BEHAVIOUR

CHAPTER I
PLENARY LECTURES

REPORT ON THE SESSION

This session was chaired by Sheikh Mokhtar Mohammed Salami and moderated by Dr. Nabeel Al-Taweel.

At the beginning of each lecture, the Chairman introduced the individual speakers, namely - professor Rushdi Fakkar and Professor Mehmet Aydin who then delivered their respective plenary lectures entitled "Current civilization and Man's soul" and "Spiritual values, ethics and science". At the end of each lecture, the Chairman thanked the respective scholars for their valuable presentations. And, finally, he opened the floor for discussion.

Editors

The Chairman: Sheikh Mohammed Al-Mokhtar Al-Salaami

This is the fifth session in our conference, in which two papers are scheduled to be ready by two scholars who are well known because of their contribution to Islamic civilization, jurisprudence and world culture in general. The speakers will deal with the human soul, contemporary civilization, human values, ethics and science. These two papers complement each other.

First, I am honoured to introduce to you Dr. Rushdi Fakkar; but how can I introduce to you a man who chaired the second session, and you saw how effectively he fulfilled that function. Dr. Rushdi Fakkar was a professor at the Sorbonne in 1956 and a professor of literature in the University of Geneva, and is now a professor in Mohammed al-Khamis University, and he is a fellow of many academic and scientific associations, and particulary the overseas section of the French Academy of Science. In addition to his prolific academic scholarship in education, he has contributed greatly to Islamic culture with his valuable books. His best-known works are the Encyclopaedia of the Science of Man which is published in four volumes in French, English and Arabic; the Industrial Option and the Crisis of Civilization in five volumes in French; and, his last book, The End of the Giants in Western Civilization.

He also became interested in Islamic studies and has become one of the best-known thinkers of Islam, with the contributions that he has made to the whole of humanity through Islamic culture. Islam was never in its history the monopoly of a specific race, our country or history. Islam is always a comprehensive culture for the whole of the human race. The floor is yours, Dr. Fakkar, please go ahead.

THE HUMAN SOUL AND CONTEMPORARY CIVILIZATION

Professor Rushdi Fakkar
MOROCCO

Introduction:

Dealing with the human soul in this age with its prevailing civilization, which is western in its liberalism, as it is western in its Marxism. In both cases, the source is the same and the pillars of both their hegemony is the same. Scientific progress as a foundation, technology as knowledge, and industry as a means and an application. And the products of this trinity are manifested in the control of some natural phenomena to ensure their cultural superiority, and force others to follow in their footsteps. Although western civilization cannot by any means in its roots, sources and major effects be isolated from the civilization of Islam — a civilization whose comprehensive legacy has been able to encompass different fields of knowledge, in addition to being able to give its priority to the ideal goal, which is the faith of Islam as represented in the Quran, the *Sunna,* and *idjtihaad* from our earliest ancestors to the present day. However, Western civilization has directed man towards a path that only emphasizes his material prosperity and the satisfaction of his instincts, a matter which has directed the human soul towards material success without righteousness, contrary to the situation prevailing in ancient civilizations which emphasized wisdom and piety with the purpose of reforming man for his own sake, without linking this reformation to the validity of his work and his output. This is one of the unique features of man under Islam, therefore we will deal in this paper with three axes:

The first, covered in the first section, deals with contemporary civilization, its content, features and trends and how it deals with the human soul. The second section deals with the place of the human soul in relation to the dictates of contemporary civilization and the views of the Quran in this regard. Contemporary civilization has shown great interest in the soul and has devoted specific specializations to it such as Psychology, which has taken as its subject matter the soul or the psyche which it has tried to

explain, categorize, interpret and analyse. Despite the advances achieved in this field and the great variety of schools of thought and means of therapy, yet human suffering has increased, diversified and multiplied. Mankind has never known before in its history, such an epidemic of psychological suffering as it now witnesses, in spite of all the attempts to reduce the effect of this epidemic.

This leads us to question in this section the methods of dealing with the human soul which have failed despite their capabilities to limit the crisis. The crisis is not really that of the soul as much as it is a crisis of civilization, and here is where Islam steps in to enlighten our path, with its civilization derived from the Quran.

The third and final section deals with the future of contemporary civilization as it wavers between its crisis and a soultion for this crisis, and how Islam figures prominently as a solution, not through innovative technological means, scientific advancements, and hightech industrial applications to impose man's control on the earth and in space, but through an attempt to restore the lost balance between man's materialism and spiritualism, between his physical prosperity and material welfare and his vocation and goal as a human being.

We will deal with the sources and concepts of this paper in accordance with the general rules of such studies. We will also make use of relevant material included in my own previous studies, particularly *Saint-Simon's theory and the Industrial Choice,* published in five volumes in collaboration with others, with special reference to volume five entitled *Industry and the Crisis of Civilization,* in addition to material in *The end of the Giants in Western Civilization, Meditations in Islam: its social bases and aspects* as well as my study on *Methodology and Dialogue*. In addition to other studies which have dealt with contemporary civilization, its crisis, and impact on the human soul and the different aspects of contemporary life. In short, that which can make a contribution to this distinguished scholarly gathering dealing with health policy, ethics and human values from an Islamic perspective.

I only hope that this modest intervention may enrich what we will present in this important symposium, with regards to the future aspirations and horizons of the nation of Islam.

Section One
Contemporary civilization
its content, characteristics, and goals

When we talk about contemporary civilization, we are of necessity referring to the prevalent civilization in the present cycle, which embodies the focus to which other peoples are attracted, and around which the other peoples revolve. The other peoples are merely marginal and they are only called upon in accordance with the whims and wishes of the dominant powers. That is the moves of these other people are pre-determined for them. These people, according to our great thinker Ibn Khaldoun, are satellite or dependent people that are attracted to the invader and the conqueror, not only voluntarily in imitation and simulation as was the case at his time, but also through what is known as vital areas of spheres of influence and hegemony which are rationally determined after the virtual division of the globe between the two prevalent powers, the Liberal and the Marxist. However, their terror tools are no different from each other except in terms of their appearance. These two powers depend on the capabilities of science, technology and industrial application.

Without going into details that go far beyond the limitations of the present paper, western civilization started its first stirring hesitantly, questioning the entity of man as hoodwinked by the control of the church, denuding him through a form of abstract thought which has taken away his ability to justify his humanity, he is just a text, as nature itself is also a text, both are seen as mere phenomena in the form of axioms, to which formal logic may be applied to move from the state of being axioms and definitions to the state of becoming inferential propositions starting with "if" and concluding with "then so". In spite of all these limitations which have restricted the intellectual progress of man, he has been able to recover from all this as he imitated our civilization, which was then the dominant influential civilization. Western man in his first stirring looked towards the civilization of Islam, as it is impossible to separate the origins of western civilization from the legacy of Islam which covered all aspects of human knowledge. In addition to the fact that Islam gave its priority to high ideals and values which are embodied in the faith and manifested in the Quran, *Sunna* and *idjtihaad* from our earliest ancestors to the present date.

This is how the legacy of Islam was transferred to the West through the

Crusades, or Sicily as a bridge between our civilization and the West, or through Andulusia. This is how the civilization of Islam, with its varied dimensions formed the background of western civilization, whether through the channels of reformist trends, or schools of philosophy and criticism, and also through the teachings of the Church with the protestors, that is the Lutheran or Calvinist Protestantism, in addition to the influence of the school of ibn-Rushd on Thomas Aquinas, so that the caravan of Western civilization could start moving armed with its new potential that could not be separated from the Culture of Islam, including the beginnings of scientific experimentation, and scientific classification starting with Roger Bacon and on towards Francis Bacon, and the aspiration following all this, which put an end to the reading of man and nature as a text, so that the Western mind could move towards the laboratories, and practice its observation and analysis on man and nature, supported in this endeavor with a capable methodology, Cartesian rationalism, and the maturity of an aspiring intellectual endeavor in social philosophy and the philosophy of history from Montesquieu, Rousseau, Locke, and the idealists from Campanella to Moore up to Machiavelli. In addition another path, exploring other peoples and getting to know their habits, traditions and customs. No one but a prejudiced person can deny the contributions of our civilization in the area of geographical studies, cartography, topography starting from al-Idrissi to other explorers such as Ibn Fadlaan, Ibn Jubayr, al-Bakri, al-Baironi. See our paper on a cultural dialogue in one dimension, ethnography, Sociology and the necessary Introduction to these sciences through Islamic explorers.

We can thus see that the civilization of the West cannot in any way be separated from its Islamic roots. Here, however, the question arises: if all these channels started from the nation of Islam, why then does the sun of civilization not shine upon it? At this point we refer back to Ibn Khaldoun when he pointed out that his contemporaries disregarded science and industry at time when others have taken interest in these pursuits. Today we are living under the impact of this failure, and the fact that those who sowed the seeds did not harvest the crop while those who harvested did not sow the seeds. The impetus of western civilization continued with the characteristics it adopted in the age of enlightenment and the encyclopaedists to come up with many capabilities in the nineteenth century. An age which represents the crucible in which the input of previous ages was smelted, to be reflected on the twentieth century. Western civilization adopted rationalization, methodology, coordination, division of labour and specialization, that is features which were put to work within the framework of solid scientific principles to bring about technology, which is put to use in the event of the age which is the industrial revolution, as its means of

application and implementation.

Western civilization thus pushed itself forward in all fields, where we come to the birth period of the nineteenth century and its course during the twentieth century, a period which is only two centuries, but its contribution in this period was so intensive and its confidence in its continual progress so firm, though the price paid for all this was so expensive as represented by the flow of blood in the French Revolution, and the bloody confrontations around it and those following it in the European arena aimed at restoring the self.

The social movements led by the Reformists, the Idealists and those fighters calling for direct confrontation with the fortresses of the past which stood in the way of the giant strides taken by man. The aspirations did not stop at just reforming his own home but went beyond these to the homes of others, under the banners of adventure or worked up with the slogan of vengeance and retribution, wearing the robes of the colonialist tide. These led at the outset of the twentieth century to a division of the spoils amongst the empires in which the sun never sets such as Great Britain, which took the lion's share in dividing the victim embodied in Africa and Asia, and France. What remained here and there was left to be divided among Portugal, Italy, Holland and Germany, despite its prominence in the west, and even Tzarist Russia in turn found its outlet in the surrounding territories. Everyone, victimizing, plundering, invading or occupying in its own way, without disturbing the other predators sitting around the same table. A table filled with the victims of backwardness who faltered in their path of cultural progress and lost their immunity towards this western giant, whose most important victim, which concerns us most, then known as the sick man of Europe, meaning the Ottoman Empire with its high office *(al-Baab al-Aali)* which became a symbol for defeat, failure and withdrawal until the only high thing left was the name.

The West continued on its course of the subjugation and containment of others, and thus it lost contact with or deliberately ignored its own launching point, which was the liberation of man and not his exploitation and enslavement. Is it then a civilization that exercises its humanitarianism at home as much as it exercises its inhumanity in the homes of others. This contradiction was never absent from the thought of Idealist Humanists, particularly in the nineteenth century when they openly protested against the sword of colonialism which always threatened the innocent. In fact some of them actually asked whether this was why the civilization of the west came into being, to save man and end up subjugating and enslaving him,

and turn the globe into an arena where real estate brokers, utilitarians and speculators fight to bring about the exploitation of man by other men. As an example of this we note the disciples of Saint-Simon, the French idealist social reformer, who confronted the bloodthirsty French generals as they invaded the countries of the weak. The same thing happened with British idealists as they protested against the events taking place in the Indian colony, as they happened between the proponents of independence themselves and the advocates of a false civilization. There was no stability or harmony between the two groups, a matter which led to wars between those who sought the exploitation and the enslavement of others, over who should take the lion's share and who was left with the crumbs, as an example we note the war between the French and the Germans which ended up with the fall of the French Empire at the beginning of the 1870's, and the temporary truce following this war which was concluded at the expense of the weak, under the slogan of he who is in occupation is legally the owner, so as to ensure the colonialist tide, just temporarily, a harmonious imperialism based on the division of spoils.

Our nation was among the first victims when the agreement to divide the spoils was concluded, and our protection and occupation was divided among the colonialist countries. However, the helpless victim did not accept its defeat at the hands of the conqueror, but insisted on restoring its identity and self-esteem, as there is no pride or greatness within this framework, except the greatness of God. The expression: "God is Great" became the most widespread slogan in confronting those who put on a show of force and greatness. Many other communities, African, Asian and even Latin American, shared with us the same destiny. The usurper did not stop at usurping what he stole from the weak, but at a later stage there was a confrontation between the usurpers, since force became the only frame of reference while higher ideals and values retreated. Thus the largest massacre ever known by man occurred in the first World War, followed by a period of rest, to be followed by the second round, which came in the form of a more brutal massacre, namely the Second World War. This underlined the credibility of the predictions of the Humanist and Idealist thinkers of the nineteenth century, who claimed that western civilization that came to ennoble and elevate man actually led to the fall of man. Despite the means, potential and knowledge that man possesses, which he used to bring about the greatest projects in which his knowledge of the environment was utilized to exploit the yield of the earth, through discovery, creativity, transformation and renovation. Man exploited everything around him in the environment and in the end he exploited man himself, where no difference exists between the exploiter and exploited, as the former suffers from boredom,

anxiety and insomnia, while the latter suffers from poverty, hunger and deprivation. At this point, I believe that we should repeat what Heidegger, one of the greatest philosophers of this age, said, namely, what a wonderful palace this age is but what a depressing scene.

At this point we should wonder, as we are about to determine the characteristics and the principles of the civilization of this age, a civilization which has achieved records in terms of shortening time and distance, the accumulation of knowledge, creativity in the empirical sciences investigating physical phenomena and liberal arts based on rationalization, order, organization, coordination and planning. We should ask what are its goals? Will it make humanity a vast depository of awesome destructive weapons, nuclear, hydrogen and bacteriological weapons as well as other forms of biological and chemical weapons.

Some of the people who have tried to answer this question have claimed that some evil is less than other forms of evil, and that it is impossible to conceive of a giant civilization without parasites and trivialities. Despite such evil, it is capable of doubling natural yield with an improved exploitation of its resources through the use of highly developed technologies and has improved means of transport on land and in the air through the introduction of comfort and shortening of distances, as well as improved protective medicine through laboratory tests, advanced diagnostic techniques, transplanting body organs, and different kinds of surgery in all specializations.

The dominant civilization of this age on behalf of the west with its two parts, the liberal and the Marxist claim that they seek to elevate man and to bring happiness to the human soul wherever it may be, thus by-passing all the obstacles of myth, falsity, and legend thereby freeing man from his imprisonment and establishing his existence in itself and for itself without hidden issues or mediators, explicitly denying (in the case of the Marxists) or implicitly (in the case of the Liberal) divine revelation and replacing it with human philosophy. Has this civilization then been able to bring happiness to the human soul and elevate man's respect for man instead of elevating material things over man's ideology.

This is the issue that we are going to deal with in section two concentrating on the human soul between divine revelation and man's science.

Section Two
The human soul between divine revelation and science of man

Contemporary civilization, as is well known, has attached importance to the human soul in an attempt to understand it and make better use of it, utilizing in this the progress it has achieved in research methodology, experimentation, scientific methodology and a multiplicity of specializations. In fact, it has allocated three specializations for the study of the human soul from its three dimensions. First, not only in its depth and subconscious (psychology) but also in terms of its impact on the relational framework within the family, the community, the society and the environment both as an agent and as a recipient. In addition to understanding the human soul as a product of traditions and customs including the cultural, social, material and moral input (social or cultural anthropology).

These three demensions of the human psyche, which are its depths, environment and outcome, constitute the major focus of the study of man in itself, by himself and for himself, without an intermediary or an alternative, the truth comes for him as is for him. Contemporary civilization has concentrated its study on man with the aim of discovering the different dimensions of man's psyche, so to what extent has it, fully or even partially, achieved its goals? Has contemporary civilization succeeded, with the many specialized studies it has undertaken so far, in understanding the origin of man, i.e. early man, as an outcome of traditions, customs and habits in the name of social or cultural anthropology? The nineteenth and the twentieth centuries until the Second War are filled with studies of tribes and clans all over the world, seeking to determine the characteristics of this early man; note that we do not use primitive or instinctive man but rather early man in its historical sense. These studies were conducted by the top names in Anthropology such as Taylor, Morgan, Radcliffe-Brown, Westermarck, Mead and many others. In addition to those who studied religion not as holy issue but as a social phenomenon which is usually linked to magic, myth, vagueness and ambiguity. Somehow, in a rather confused manner, they linked early extinct forms of religion with the immortal divine religions and they did not bother to investigate the final and most comprehensive form of this Unification, which is Islam. If they had bothered to review Islam they would have discovered that Islam has finally solved this issue and put it

to rest, when it distinguished between these extinct early religions with their fetishisms and paganism, on to heresy at a later stage, and finally Unification. Islam made Unification its basic priciple to put an end to such falsehood and myth, and is no way the outcome of such religions. Hence, where did this false continuity between extinct religions and divine revelation, which is fabricated by Anthropologists, come from?

Social or cultural anthropology withered away after the Second World War, going beyond what it fabricated about primitive or instinctive man as it no longer had a subject to study with the coming of the independence of what it calls primitive or instinctive man. In fact, such man was not suffering from his primitiveness or instinctiveness as much as he suffered from the coercion, subjugation, exploitation and enslavement of the Colonialists, so that he might remain backward and weak. Anthropology has by-passed its contributions throughout the years about being the outcome of the forms of religion which it had fabricated to concentrate on the study of man's homogeneity without linking it to man's primitiveness and instinctiveness. Sociology, the study of human psyche as influenced and influencing social relations at all levels, claims that it has discovered the secret of man as a social being, and solved his family and social problems. In fact, human society has never known the intensity and variety of problems that it now witnesses in this day and age, ranging from delinquency, drug abuse, the breakdown of the family, the breakdown of society, to the adoption of cheating and falsehood as a tactic and strategy. For it is enough to give a phenomenon causes in order that it acquires names and legitimacy. Sociology, as mentioned previously, is a discipline that deals with the human psyche in its relations, what we can positively say about it is that it attempts to determine and understand the nature, frequency, causes and sequence of different phenomena at a time when contemporary civilization is producing many more problems at the family, community, class, society and nation levels. Finally, we come to this discipline that claims the ability to delve into the depths of the human psyche on the levels of the conscious and subconscious, namely psychology and its interrelated subdisciplines such as psychiatry and psychoanalysis. In fact, this latter discipline has spearheaded its efforts since its pioneers achieved prominence at the end of the nineteenth century with Breuer and Freud. In fact we will take Freud as our example, since psychoanalysis is linked to him more than anyone else. Some experiments are attributed to Freud in the field of treating chemical addiction or specifically morphine dependence, it is widely believed that Freud thought that he could treat such addiction by administering doses of cocaine, when his patients became addicted to both substances simultaneously. Freud was then ridiculed and accused of being

an addict of three substances, namely alcohol, morphine and cocaine which are considered the three sources of evil for man. Freud tried to respond to these accusations, however, this incident was one of the reasons that forced him to give up chemical treatment and adopt the alternative, namely psychoanalysis. In this path he was followed by many among whom are Adler, Jung, Moreno, Klien, Lacan and many others.

Everyone is trying his best to make psychoanalysis deal with the suppressed forces according to what he views as its potential, sometimes stopping at childhood or expanding to concentrate on sexual influences, or going beyond this with a comprehensive view of instincts of survival and self-assertion. The issue of psychoanalysis continues to be linked with this radical agent which determines how far the analyst can deal with the subconscious and avoid negative transfer which is his primary opponent and which could widen the gap between them, and eventually turn the patient into his enemy as well as the enemy of society.

The scope of psychoanalysis has expanded and diversified in collaboration with psychiatry to constitute one of the means of dealing with a human psyche whose suffering and pain intensify with the intensification of the capabilities of this age and the increasing complexity of its knowledge and specializations. With the increase in the availability of psychoanalysis, the incidence of depression, anxiety, worry, suppression and loss increased greatly. As far as the means of therapy and treatment diversified in psychiatry and psychoanalysis, so psychosis increased and diversified to become in the end mental illness and insanity.

We will not spend too much time on this subject leaving it to specialists to discuss in depth, and we find our presentation so far sufficient to highlight the study of man with its three different disciplines without any attempt to underestimate it. We would like to highlight, however, that the human psyche did not achieve the salvation that it hoped for, rather it reached a crisis situation. We wonder, with the greatest appreciation of all these studies in the science of man which seek to comprehend the human psyche and its sufferings, pains and problems, why is it with the many sufferings it has succeeded in eliminating, that new forms of suffering keep cropping up? As much as anthropological, psychological and sociological studies expand as major disciplines of the science of man, feeding on other disciplines and as much as they diversify their research techniques and their procedural and exprimental means and potential and take steps underlining the insistence of the consciously rebellious man to continue to toil on earth and to continue his confrontation with his endless toil without despair, but in the end man often finds himself slowly giving up, and that

despite his insistence, mind, methodology and obstinacy he is incapable of making a decision, and at the end of the twentieth century when there are many facing a crisis and the closed door, they either break down and commit suicide or raise their hands to pray to heaven.

This rebellious man, even in his super Nietzschean form and his forceful will is often incapable of by-passing his crisis or contain the suffering of his existence. The suffering of the human psyche, despite its aspirations and contemporary accomplishments such as the shortening of time and distance, the acumulation of knowledge and his discoveries on earth and space are no longer limited within a given framework but have gone beyond them and linked with overall physical suffering to become psychosomatic (the effect of psychosis on the body).

We will leave the details of all this to the specialists but it suffices here to pose the question: Is it not time that contemporary man, he who claims that he is the man of dialogue and openness, to start a dialogue with what is most noble in his essence and what is most profound in his humanity, after he was given the trust and made to inherit the earth? We mean by this to delve into the depth of his psyche to link himself wtih the divine revelation of the heavens: belief in God, who has honoured humanity and taught man what he does not know provided that he does not unjustly overstep his bounds. This immortal treasure from which derives instruction, balance, equilibrium and a reformulation of the components of the human psyche in accordance with the teachings of the heavens.

Without going into details that only a specialist should present, we may be able to respond, thus conforting both the inquirers and those who are hesitant that divine revelation as manifested in the message of the last of the Prophets (ﷺ) has given us all the necessary criteria in the Holy Quran, whether those concerned with the human psyche, its classification and its treatment. That which makes the believer in the Holy Quran discover the lighted path, the credibility of his destiny and the true salvation for the individual who is not blinded by his domineering pride, stubbornness, rebellion and who is not too proud to admit his ignorance of what he does not know. This man who was born weak, and whose condition God wants to alleviate:

GOD DOTH WISH TO LIGHTEN YOUR (DIFFICULTIES): FOR MAN WAS CREATED WEAK.

(al-Nisaa', S. IV, v. 28)

The same man for whom Islam lightens the burden on his chest, so that he may avoid the wanderings and meanderings of his soul in this sinful

world and that his faith may continue to be steadfast. The Quran highlights the soul of man more than it does his body, at a time when we find that contemporary civilization has focused on fulfiling the needs of his body and the satisfaction of his consumer and luxury needs, as it has devoted itself to the fulfillment of his physical and material desires and lu t, with which he was taken. We find that when the Quran mentions the body, it only does so as an urn or a container for the soul, which will eventually return to the Almighty. It gives it no more importance than it really deserves, the Almighty says:

WHEN THOU LOOKEST AT THEM, THEIR EXTERIORS PLEASE THEE....

(al-Munaafiquun, S. LXIII, v. 4)

or

THE IMAGE OF A CALF: IT SEEMED TO LAW:

(Taha, S. XX, v. 88),

whereas the Quran mentions the soul in more than 250 verses, in content as well as in instruction and treatment. It is the criterion for responsibility and giving, it is the comprehensive framework, it is the soul that initiates the physical needs and the requirements of the instincts, and it is also the soul that inspires piety through education and conrol, and it is through control of the soul that salvation is achieved. These are the immortal verses in *al-Baqra, al-Imraan* and many others. All these highlight the human soul in terms of classification and treatment and the Almighty reiteates that the real cure of the soul is only through the opening of the chest to the light of Islam, and he who the Almighty selects will open his heart to the light of Islam. The Almighty made the sense of loss and depression as a path towards this light. The Quran did not neglect the reality of the soul as a commander, blamer, satisfied and content. All these being conditions which are not defined in terms of acquiring the means of luxurious living, satisfying consumer needs and desires as is the case in contemporary civilization. These critaria are in fact based on a hierarchy of piety and elevation to attain a state of purity.

Human suffering is in fact the result of a reference to a framework that man claims to be the alternative to religion, namely man's philosophy or the philosophy of this earth on which contemporary civilization is based as an alternative to divine revelation. The source of this suffering is not to be found at the level of the individual or the class, in fact it is a form of suffering emanating from a civilization that has come to spread the crisis instead of providing a salvation. As we have always said, it is the civilization of crisis or

the crisis of civilization, a civilization that has concentrated on the urn or the container of man as a body in an attempt to satisfy it with material goods and possessions and a civilization which has totally ignored or disregarded the center of man which is his humanity, with the nobility of the soul according to values and ideals and everything that justifies the honour bestowed by the Almighty upon man as he was made to inherit the earth, and bequeathed with reason and consciousness, and from among whom prophets and messengers were chosen.

With the framework of our presentaton of the human soul between divine revelation and the science of man, we wonder if there is a way out of this crisis? And whether immortal Islam, the Islam of the present and the future, could be proposed as one of the alternatives for the salvation of mankind?

This is the topic that we will deal with in the final section as a conclusion of our study of the human soul and its crisis, contemporary civilization or the civilization of crisis and the contribution of Islam to overcoming it.

Section Three
The crisis of the human soul in contemporary civilization or the civilization of crisis and the Islamic contribution towards overcoming it

The crisis of the human soul in contemporary civilization cannot in any way be separated from the crisis of civilization in itself, as it is truly the civilization of crisis. It is an error to see this crisis in the light of specific ideological causes or to see it as a result of economic potential and resources, or an imbalance between aspirations and possibilities. In fact, this crisis is more general and much deeper as a result of the multiplicity of factors that led to it and the specific features of this civilization itself, since it is a civilization that highlights the body i.e. that is the container or the urn, as the goal it seeks to satisfy in terms of providing it with luxury, prosperity and material goods and possessions, and at the same time disregards or ignores the other dimensions of man, prominent among which is man's humanity.

When Marcuse, a contemporary philosopher, studied the one dimensional contemporary man he was not far from the present position or perspective and his call for confronting the civilization of destruction as well as overcoming it is also within this framework, as are the contemporary events at the end of the sixties which were mainly restricted within the ranks of youth in France, U.S. and other countries. This made Marcuse one of the most prominent missionaries of western civilization, simultaneously with Marcuse we have a number of other philosophers, who have different backgrounds, affiliations and intellectual positions, who have agreed with him in highlighting the crisis facing contemporary civilization. These vary from Russell and his position towards the nuclear holocaust and his many demonstrations in this respect, as well as his trial with Sartre. Also Heidegger, the distinguished existential philosopher, with his view that contemporary civilization is a road leading to nowhere. Carl Jaspers and his view of the German condemnation, Camus with *La Peste* and *L'Etranger,* Sartre with *La Nausee* and *Les Mouches,* as well many other philosophers. The flow of warnings concerning the destiny of contemporary civilization was not confined to philosophers and thinkers, it also went beyond them and came from technology laboratories and computer estimates and technological estimates provided by expert groups concerned with the

future of humanity in the next century such as the "Meadows" and "Forester" working groups who deal with the dynamics of the globe or the limits of development. Both these groups, despite some differences in detail, have reiterated these warnings concerning the future of contemporary civilization, aided in this with rule-governed calculations and tables which underline the fact that if mankind continues to squander its resources at present rates in addition to the infinite growth in population that needs these resources, then these resources will run out at the outset of the twenty second century. Ironically enough, one of these working teams concluded that the last sector of these depleted resources will constitute the salaries of those scientists who would have spent nights defining this tragedy, the tragedy of a world without resources. Whereas the other working team, also ironically, envisaged the last sector of these depleted resources being seized by the depressed consumers of luxury and consumer goods, that is the pampered consumers of this globe. Disregarding the irony of both these groups, that the technological regulation of these resources complements in its pessimistic outlook with the intellectual outlook of the philosophers. Some of the solutions proposed, are in fact no more than sleeping pills or drugs to alleviate the feeling of the crisis. These are usually no more than utopian solutions that can in no way be applied, such as the call to give up industry and return to pastures, agriculture and the natural life, or the call to reduce the population through enforced starvation or putting into effect a series of pre-determined catastrophes for specific societies that are overpopulated and underproductive, in the form of local wars, through harping on racial differences or sowing the seeds of disagreement or intervening in the climate to spread drought or regulated pollution or the many other brutal proposals emanating from a vicious civilization. Although this civilization has deprived sectors of the human race of its means and technology, it only provides them with a human soul which has dried up inside, pre-occupied with its surroundings more than with its elevation and piety, a soul that prefers its sense of loss and is trying to spread it.

This civilization which is proud of its scientific and technological achievements which have enabled man to swim in space and stroll on the moon, shortening distances on earth and aspiring to do so even beyond earth, swollen with its accumulation of knowledge to the point of indigestion because of the vastness of his store. Contemporary man is marked not only in terms of his positive achievements but also in terms of its negative aspects, troubled consciousness, destructive wars such as the First and Second World Wars, the multiplicity of the various means of mass destruction, as if one method of mass destruction is not sufficient so in

addition to the atomic bomb, he has the hydrogen bomb and biological weapons. Moreover, as much as mankind feels proud of what it has achieved in it as well as feeling bitterly polluted not only in body and environment but also in terms of reason, psyche, moral, and spirit. The Chernobyl tragedy and the terror and damage it caused, in addition to other similar less well-known incidents, continue to damage and pollute the body with chemical and pharmaceutical material which continue to be used with or without adequate reason.

We only have to note the tremendous quantity of sedatives, tranquilizers and drugs which are legally sold in drug stores which in themselves constitute a great risk, and which if not regulated and contained will be equivalent to the risks involved in illegitimate drug abuse. We will now leave this area to the specialists to highlight another area of pollution from which the human psyche suffers, here we are referring to the pollution of values. Some actually boast of their rejection of immortal spiritual values and higher values, under their banner mankind has lived for ages. These actually deny any holy link, even "forbidden acts" are allowed under the pretext that these are merely "taboos", and associations have been openly formed calling for and permitting incestuous relationships as well as homosexuality for which associations have been set up. The delinquent structure of our age would not be complete without noting the shameful activities of the major leaders of our planet which are openly practised, such as bribery, fraud and cheating. Scandals on the highest level have become a common denominator of leadership and greatness while the weak are severely punished for the least oversight. At this point, I would like to quote our poet who appropriately says: "Killing someone in a jungle is an unforgivable crime, while the mass extermination of whole peaceful people is a matter that bears a point of view"

The troubles of the age have left their impact on the human soul, so that it no longer suffers from immunity deficiency on the virological level alone (AIDS) but is also suffering from no less dangerous Aids, on the level of values and higher ideals. That is it is suffering from AIDS on the moral level.

A civilization that is suffering from a crisis, and even those who have come to save it from its crisis, have been infected. Jacob Moreno, an expert in sociometrics, committed suicide because of contemporary civilization, as well as Bontazis the pioneer of the Marxist group theorizing for the crisis state or the State of crisis, so did Hemingway. Even those who have come to entertain the present civilization have become its victims, like Maria Callas, the famous opera singer and Dalida. Foucault, a pioneer of

philosophy at the end of this century, came to strip the civilization of its veneer and to strip himself.

Are all these a warning of the ebb of the prevailing tide of civilization or merely casual events which cannot stop its incessant flow. Events occuring because of the ongoing flow of civilization, which will only serve to give it more immunity and capability to resist, for a civilization that claims that it is the one that has inherited all the previous civilizations with their different cycles, and which will continue to renovate itself and adapt for all eternity.

We will temporarily leave aside such macro-hypotheses and dwell humbly upon more objective criteria whenever possible, reiterating that contemporary civilization like any other major civilization has its accomplishments of which it should rightfully be proud and its shortcomings which should be mentioned without embellishment and exaggeration. A civilization that has gambled on the future of the human soul but it has pawned it and left it suspended. At this point we do not know who is the one doing the pawning and who is being pawned, mankind has gambled on progress in the name of science, technological knowledge, and industry thus pawning himself as a commodity that is consumed as much as it consumes. This is what motivated myself and others at the beginning of the seventies to write the five volumes *Saint-Simon's Theory and the Industrial Option* including volume 5 entitled *Industry and the Crisis of Civilization.*

We have to ask in the light of all this, to what extent has the human soul been transformed into a cash register that is settling an erroneous bill, which is the price it is paying for its mental superiority and rebellion which has given a lot but has also taken a lot. It has taken away the human soul which contemporary civilization has dyed with its color. It is an error to separate the center of contemporary civilization from its suburbs particularly since they expanded. The center is the west with its parts, namely the liberal and the Marxist, whereas the suburbs is our world and the world of other non-westerners who are trying to search for and restore their identity and their sense of belonging despite the tremendous amount of imitation and aping that has occurred. We do not want to commit the same mistake which ended up by putting an end to the human soul in its feelings, emotions, credibility and contentment in faith, either explicitly or implicitly, indirectly or directly to become a machine that provides false justification for fraud, cheating and speculation after concealing these acts with fancy labels such as tactics and strategy in order to continue the falsehood, just like the false cover that man has made to cover his nakedness.

Contemporary civilization has satisfied the animal part of the human

soul with prosperity and luxury up to the rim, claiming that this is the criterion for the achievement of happiness, but when some of its intellectual giants fully comprehend the gamble and the risks taken, we find in response an endless flood of justifications and pretexts that put their confidence in what is most extreme, most ignorant and the most violent part of man, by this we mean coercion, domination and strangulation (that is everything for me and nothing for anyone else).

Some people claim that the legatee who will inherit the crisis of civilization is the giant of the civilization of crisis, the legatee of western civilization could be those located on both sides of the Pacific, namely the U.S and Japan (the civilization of the Pacific or the third industrial revolution), or it could be those who could exert their control in outer space or those who succeed in interplanetary and interstellar travel, etc. What we are really concerned with is not by necessity the inheritance of contemporary civilization, it is how Islam, as the greatest common denominator and as an affiliation based on the Arab World which is the sanctuary of all Muslims and their initial launching pad to all parts of Asia and Africa, could contribute towards overcoming the civilization of crisis? How could Islam, that present day Muslims have confined with their crisis situation, with their separation, and their squabbles, contribute towards leaping over the crisis of the human soul? By Islam, we mean the nation of Islam, it is in the final event our hope and goal which will secure our passage just as it secured our beginning and our continuation. It is Islam that united the land, the history because of the unity of the faith, and the unity of the tongue "the language of the Quran". It is an affiliation, no less than legitimate, that will give us a place amongst these super entities, such as the United States, the Soviet Union, India, China, the forthcoming European Federation and any other entity searching for a common denominator.

The Islamic contribution towards overcoming the crisis of the human soul in contemporary civilization or the civilization of crisis cannot be ignored. In conclusion we would like to present a primary conception of the Muslim human soul capable of overcoming this crisis.

Conclusion

We now come to the conclusion of this presentation with the question of how can the Muslim overcome the present crisis and achieve salvation.

Of course this will not occur through competing with the West on the path towards more consumer satisfaction and aspiring to fulfill worldly lusts and pleasure or through fabricating and stockpiling weapons of mass

destruction and other means of extermination. This last proposal is remote since the capital of western civilization lies in its domination and hegemony, that is a civilization that knows how to terrorize and frighten its opponent so that it could contain him and cause him to lose his balance and objectivity and tie him down with the chains and shackles of dependence and debt. Therefore, Muslims have to find their own alternatives, and not those provided by others, to overcome the crisis, restoring in the processes their own identity and structures as human beings, in an age where humanity has become a rarity. The Muslim with his Quranic morals and code of conduct is well-balanced, and has achieved an equilibrium between the body, the soul and the psyche, marked by moderation even in his deportment and voice, moderate in his expenditure and his avoidance of temporary worldly pleasures, but he does not go so far in his abstinence so as to become a hermit, thus bringing about the words of the Almighty:

BUT SEEK, WITH THE (WEALTH) WHICH GOD HAS BESTOWED ON THEE, THE HOME OF THE HEREAFTER, NOR FORGET THY PORTION IN THIS WORLD: BUT DO THOU GOOD, AS GOD HAS BEEN GOOD TO THEE, AND SEEK NOT (OCCASIONS FOR) MISCHIEF IN THE LAND: FOR GOD LOVES NOT THOSE WHO DO MISCHIEF.

(al-Qasas, S. XXVIII, v. 77)

The Muslim individual with his distinctive and moderate behaviour will embody, God willing, the instrument for correcting a technological, scientific, and industrial development that in the final event has led man to become a dumb machine which has lost the simplest manifestations of his humanity, despite his awareness of his suffering when he is at the climax of his glory as a human soul that has achieved so much, he embodies his awareness of his suffering. And how, as he stands at the apex of his glory as a human soul which has achieved so much, he embodies its many sufferings, even the suffering of his own psyche as he has been taken over by his surroundings. The soul has been taken over by the ornamentation and pleasures of this world, and has nothing to look forward to but a clean-mown harvest in accordance with the words of the Almighty:

(IT GROWS) TILL THE EARTH—IS CLAD WITH ITS GOLDEN ORNAMENTS AND IS DECKED OUT (IN BEAUTY): THE PEOPLE TO WHOM IT BELONGS THINK THEY HAVE ALL POWERS OF DISPOSAL OVER IT: THERE REACHES IT OUR COMMAND BY NIGHT OR BY DAY, AND WE MAKE IT LIKE A HARVEST CLEAN-MOWN, AS IF IT HAD NOT FLOURISHED ONLY THE DAY BEFORE!

(Yuunus, S. X, v. 24)

How wonderful it is that the Quran describes the hubris, excessive pride and boasting of mankind merely because he has decked the world

with ornament, so he claims that he is capable of controlling it and maintaining it with his missiles and destructive weapons. This is what we often hear these days from those who claim and practise greatness in our globe, and their claims with and without reason that they are the pillars of the earth and its protectors. In fact they have divided it among themselves into spheres of influence, so there is nothinng left except the command of God to make it like a harvest clean-mown as if it had not flourished only the day before, meaning that it will be as if it were not decked with ornament only the day before. Note that the Quranic expression highlighted "flourished, Only the day before", the decoration with ornament as we see the earth today decked out with exaggerated appearances. Thus tempting man only to become once again this clean-mown harvest that is its natural state getting rid in the process of the parasites that man put on it for ostentatious purposes. At this point we have to note that the Quran did not reiterate what the intellectual giants of western civilization highlighted, namely the blocked path of this civilization which leads nowhere, and that it is the mono-dimensional civilization of destruction, but rather that these warnings repeat the Koran and how exaggeration usually ends up devouring its initiators after they lose their equilibrium.

Islam, as represented by the period of the prophet (ﷺ), divine revelation, holy *sunna,* and constructive *idjtihaad,* is now without much ado making its way into the hearts of simple people everywhere as it also makes its way into the minds of the intellectual giants of western civilization as they stand bewildered asking for salvation, for the mind that God has honoured with knowledge and for a man he entrusted with the mission of inheriting the earth to bring about the intermediate nation of good.

YE ARE THE BEST OF PEOPLES, EVOLVED FOR MANKIND

(al-Imraan, S. III, v. 110).

The Chairman: Sheikh Mohammed Al-Mokhtaar Al-Salaami:

I would like to thank Dr. Rushdi Fakkar for this valuable paper, in which he succeeded in linking correct reaosning and thought with faith. He was very fair as he followed up on the history of contemporary civilization, expressing his dissatisfaction with its giants, and the level it has attained. He was also very fair in his justification of this civilization and its achievements, as its goal was Man, to some aspects of his life it has given all its attention. As a result, its scientific contribution has been vast, and mankind has come to know a kind of material prosperity that it never knew before. However, Dr. Fakkar has pinpointed the contradiction inherent in contemporary civilization, a contradiction between the beneficiaries of this civilization and the deprivation of those who do not benefit. Therefore, someone must intervene to direct the focus of this civilization to a man as a human being. The speaker believes that Islam can contribute towards bringing about this state of affairs, so that there will be more harmony between Man and his brothers, between Man and the universe in general, and between Man and himself. This is Man's health as we want it.

We would like to thank the speaker for the depth of his analyses.

I think we have enough time in this session to hear one or two questions, then the session will be suspended for ten minutes until we perform Maghrib prayers.

DISCUSSION

DISCUSSION

Prof. Malik Mubbashar"

Thank you very much Mr. Chairman. I must thank Prof. Rushdi Fakkar for his excellent presentation on the need of soul. I think he mentioned about Sigmund Freud's psychoanalyses and mental health. I think people probably have forgotten that Fakhar, 200 years ago, described that the mental health was a harmony between the body, the mind and the soul, and it was this harmony which was known as the mental health. But the Western model that we are tending to follow now, has separated these three; the body, the mind and the soul and have given different roles and different duties to different parts. We are talking today of healthy behaviour, healthy relationships, mental health, but have forgotten what does it mean. It means exactly what he has said, "The harmony between soul, body and mind". I think the philosophy and the methodology that is described in this modern, western and non-Islamic concept of mental health has disengaged from meaningful perspectives. I would just like to draw your attention to this fact that today we talk of the mental health and what we do is; we are giving people pills, and we think they are getting better. Even if we decide to provide the Western form of psychotherapy, you know we do that in isolation from every day life of the individual, his basic values and ignoring the requirements and needs of his soul and that is why we tend to confuse cure with control and our patients and our people become, and feel so, isolated and strange. I think that we have to go back to this whole concept of the soul, as it is the soul which controls the mind, and mind controls the body. And, unless we understand this kind of harmony, you know, in medical care and medical attention, things will become meaningless. Thank you!

Dr. Rushdi Fakkar:

I would like to thank you for this question. I believe that both you and I agree with the basic concepts, and there is no doubt that we agree that psychotherpay and the solutions provided by contemporary sciences of

Man have not contained the contemporary crisis, to the extent that some have considered the psychological crisis to be a cultural crisis, or the "civilization of crisis" as some call it. There is a second point that is no less important, which is that the more attention is given to psychological suffering, the most this suffering increases. One of my colleagues in an International Congress for Psychologists said something in jest that is no less satirical. He said that perhaps after 25 years, humanity may be divided into two halves – the developed half would already be in mental asylums, while the second half would be in the waiting rooms.

Prof. Dr. Abd Allah ba-Salaama:

In view of the suffering of mankind from some aspects of contemporary civilization, I would like you, sir, to shed some light on the way in which Islam can undertake its role. Thank you.

Prof. Dr. Rushdi Fakkar:

I would like to thank you for this direct and objective question, which is how can Islam, for which we have high hopes to intervene and deal with this age of crisis, utilize its capabilities through Muslims or those who emphathize with it.

In fact, we all agree on one point, that there is no problem or shortcoming in Islam itself; but when we speak of methods of utilization or procedural methods, then there might be some impediments. Problems are usually those of application or practice, but Islam itself qualifies with its principles to guide humanity as to behaviour or conduct. When mankind overplays his progress, according to Professor Beauzyahi, some form of corrective conduct is required, that is, it requires conduct that will mitigate the impact of its excessive development, which gives some other form of adaptation.

Islam may be introduced here as a form of different conduct, thus providing the example of the Muslim for Man of the twentieth and the twenty first centuries. It will provide a well-balanced individual who does not care excessively about his needs in this world. I believe that excessive consumerism, or the craving to satisfy endless consumerist needs, is more Man attempting to satisfy his psychological craving rather than merely a physical or biological need. That is to say Man wants to satisfy such needs because of a psychological motivation despite the fact that his physical needs are satisfied to the point of satiation, because physical needs are by necessity finite; this will lead mankind to seek satisfaction of its needs in Islam. I believe that we should start first with the Muslim

individual, since I cannot visualize Islam coming just like that out of nothing, as this is not the age of prophethood or miracles, and we cannot visualize prophethood without prophets. I mean that we should build a generation of youth, or maybe let us begin with the children as a new generation, a new generation of children raised according to a balanced Islamic way. And I say to those who want to pre-judge this opinion to wait and give us the opportunity to conduct an experiment with an Islamic general of children brought up according to the teachings of Islam. This generation should be that of children, since when children are brought up they are confined within the input of their culture and their affiliation to it, and so that no imbalance witll occur in their mental and intellectual referential framework. We should give them a sense of belonging to Islam, and I am referring here to giving priority to child rearing and education, not to buying toys, feeding, or buying a comfortable cot, but rather to education. "Say my Lord have mercy upon them as they brought me up when I was young"; the verse does not mention playing with toys or feeding, it only underlines upbringing and education. We must give these children a proper Islamic education in accordance with the principles of Islam, in addition to two foreign languages so that he can deal with others in the future. Here I am speaking only of the languages and not their underlying cultural content. When these childrewn are aged from twelve to fourteen, we send them into the world and ask them to deal with contemporary culture, not to become dependent on it, but to become its master, so that they may contribute to the proper guiding of others. This question requires much more explanation than I can provide in the time allotted. Thank you for your contribution and I would also like to thank His Excellency al-Mufti for his tolerance.

The Chairman: Sheikh Mohamed al-Mokhtaar al-Salaami:

Thank you. This gathering cannot be productive without dialogue, and dialogue is question and answer. This gatheirng includes participants who are scientists, scholars, physicians and Ph.D's from all over the world. I thus call particulalry on our guests to participate in the impetus of this dialogue, particularly since Professor Rushdi Fakkar's paper and position include many provocative issues which I hope would open the door to a fruitful discussion.

We will take one minute then go for Maghrib prayers and then return.

Prof. Martti Lindqvist:

I have one question to the speaker, Prof. Fakkar. You gave a very interesting and I would say, also a very pessimistic analysis of the

Western culture of today, emphasizing specially the high evaluation of technology and the hedonistic way of life. I agree with you quite much. My question is first of all; medical science is very much based nowadays, on Western thinking and technology. It is same medical science which is used here and in other Muslim and Islamic countries. To what extent do you think that the very fact that the science, medical science is there and in its present modern form, will have effects, negative effects on spiritual values, Islam and on its future? And the other question is that, you as the other speakers, have given a very idealistic picture, image of Islam. I can understand that on level of ideas, but when we look around in this world, we see other things happening too. When I watch your TV here, I see just western movies, and ideas here. So what is the real thing? And what can be done together, in order to save the humanity? Thank you very much.

Professor Rushdi Fakkar:

Thank you for this interesting question; the first part of the question is objective in that it deal with medical sciences and their benefit for our Islamic world. In my opinion, which is expressed in my Encyclopaedia of the Science of Man, there is an error in the direction of civilization, or rather interaction or dialogue of civilization in those who carry the banner of dialogue, and I am one of them. I think there is an error or ambiguity when we underline scientific progress, technology and scientific applications; that is, when it comes to natural or physical phenomena we depend on a scientific epistemology. This means that there is no alternative to the West when it comes to those who want to utilize their capabilities in the scientific framework of the empirical sciences. The West has enriched us and has contributed something that we highly regard, we cannot deny the West its contributions to humanity in terms of the progress it achieved in the empirical sciences and in creativity and inventions. But when it comes to dealing with the issue of Man, am I obligated, because I have been influenced by Westerners in the scientific experimentation that they have conducted on natural and physical pehnomena and what can be studied in a laboratory, to imitate it by necessity when it comes to the sciences of Man? I have my own historical struggle, my own cultural affiliation, my own distinctive path, and I am called upon to refer to my own upbringing and make up and deal with whomever I choose from a stable position and not from a shaken and dependent position. That is to say, I have to refer to my own technical, cognitive and formational epistemological history. Every individual has to determine his contribution as a human being and not merely as a scientific experiment, and as a development of his capabilities in relation

to the phenomena surrounding him and his ability to contorl them. This is really what is at issue here, the self. Therefore, Islam can be here not simply because I am calling for it.

The status of Muslims at present cannot be taken as representative of Islam, The Muslim nowadays is searching for an identity, and is searching for the self. There is a reason for that and that is that from a dialectical point of view he finds himself involved in three contradictions. First he has to hold on to his position as he belongs to a giant culture and does not need anyone to give him a lesson in belonging to the human race, at a time when he lives in an age, an age that is dominated by the West. It is the West that dominates the age with its imperialistic, liberal and Marxist culture. He also has to determine objectively his own reality, not wait for others to dictate to him his own identity, meaning that he should not escape to the past, or to others, or look forward to future illusions, thus escaping himself.

Therefore, it is high time for the Muslim to refer to an epistemology or the epistemological framework of his own formation, that is to start from the self without ignoring the self of others.

At this point we come to the middle of the road in the framework of familiarity and introduction. The West contributes its technology and empirical sciences, but it does not give us intuitions concerning mankind. Sicne the West was built, without the distortion of messagers, on a wonderful rationalism and in the name of reason, it is moving towards everything that is absurd. Now we have pollution, and I am not referring only to the pollution of the physical environment. Everyone nowadays is raising the banner of pollution, and I do not just mean polluting the human body. Excuse me if I indulge in this issue since I am not a physician, but I am referring to the excessive use of drugs because of economic and financial pressures. And I am particularly concerned with the human soul under the influence of tranquilizers, sleeping pills and tonics. Under the influence of all these drugs, Man has become alienated from his own self and is no longer capable of knowing who he really is. When he suffers he goes for a tranquilizer, a tonic or a sleeping pill.

The Chairman: Sheikh Mohammed Al-Mokhtaar Al-Salaami:

I would like to thank Dr. Rushdi Fakkar for his extended statement and I would like to add something. We are mainly concerned with the role of Islam in contemporary civilization, since civilization must serve Man and its benefits must return to Man. Western technology must benefit and

serve Man and be at his disposal. However, mankind has become the means to technology. The need for these artificial stimulants, man's material needs have limited him and subjugated his soul.

The second issue is that all physicians agree that smoking is harmful and destroys physical health, but we find many physicins are smokers. They all agree that alcohol is harmful but we find that many physicians drink alcohol; so, is the contrary behaviour of the physicians who have not responded to their knowledge proof of that knowledge or not? Furthermore, when you watch television or observe social relationships in many countries in the Islamic world, you find that television programmes and social relations are not really Islamic. This is not the right conception of Islam. Thank you.

We now break for Maghrib prayers, then return.

The Chairman: Sheikh Mohammed al-Mokhtaar al-Salaami

This is the second part of the fifth session, introduced with a practical application of the content of the lecture entitled Spiritual values, Ethics and Science. I am honoured to introduce to you Dr. Mehmet Aydin, a graduate of the College of Theology, Ankara University. Dr. Mehmet Aydin was awarded his Ph.D. from Ankara University, Faculty of Arts, and occupies the position of Professor of Philosophy in the College of Theology, Izmir University. He has contributed many articles and lectures in Turkish and other languages to academic periodicals and references. You have the floor, Sir.

SPIRITUAL VALUES, ETHICS AND SCIENCE

Professor Dr. Mehmet Aydin
TURKEY

1. Definition and some theoretical considerations

Scientific knowledge is one of the greatest achievements of mankind. No doubt, the present order of our scientific knowledge has a very long and extremely adventurous history. Human race has come from knowledge in general to scientific knowledge which is usually, and perhaps mistakenly, considered as autonomous and, thus, separate from other types of human knowledge. Although a process towards the so-called autonomy was going on long before, such an attitude took its present shape from the middle of the last century onwards.

What is the nature of science? I am fully aware of the limitations and shortcomings of every attempt to define such words as "science", "technology", "values" and the like. However, I would like to say a few words about what I understand by these terms and what kinds of relationship that exist between them. Generally speaking, through scientific knowledge we try to understand our environment, both natural and socio-historical. We wish to do this in a systematic and formulated manner mainly relying not only on actual observation but contemplation, inspiration, and the like. The idea of domination over nature, and the exploitative attitude towards it are not the inescapable consequences of man's scientific endevours, although such consequences have been the major sources of concern in the last few decades.

By 'technology' I usually - perhaps rather naively - mean the application of at least some of the scientific knowledge that we have. Technology includes the entire set of techniques that are used or have the potentiality of being used for many purposes, but especially for the production and distribution of goods that fulfill man's need in different areas.

Although the word "technology" does not occur in the title of my paper, I would like to include it in our discussion because of its direct and organic relation with science. We all know that without scientific knowledge technology would have never reached the level of the development that it has today. But there is also other side of the coin: The present scientific knowledge is increasingly depending on the technological means and facilities. Without the help of complicated and extremly expensive technological equipments, science laboratories can never be run. By saying this I do not mean to give the impression that science and technology are *necessarily* related to each other at every step. Nor do I mean to minimize the cardinal differences that exist between the two. Pure science, for instance, may have very little to do with technology. Aristotle's science is a good example to remember in this context.

As for the "spiritual values", they cannot be readily and easily defined to the satisfaction of every one. But this does not mean that they are situated behind the thick and dark clouds available to no one. From the point of view of general and genuine human experience, the spiritual values such as faith, truth, goodness, beauty, unselfish love and the like are as real as anything else that we come across in our lives, despite the fact that such words hardly occur in the indices of modern works in the fields of human and social sciences.

No doubt, in order to talk of 'spiritual values' one has to start from a fairly well-defined conception of "man" or "person". In a throughly materialistic philosophy, for example, one cannot talk consistently of "spiritual" values. Such talk requires a certain reference to, at least, the spiritual aspect of man which is related to, but not necessarily identical with man's "faith-experience" in the religious sense of the term.

As it is known well, views do differ concerning both the ontological status of moral-spiritual values, and the epistemological aspect of the subject. This problem does not directly concern us here. But I would like to say this: The fact that people entertain different views concerning spiritual values does not give any support to a relativistic position in this respect. The ethico-religious experience of mankind has provided us with a solid ground to identify the basic human values and the moral laws which have existed and known *(ma'ruf)* in some form or another in all societies. To say this, however, does not oblige us to claim that man's perception or application of the moral values or laws are the same all the time and everywhere.

Spiritual and moral values are a certain type of values by which a man becomes a "moral man", and a society a "moral society". Moral values and

moral laws are the subject-matter of ethics. In this paper the word "ethics" is used in its classical sense, i.e., as a systematized body of knowledge *('ilm)* as an art *(sinā'a)* of the "refinement of the traits of character" *(tahdhib al-akhlâq).* As we shall see presently, speaking from the point of view of human destiny, moral perfection is the ultimate aim of man's authentic endeavour. Thus, science and technology are, in the last analysis, the means for this perfection. Having this in mind, now let us come and have a brief look at the present order of science and technology in the modern world of ours.

2. An evaluation of the present order of science and technology

In the last few decades many sensitive thinkers, including some well-known first class scientists, have become very critical of the present scientific and technological order. From seventeenth century onwards, practically everything has been evaluated from the stand point of man's scientific endeavour. For example, in those days in the West Christianity was critisized because of its alleged anti-scientific attitude. It is very interesting to see that now-a-days many people even some scientists are complaining about the unreserved - and perhaps even "undeserved" - support that religion gives to science and technology.

There is another big and important change in the analysis of the very foundation of science. Science, as we all know, is not just a mere collection of facts. It is a very complicated human enterprise. To begin with, we have to make a clear distinction between science *per se* and the different *interpretations* of science. In other words, there is always a subjective and thus personal element in the scientific stock which includes not only facts but facts-as-interpreted. One may interprete science, say, in a materialistic, positivistic or idealistic manner. Such interpretations can deeply effect -and in fact have deeply effected- the minds of scientists working in different fields. Again, as far as the formation of different world-views is concerned, these interpretations are much more effective than science *per se.* It is perhaps due to this fact that many people are very fond of talking about "a scientific age" or "a scientific world-view" without fully realizing that world views do include science, but they contain so many other things as well.

What does science do, and how does the mind of the scientist function? We know that science makes certain assumptions on the state of nature, such as those concerning matter, movement and the like. And these "assumptions" as the word indicates, are not of course proved facts. Without some general assumptions and even presuppositions science

could not be in a position to have its adventurous history. So, "science without presupposition" can only be accepted with some serious qualifications. It is a mistake -and seems to go against the actual development of science- to say that scientists never go, or under the strict obligation not to go, beyond the generalization of observed facts. Many scientists openly admit that they put themselves among the ideas which cannot be rigorously proved.

Even the scientific descriptions of data may necessitate the employment of certain theoretical concepts, the formation of which is generally influenced by the intellectual and cultural background of the scientist. Again, it is known well that most scientific theories are not just simply the results of direct observations. Science functions in a certain environment which is not only natural but socio-cultural as well. It is because of this that many social theories are heavily value-loaded in favour of one thing or another. Similar things can be said about the principle of objectivity, neutrality, rationality and so on. So, it is not wrong to say that man's scientific endeavour is not a totally, autonomous and self-guiding activity. In fact, no human activity has such autonomy. I will say something more about this presently.

I am saying all this so as to bring myself to this conclusion: Both pessimistic and totally optimistic evaluations of our scientific outlook contain a great deal of exaggeration. The half-pessimist thinks that science and technology are primarily occupied with matter and the quantitative aspect of the world, so they are not *entirely* a human enterprise. Secondly, he is of the opinion that science and technology gave birth to a civilization whose concepts of development and progress are too materialistic, profit-worshipping, secular and thus crippled with one-sidedness. He is deeply puzzled by the fact that the great progress in scientific technological knowledge and power did not, unfortunately, make human beings more humane and civilized. The present civilization is far more developed materially than morally and spiritually. Through science and technology man obtained a considerable power over matter; but it is feared that he is not in a position to use it according to the proper order of moral and spiritual values. It is very sad, the half-pessimist would maintain, that science and technology did so much to free man from the domination of the natural surrounding are now deliberately enslaving him to it again, i.e., by forcing him to cater to his body and ultimately leading him to worship his own creation. The more powerful he becomes the greater the dangers to which the lower parts of his nature expose him.

No doubt, there is a great deal of truth in this analysis and evaluations of the half-pessimist. The Third Meeting of the Organization of Islamic Conference (held in Mecca on 28 January 1981) reached similar conclusions. One of the statements that takes place in the Declaration says following: Despite all its material, scientific and technological achievements, mankind today suffers from poverty of spirit, from moral and ethical decay, and societies are marred by inequities.

Science and technology have solved many problems and decreased some ills. Here and there they have become the mediums for creative self-expression and self-realization. But they created and intensified many more problems as well. Today many scientists are worrying about the misuse of scientific attainments. It is not very unusal to hear that from time to time some scientists call their fellow-researchers to stop their works the result of which are beyond their own control. There is much worry about the research programs which have a direct bearing on weaponry, ecological problems, genetic manipulation and the like. They believe that science itself does not determine the use of scientific knowledge; it does not control its own consequences.

It should be noticed that we are worrying about the use, or rather *misuse* of scientific and technological attainments, and not about science and technology *per se*. The use of science and technology is determined by our science-technology policies which can be of many kinds: human, moral, spiritual, as well as inhuman, unecological and non-conservationist. This is why The United Nations Conference on Science, Technology and Development feels the need to define the policy of science and technology in the following way: To improve the quality of life of citizen and provide for all fellowmen a life of joy and creativity, embracing physical, mental, moral and spiritual well-being and values.

How are we to do this? I would like to conclude my presentation by attending, albeit briefly, this problem.

3. General conclusions and some suggestions

First of all we have to accept that without science and technology development of any kind is impossible. So, no reasonable person - especially if he happens to live in a so-called developing country - can defend an unqualified and radical anti-scientific and anti-technological outlook which usually confuses science with scienticism or science with science-policy and ideology. We cannot create *a special* (say, a Christian or

Islamic) science for ourselves, but we can interprete it in a special way, make our own goal oriented science-technology policy and even have a special philosophy of science. For example, it is quite possible to evaluate man's scientific enterprise in such a way to leave the door open to a spiritualistic and even theistic interpretation of the universe, and to include such an interpretation within the total framework of our educational system.

Secondly, as we have briefly pointed out, scientific activity is a human activity, and we know well that no human activity can be considered ethically neutral. As a matter of fact, an activity, in order to be a human activity needs the guidance of some moral principles, and the scientific activity is no exception. It must be borne in mind that *the values* of science such as seeking after (and exploring) the truth, being objective, not hiding the results, not holding a view if there is not a sufficient reason or ground etc. are human values valid in all walks of life. Perhaps only the *findings* of science can be considered ethically neutral.

Thirdly, neither science nor science-based technology in-itself is capable of providing guidance to a way of life. They cannot even pass a comprehensive judgement upon the total result of their own activities let alone passing a judgement on the spiritual and moral categories. Can we really talk about the sanctity of human life, for example, by sticking to a purely scientific or evolutionary point of view? From which scientific law or data can we deduce the Moral Law of Ethics and Religion? Can science supply an independent and adequate basis for morality for its students? Definitely not. We need science as well as morality. As one of the modern psychologists states, spirituality, which is in its higher manifestation is neither a crude moralism nor expediency can alone ethically prepare the modern man for the burden of the great responsibility which the advancement of modern science and technology necessarily involves. When power is given to an agent who is not tamed by whip of morality, it becomes cruel and destructive[1].

Fourthly, it is clear to all of us that man is ultimately one. No activity of him is unrelated to his other activities. The compartmentalization of knowledge, which is good for practical and pragmatic purposes, should not give the impression that at its deep and authentic level man's experience too can be compartmentalized. All experiences eventually lead to the heart of man. Thus, the separation of *scientia* from *sapientia* or the disintegration of the lived-experience is doomed to result in the disintegration of personhood and in the end the disintegration of culture. If such separation occurs, which seems to be the case in some modern societies, man may

become a stranger to other types of experiences due to his habit of thinking, viz., observing, experimenting and relying generally on sense-experience.

What is needed urgently is to visualize a coherent and comprehensive educational policy which, at a higher cultural stage, could infuse moral and spiritual values in the teaching of science and technology. Perhaps this is one of the plausible ways in which to train the human elements that originate, control and direct the scientific-technological developments. There is of course some risks in such process of assimilation. In a total or integral interpretation of human experience some people may find it easy to mix science with morality or with religion. That is why it should be made clear right from the beginning that although man's scientific, moral, esthetic experiences form a unity, science is not, as we have just indicated, methodologically equipped, for example, to render a universizable ethical judgement; nor can morality solve our scientific questions. I am of the opinion that there is a methodological and thus in a sense "partial" autonomy in every form of human activity, be it science, or ethics, or religion. But it is a shere -and unfortunately a very old- prejudice to claim that a unified educational system is bound to lead to confrontation between the physical and the spiritual. How can an authentic ethico-religious life conflict with the true science which itself is after the truth?

REFERENCES

1. ROLLO MAY (1953). *"Man's search for himself"*, Allen and Unwin, London, p. 218.

The Chairman: Sheikh Mohammed Al-Mokhtaar Al-Salaami:

I thank Dr. Mehmet Adyin who was able within the given time to deal with the issues in an objective manner, in such a way as to allow him to determine the problems and to conclude that there is contradiction between ethical values, religion and science; and that an individual can be a staunch believer and apply scientific rules in accordance with correct scientific method at the same time. The floor is open for discussion and questions.

DISCUSSION

DISCUSSION

Prof. Mubbashar Hasan:

Thank you very much, Mr. Chairman. Just a brief comment, actually it is related to what the colleague from Finland said after the last paper and what our learned Prof. has just narrated. I only want to make a 20 seconds comment and that is, that it is unfortunate that many people have confused the scientific knowledge and modernization with Westernization. I think they are quite two different things. It is very clear and we do not need discussion on this, that our modern contemporary scientific world and knowledge have not necessarily progressed through adoption of Western culture, traditions and values. I think this is quite different. perhaps the West might have this feeling that we are saying that everything that has been acquired in the modernization of scientific knowledge has only been acquired in the modernization of scientific knowledge has only been acquired by the progress made by the Western cultural traditions. Progress may well be acquired but the Western world must reconsider many aspects of its functioning, especially with regard to humanistic concern. Western culture and traditions, as we all know, and acknowledge practices related to the technological advances are rapidly producing a broad area of social problems that are now beyond solution. So, I think this confusion which was created after the last paper and it relates to your paper also, perhaps might clarify some issues that might be raised.

Prof. Alexander Capron:

I do not think there would be much quarrel among any modern Western philosopher of science with a notion that there is no value-free science. I would like your comment on the Islamic views of research into behaviour, particularly into behaviour in animals, which suggests a scientific as it were, that is to say, factually based rather than a revealed basis for ethics. Particularly the work of Wilson and others in socio-biology, who in observing, see instances which have to be described in a language which our speakers suggested never appears

today in science. And you suggested that we would not find today in science, words of truth, of altruistic love, and the like, and yet there is observed in the behaviour of animals, actions, which seemed through the eyes of, and interpreted by scientists, is given such description and one may object and say the observer is ascribing to the behaviour of animals, e.g. sacrificing their own life for, not even their children, but merely a member of their species or member of their tribe, as it were, their larger family, is ascribing to that something which should not be given those terms. So the objections can be made that it is only the observer. But there are others taking this work, who say, we can see in this behaviour explanations which when extrapolated to human beings suggest a basis in scientific observaiton, in evolutionary biology for characteristices to which we give the value laid in terms of truth and faith and self sacrificing love, un-selfish love and so forth. So, I would enjoy your comments from the Islamic perspective on this body of scientific work.

Prof. Mehmet Aydin:

Actually, I do not really know whether it is a strong point of your science, it is possible or even desirable to talk in terms of values when you are describing a certain, if I may say so, natural behaviour. What I said in my paper was that ethical values, they hardly occur in the works on social sciences. I did not say they never occur, but they hardly occur in scientific papers and in scientific books mainly dealing with human behaviour in a strictly scientific context. The terminology of science may vary, in fact it varies from time to time, from generation to generation. So it is perhaps possible to use such words as self-sacrifice and so on and so forth, while you are describing the animal behaviour. But I doubt whether it will be an accurate scientific description of a given situation or of a given behaviour. I am not really in a position to say that it will be correct or it will be desirable to use such terms.

From an Islamic point of view, I do not really know whether there is any Verse or Tradition to tell you to use these or those phrases and words when you are describing the behaviour of a natural object or animal or human being, as long as you stick to the mono-theistic philosophy and world-view of IsAm, otherwise it is a fairly free way of dealing with these matters. I think, it is desirable as far as my understanding to the Islamic perspective is concerned. So, we can use any word, as I said, but within the limitation of strictly Islamic mono-theistic world-view.

Prof. M. Abdussalam:

Prof. Aydin has in very elegant words raised the question of misuse of science and technology and fearing this some scientists, he mentioned, have advocated that we should stop progressing on lines which may in wrong hands prove destructive. I would like to suggest that even without producing new technology, the existing things we have in hand are double-edged. For example, simple fire which has been known for a long time, could be used for useful purposes and could also be used for arson and destruction. So this line of thought, I think, we should abandon altogether. But the real trouble probably lies in the separation of based of power from the spiritual values as well as scientific progress. And the trouble arises from this separation and I wonder if one could think of a system whereby this power-base could be restrained in a way that it would not use progress for the sake of destruction. Over the last centuries, the so-called democracy has been partly successful. But the narrow-nationalism in which democracies have functioned, has produced new troubles, even though it may have created conditions for progress in certain areas. So, I wonder if a "Deen" or "A way of life" which would bring together and curb the power from making these excesses would not be the future solution. I wonder what Prof. aydin thinks about it?

A word about animal behaviour. I think the belief of most of the Quranic scholars, with whom I have talked, is that God has created the attitudes of animals in a sort of programmed manner and they work instinctively in these directions that Prof. Capron mentioned. And there are similar programmings in human species also, but in addition man has his own will and that is where the good and bad comes in and guidance is needed to keep them on the right path. I may be wrong in this, but Prof. Aydin can verify this further. Thank you very much.

Prof. Zaki Hasan:

Mr. Chairman, part of what I am going to say has already been mentioned by my colleague Prof. Abdussalam. But since you have been kind enough to give me the floor, I would elaborate it and preface by saying that it is very interesting that there is a persistent interest in the relationships and the similarities in animal behaviour and human behaviour. If I may seek your indulgence and quote four lines from my paper which I read earlier this afternoon. "It is now abundantly clear from the labours of the ethologists that other species have developed very effective social controls for inhibiting intraspecies strife, regulating sexual behaviour, looking after the young and defending territory against

enemies. The contorl of antisocial impulses, guilt and altruism all have their behavioural counterparts in other species". Since Prof. Capron asked a specific question, I would relate to him what the Islamicists say in this context and the explanation they offer. It is this, and I quote them, hat God has revealed Himself in several forms. One of them is human being and the other forms of revelations are other creations, and these animals therefore do reflect His greatness and His wisdom. Thank you!

Prof. Ahyan Songar:

Thank you very much for your very interesting presentation. I would like to make comments on two subjects. First, very oftenly we are hearing something about so-called science or we say that the science, the pure science, is no need to believe, This is a misunderstanding. If we consider the whole universe is created by Allah, the God, then Allah Himself puts His laws and every creature must obey Allah's orders. Then it is impossible to make any distinction between the natural laws, and laws of the religion or laws of Allah.

The second comment is about the animal behaviour. To clarify, I must mention that I am a neurophysiologist before being a psychiatrist, I deal very much with animals in my practising life. Animal behaviour, always lacks abstract thinking, abstraction. This comes from the organization of their brain, their central nervous system. Then if we observe behaviour of an animal, it is possible to make comparison between animal's behaviour and human behaviour, because in human behaviour the main motivating factor is the human abstract thinking, coming from human brain's very complicated and intricated nevous mechanism. These were the two points that I wanted to mention. Thank you.

Prof. Mehmet Aydin:

First, may I say that it is quite possible and logical to have a system where you may not have your spiritual and moral values on the one side and your factual knowledge on the other side. I do not think this kind of division is possible. Though, one thing is quite possible, you may emphasize one at the expense of the other, not delibratèly perhaps. But for some reason or other, we neglect the moral aspect of man and emphasize too much on the importance of science and scientific knowledge and science based technology. So I think what you have to do, to my mind is, try to give due attention and importance to the value system which as I said, is as real as anything else in the world of ours we live in. Well, of course, from an Islamic point of view, God reveals, as you said attributing the sentences to the Islamicists, God reveals Himself in

everything. I would rather prefer the classical term to say that God creates every thing including man. So, if every thing is His creation which is true, according to the point of Islam as well as Christianity and Judaism, every thing is created by God. So, every thing in a sense, has something to do with Him. In the language of Quran, every thing within us and without us are the signs of God. So they ought to be treated as the signs of God. of course, in this case there is a very very discernible, moral and religious dimension, in the way that we deal not only discernible, moral and religious dimension, in the way that we deal not only with human beings, but with animals and even in fact with material objects perhaps, with respect and with many other morally attributable words and adjectives etc. But of course, as for your comments I have nothing to add. Just I would like to say, I think it is quite possible to make a distinction between morality and even religion. Though some people think it is not possible but one can at least have on epistemological level, a distinction between religion and morality. In other words it is quite possible to have a knowledge, some knowledge of good and bad with or without perhaps depending upon revelation. I think it is quite possible to make a distinction between ethics and science, not in the sense that some of the British analytical philosophers trying to say that you can never go from "is" to "was". I think there is relation between "is" and "was", but it is not a relation of logically, perhaps deductive type of or inductive type of reasoning. The relation is there but relation is not subjected to logic. It is quite possible to say that you can not go purely from the point of your form, you can not go from "is" to "was", but no body can deny it that "was" is related to "is". So, knowledge of what is good and what is bad is related to our knowledge of moral values and spiritual values and so on the so forth. So, I think, distinction is quite valid as far as the epistemological or ascending way of looking at the problem is concenred.

The Chairman Sheikh Mohammed Al-Mokhtaar Al-Salaami:

I would like to thank the speakers and the discussants who have raised many philosophical issues, but time must force us to end such an interesting discussion.

I have heard the expression "animal behaviour" being used and I believe that it is an appropriate one, since we have to distinguish between animal behavior and ethics. If ethics are not based on will, that is if they are not based on nature or adaptation with the community, then this is more aptly termed behaviour. That is, that which Man can appreciate but not animals. I believe that everything in creation, whether it is suffering, behaviour or matter, all returns to Man who orders it in relation to god.

CHAPTER II
PAPERS PRESENTED

REPORT ON THE SESSION

This session was chaired by Professor Abdul Aziz Kamel, co-chaired by Professor Helmy wahdan and moderated by Professor Ayhan Songer.

At the beginning of each lecture, the Chairman introduced the individual speakers, namely - Professor Zaki Hasan, Professor Haitham Al-Khayyat and Professor Mohammad Hawaarii, who then presented their respective papers entitled "Alcohol and narcotic dependence - an Islamic perspective," "Health and Islamic behaviour" and "Health and behaviour in Islam". At the end of each lecture, the Chairman thanked the speakers and opened the floor for discussion. Considerable, but inconclusive, discussion took place on some of the controversial issues raised by Professor Zaki Hasan; however, the Editorial Committee would like to make it clear that the points mentioned by him are his own opinions and expressions, and that they do not reflect the views of the IOMS. Similarly, the editorial notes on his paper reflects the opinion of editors only.

Editors

The Chairman: Prof. Abdul Aziz Kamel:

My presentation of the C.V. of the Prof. Zaki Hasan was very short to give you more time for speaking and I know that all of you are acquainted with his work. He has already published more than 100 papers in medical journals and now he will be the Dean of a new medical college which is community oriented.

ALCOHOL AND NARCOTIC DEPENDENCE AN ISLAMIC PERSPECTIVE

Dr. K. Zaki Hasan
PAKISTAN

The Muslim World has about 900 million population (18.3% of world population) and 20% of total global land mass.

The drugs which have been commonly abused in countries of the Islamic World, can be grouped into five major categories, namely: opium and its derivatives, cannabis, khat, alcoholic beverages and certain manufactured psychoactive chemicals.

Before we go further it is necessary to briefly review the theoretical aspects of drug abuse and alcoholism without which any discussion will remain incomplete. In view of the fact that this subject has become a matter of great economic and social problem to the Western World, a considerable body of knowledge has become available. In brief it postulates that all substances of abuse have a capcity to produce dependence by virtue of chemical properties which are related to neurotransmitters which are the chemical substances which conduct nerve impulses. These substances of abuse are chemically related to these neurotransmitters and because of their nature are likely to be preferred by the organism to the natural substance. There are other factors which complicate a simple hypothesis and include genetic factors and individual variations and of course there is the inexorable effect of social and moral influences. In the case of alcohol particularly its inordinate consumption, it has now been established that genetic predisposition is a major factor although for social drinking cultural milieu, occupation, and early learning experience are important factors. Much of the evidence for genetic theories is based upon twin studies and other inferred genetic factors.

Turning to drug dependence more specifically one is attracted to the concept of two alternate theories which invoke psychological and metabolic determinants. In the first the crucial element is an addictive personality and a desire to escape reality and seeking of euphoria; in the second or metabolic concept there is a neurological susceptability associated with an altered response to narcotics. Needless to say there are social factors which determine both its continued use against a background of availability.

We need to say a few words about the psychology of moral behaviour understnding of which is essential to any reasonable discussion of religious injuctions. Moral rules and ideals are, I have said, man-made; they are the fruit of cultural rather than biological evolution. In the past this has been taken as evidence of a sharp antithesis between the moral and the biological. Moral rules, it was thought, were imposed by supernatural powers upon a recalcitrant human nature. It was morality which redeemed man from his nasty and brutish animal nature, though it usually needed supernatural assistance to do so. Probably because we only become vividly conscious of moral rules when they conflict with inclination, we tend to think that in conforming to them man demonstrates his superiority to other species.

It is now abundantly clear from the labours of the ethologists that other species have developed very effective social controls for inhibiting intraspecies strife, regulating sexual behaviour, looking after the young and defending territory against enemies. The control of antisocial impulses, guilt and altruism all have their behavioural counterparts in other species.

The distinctive feature of social group approach is that the system takes as the object of study is not the individual person but two or more persons in relationship. The individual is defined as the occupant of a position in a group and his behaviour viewed as the outcome of the forces at work within the group. Though the behaviour to be explained is that of individuals, the explanatory concepts used refer to characteristics of the social systems to which the individuals belong.

Conscience is an inner entity or organ of the mind, usually personified, which has certain distinctive functions. These are to enable the individual to discriminate right from wrong; to generate an impulse to act in the right way and avoid acting in the wrong way; to observe and record the individual's actual behaviour; and to blame or approve him after he has acted.

The psychoanalytic approach to understanding moral behaviour is fairly well known and there is widespread understanding of its implications

in this area. At a more profound level however, the picture becomes less clear and begins to reveal ambiguities and obsecurities. The reason probably lies in the fact that psychoanalytical theory is based exclusively on 'clinical experience'.

According to the learning theory approach parents shape their children's behaviour in three ways: by punishing them, by rewarding them, and by the example they set. Put more technically, parents are sources of negative and positive reinforcement and they serve as models. Negative reinforcements include verbal rebuke, sarcasm, smacks, isolation, stopping privileges, and withholding affection; positive reinforcement include praise, smile, hugs, gifts and attention; and modelling can be symbolic in the form of verbal descriptions of how children ought and ought not to behave as well as actual. All the time parents are reinforcing their children in one way or the other and setting an example, and their deliberate employment of these techniques for the purposes of training their children constitutes only a small part of the total influence mediated in these ways.[1]

ALCOHOL

At the very beginning of the Islamic era, the desiring of wine was clearly identified as a disruptive social evil. The successful Islamic model of alcohol abstention and prohibition still stands out as almost unique.[2]

Islamic teaching clearly succeeded in persuading early Islamic societies to give up the use of wine. How influential is the Islamic tradition today in shaping human behaviour and preventing the abuse of drugs among changing Muslim communities?

In the pagan pre-Islamic Meccan society, the social order and moral values closely reflected the cultural heritage of the various tribal groups living in the area. As revealed to the Prophet(ﷺ);

"HE IT IS WHO SENDS DOWN CLEAR COMMUNICATIONS UPON HIS SERVANT THAT HE MAY BRING YOU FORTH FROM UTTER DARKNESS INTO LIGHT; AND MOST SURELY ALLAH IS KIND, MERCIFUL TO YOU." (S.57: V.9)

Quran has been represented as "the discernment *(furqan)* between truth and error". The Quran, besides being a religious doctrine, constitutes a code of civil and criminal law, as well as social and behavioural codes. A series of holy commandments with major social implications was also prescribed and applied. Under the verse referring to piety, for example, the fundamental position was that:

"IT IS NOT RIGHTEOUSNESS THAT YE TURN YOUR FACES TO THE EAST AND THE WEST; BUT THE RIGHTEOUSNESS IS THIS THAT ONE SHOULD BELIEVE IN ALLAH AND THE LAST DAY AND THE ANGELS AND THE BOOK AND THE NEEDY AND THE WAY-FARER AND THE BEGGARS AND FOR (THE EMANCIPATION OF) THE CAPTIVES AND KEEP UP PRAYER AND PAY THE POOR-RATE; AND THE PERFORMERS OF THEIR PROMISE WHEN THEY MAKE A PROMISE, AND THE PATIENT IN DISTRESS AND AFFLICTION AND IN TIME OF CONFLICTS - THESE ARE THEY WHO ARE TRUE (TO THEMSELVES) AND THESE ARE THEY WHO GUARD (AGAINST EVIL) (S.2:V.177)

It was possible efficiently to deal with a host of social issues in general and with the problem of alcoholism in particular. Alcohol was singled out because it was the only habit forming and dependence producing drug known in the early Islamic community. This has to be taken into consideration when discussing later the use of narcotic substances in the Islamic World. The prohibition of khamr (wine) was gradually achieved as follows:

The first Revelation succinctly stated:

"AND OF THE FRUITS OF THE PALMS AND THE GRAPES - YOU OBTAIN FROM THEM INTOXICATION AND GOODLY PROVISION; MOST SURELY THERE IS A SIGN IN THIS FOR A PEOPLE WHO PONDER." (S.16:V.67).

In this verse a clear distinction has been made between strong drink and nourishment. The verse also addressed itself to the good judgement and rational sense of people concerned to differentiate between useful and harmful practices.[2]

The second Revelation came in response to questions.

"THEY QUESTION THEE ABOUT STRONG DRINK AND GAMES OF CHANCE SAY: IN BOTH IS GREAT SIN, AND (SOME) UTILITY FOR MEN; BUT THE SIN OF THEM IS GREATER THAN THEIR PROFIT. AND THEY ASK THEE WHAT OUGHT THEY OUGHT TO SPEND. SAY: THAT WHICH IS SUPERFLUOUS. THUS ALLAH MAKETH PLAIN TO YOU (HIS) REVELATION, THAT HAPPILY YE MAY REFLECT." (S.2:V.219)

This Revelation clearly stated that there was more sin than benefit in the use of khamr made the Muslim believers give more attention to the sinful effects of khamr. However, the final decision to abstain from or continue the use of khamr was still left to personal discretion. It is difficult to assess the impact of the second Revelation. Probably the majority continued to indulge in alcohol, while a few might have reduced their regular intake or piously abstained. This incident seriously demonstrated the harmful effects and

sinful outcome of khamr.

In the third Revelation, Muslims were strongly warned:

"O YOU WHO BELIEVE! DO NOT GO NEAR PRAYER, WHEN YOU ARE INTOXICATED UNTIL YOU KNOW (WELL) WHAT YOU SAY, ..." (S.4:V.43).

Since praying is regularly performed, wine drinking had to be given up so that people be sober and observe the above commandment.

The fourth Revelation proclaimed to the Muslim community:

"O YE WHO BELIEVE! STRONG DRINK (KHAMR) AND GAMES OF CHANCE AND IDOLS AND DIVINING ARROWS ARE ONLY AN INFAMY OF SATAN'S HAND-IWORK" (S.5:V.90).

The next verse called upon believers to desist from consuming it.

"SATAN SEEKETH ONLY TO CAST AMONG YOU ENMITY AND HATRED BY MEANS OF STRONG DRINK AND GAMES OF CHANCE, AND TO TURN YOU FROM REMEMBRANCE OF ALLAH AND FROM (HIS) WORSHIP. WILL YOU THEN DESIST"? (S.5:V.91).

In Islamic law, act of punishment which were revealed in the Quran as indicated by the Prophet (ﷺ) are called *hadd* (restrictions set by God): others are known as *ta'azeer* (acts of punishment).

In a historical perspective, the punishment of alcoholics continued to be subject to the changing circumstances in the Islamic World within the framework of *ta'azeer,* and as seemed appropriate by the consensus of Muslim jurists and scholars.

OPIUM AND OTHER DRUGS

Opium poppy were known in ancient Mesopotamia and Egypt. It was initially used for the relief of pain and the induction of sleep.

The abuse of opium in the Islamic World can be traced to the tenth century AD. Al-Biruni (AD 973-1051) described how people fell into the "habit of taking opium daily to eliminate distress, to relieve the body from the effects of scorching heat, to secure longer and deeper sleep". The habit continued, in countries such as Afghanistan, Iran, Egypt, Pakistan, and Turkey, where opium was grown.

In recent history, the use of opium in these countries has become one of the major national and international problems. Although the rates varied widely, there were certain areas where exceptionally high rates of opium

eating or smoking were reported. There is no evidence to indicate the use of a cannabis in ancient Islamic countries. Cannabis was popularly known among Arab Scholars as "Indian hemp".

Over the years, the use of cannabis and hashish smoking became endemic in some countries, with serious psychological complications. Khat is the narcotic used by Muslim communities living in Democratic Yemen, Djibouti, Somalia, and the Yemen Arab Republic. Khat chewing in the majority of these countries has reached a serious epidemic level.

"Religious interest in narcotic substances however appear to be few and their result ambiguous. They seem to leave plenty of loopholes for the addict to justify his habit and it is not usually clear what is covered and what is not. For example, writing about hashish, Al-Ukbari (13th century) claims that "know that the pure Sharia has not indicated that the use of drugs that cause joy such as saffron, bugloss and other whose action is similar to that of hashish is forbidden. No indication has come down from the Prophet (ﷺ) to the effect that it is forbidden as such and that a *hadd* punishment has been established for eating it. Because there has been no tradition on this matter, people have permitted it and have used it (Roshenthal). It leaves a strong impression of accomodation by the authorities to the wishes of the public. Thus, another *fatva* by Az-Zarkashi (1344-1392) allows the use of opium specifically if (i) it is taken in small quantities or (ii) if the user is immune to its narcotics effects or (iii) if taken for medicinal reasons or (iv) if eaten to still hunger.

The great jurist, Ibn Taymiya of Damascus (d-1328) declares that all narcotics, specifically mentioning opium is harm per se and forbidden. There is silence in the Ottoman sources, a search of the *fatvas* of Ebussu d Effendi (d-1575), one of the most influential Shayk al - Islams, reveals nothing on opium. Katip Celebi (d.1658) whose views certainly reflect the learned concensus of the day, confirms the religious permissibility of opium for medical reasons, but stresses that dietectic means of cures are preferable because even medical use may lead to addiction.

Iran is conspiciously silent on the issue of narcotics. Opium eating in Iran began soon after the foundation of the Safavid dynasty at the beginning of the sixteenth century. There has been periodic attempts to reduce the intake of the elite. Shah Tahmasp, suspecting that opium could be harm, destroyed all his stock in 1517. "(Falsafi)"[3]

In assessing the religious dimensions of opium consumption, it is also necessary to take into account the Sufi orders *(tarikats)*, whose influence

extended widely among the masses of the people from the fifteenth century. These can be roughly classified as those orders who adhered strictly to the Shari'a and those, on the contrary ignored it, and deliberately flouted both religious and social norms.

Islam is a system of social moves based on the highest foundations of rationality. It recognises 1,24,000 Prophets and their injunctions which indicates that ordained religion evolved to suit the needs of society as it has changed overtime. The Quran recognises change as

"A SIGN OF GOD". "EVERYDAY DOTH SOME NEW WORK EMPLOY HIM".

says the Quran. To exist in real time, in the words of Iqbal, is not to be bound by serial time, but to create from moment to moment, and to be absolutely free and original in creation.

In Islam prophecy reaches perfection; and, therefore stands abolished. Henceforth man is thrown on his own resources for full consciousness. From this follows the necessity for the abolition of priesthood (as the repository of divine knowledge) as well as the abolition of hereditary kingship and arbitrary dictatorship (as the source of power). This, according to Iqbal, is the meaning of the concept of the finality of prophethood, which implies that all personal authority, claiming supernatural origin, has come to an end in the history of man.

"The Prophet (ﷺ) of Islam seems to stand between the ancient and the modern world", says Iqbal; because, "in so far as the source of his revelation is concerned, he belongs to the ancient world; in so far as the spirit of the revelation is concerned, he belongs to the modern world". The birth of Islam is the birth of inductive intellect, which regards reason and experience as the instruments of knowledge together with nature and history as the source of knowledge. It ushers in the modern scientific world whose weapons of discovery are observations, experimentation and generalisation.

Islam believes that the finality is not in the immutability of legislation but in the fact that there will be no more divine revelations and the legal system is left to be determined by the people in their own light.

REFERENCES

1. WRIGHT, D. (1971), *Psychology of Moral Behaviour,* Penguin.
2. BAASHER, T. (1983), *Drug Use & Misuse,* Ed: Edwards, Croom Helm, London
3. POROG, I.I. (1981), *An Economic Model of Opium Consumption in Iran and Turkey during the Ninteenth Century,* Seminar at San Diego State University.

The Chairman: Prof. Abdul Aziz Kamel:

I would like to say that after hearing Prof. Zaki Hasan, there will be a stop in the meeting for a while. Turning to historical conferences, they use four languages without any simulaneous interpretations as if any member of these conferences knows at least two or three languages. And , now here we are facing a small problem, that the two more speakers; Prof.Haitham Khayyat and Prof. Hawary will speak in Arabic language. They, then proposed that you may begin the disussion, commenting on the speech of Prof.Zalki Hasan and then turn to the Arabic section of our meeting. Now the paper of Prof. Zaki Hasan is open for discussion. Any question you would like to ask?

DISCUSSION

DISCUSSION

Prof. Ayhan Songer:

It is going to be very interesting for me that Dr.Zaki Hasan has given his figures based on consumption of beer. It is unfortunate to say that still in some countries, and in some communities, beer is considered as a soft drink. In my country, Turkey, it was forbidden, by law to advertise every alcoholic drink by mass media like radio and T.V., except beer, because the government thought that the beer is a soft drink. I have acted for four years as a member of a committee for prohibition, on radio and T.V., and my first action was to include beer into this prohibition. Then two great beer factories in Turkey were pulled down because of lack of encouragement in advertisement. Then they were converted into meat industry. They are now making the sausages and salamis without pork meat for some Islamic countries. This shows us the great role of advertisment and encouragement by mass media.

Dr. Haitham Al-Khayyat:

concerning the question of Islam and drugs, other kinds of drugs than the alcohol, the word 'Khamr' which means wine in Arabic is derived from the same root of a word meaning "to cover" or "to effect", "or influeuce". So, that is why the Second Caliph Omar Bin Al-Khattab said while alcoholic drinks, that wine is everything that influences the mind, affects the mind which is equal to our definition of the Second Caliph, we can understand the attitude of Islam towards other psychoactive materials, drugs and ependence-generating sustances.

Prof. Zaki Hasan:

But the history of prohibitions in Islam does not endorse this, because there are many Islamic societies where opium and its derivatives, whatever were available at that time, were not prohibited.

Prof. Ayhan Songer:

Sorry, but the opium was not used as a dependence material. It was used, only for medical purposes, for long centuries ago by Arab people.

Prof. Zaki Hasan:

This is a new debate.

The chairman: Prof. Abdul Aziz Kamel:

I think, this issue must be left for the Islamic scholars to see. We are discussing it from the ethical and from the Psychological point of view; but concerning the Islamic point of view, the Islamic scholars who specialize in this matter can say. From linguistic point of view, the word 'Khamr' ( ) means partial covering of the mind, but the complete covering in Arabic is equivalent of madness which is 'Junnah', the complete covering. And you see the farment- the armour is 'Bajannah' becuse it covers the warrior from sword or something like that. So, the complete covering is "Bajannah" and partial covering is 'Khamr' . And we want a complete mind, we do not want to lose a part of our mind or complete mind.

Prof. Malik Mubbashar:

I think the first part of Dr. Zaki Hasan's presentation was excellent. We have probably not been able to discuss much on that. He talked about the causation of addictive behaviour, how it emerges and how the soiciety and the social order is responsible and what Islam has said about social order; that is more important and the reason why I say that, because it is not an addiction to alcohol or to opium or to heroin, it is, as he used the word addictive behaviour. And I think that is very important becuse in several of his works, Dr. Westamare has said that prohibition of one thing led on to other. So long as there is an addictive behaviour, there is always a tendency to abuse a substance. I know from my experience, in Pakistan, in 1977, when alcohol was banned by the government, there were lots of patients coming with problems of other addictions. Then in February 1979, our late President Ziaul Haq, passed health ordinance against opium. After 1979, in fact, having been practising psychiatry in Pakistan for eight years it was in 1980, for the first time I came across a case of heroin addiction. It was in 1980 and I have never seen that before. Hence, so long as there is need in a person to abuse the substance, you may pass an order to prohibit one thing, he will go on to other thing. So, I think we must discuss more on the roots of addictive behaviour and how

to ward and how the social order and Islamic injuction can modify and prevent addictive behaviour, rather than banning one susbstance or the other.

Prof. Zaki Hasan:

Are there any more questions in this context before I give answer?

Prof. B. Osuntokun:

Well, as my friend Dr. Prawaze Wasi said yesterday, this is really a learning experience for a persons like me. I found your presentations extremely eluminating and knowledgeable. I noticed the success which Islam acquired in problem of alcoholism is very impressive, but I also feel that if the definition of wine in Arabic is something which clouds or influences the mind, I think we can say the analogy for other things also. I always wonder why all these efforts have been made to prohibit alcohol, for the same methods have not been used for control of smoking becuse to my mind smoking does more harm than alcohol and in every Islamic country I have gone, I have seen people smoking. Is that right? Smoking can be extremely harmful but I find there are no efforts made to tackle this problem at all.

A Discussant:

May I ask you Prof. Zaki Hasan about the effect of the application of the Islamic Sharia in Pakistan, how did it affect the drug problem in the country?

Prof. Zaki Hasan:

I think, Prof. Malik Mubbashar has already replied but I think, I would take this opportunity of enlarging upon it. The serial events where the health ordiance was passed in 1979 and the first case of heroin, both in the personal experience of Prof. Mubbashar and of the doctor appointed by Narcotic Control Board of Pakistan, appeared in 1980. Now, one would have dismissed this as a pure coincidence, because other things also took Westamare, that Dr. Mubbashar referred to, which is entitiled "The heroin dependence after the prohibition of opium in three countries". And the 3 countries that he was talking about were Thailand, Lagos and Phillippines, I think was the 3rd country. So, what does it mean? It means, and I think one should pay attention to what Dr. Mubbashar has brought out, that it is not injunctions which we should concentrate on but we should do something about addictive behaviours. And Islam, in its

progressiveness, emphasizes that; and, therefore, the anecdote in Islam that people talk about, should be replaced by the progressive aspects of the influeunce that Islam can have on a society, the positive influences. How can we identify those? This is the issue, Injunstations are very easy to formulate, injunctions are very easy to legislate but injunctions are impossible to enact and actually to enforce. So, I am not answering the questions, I am raising issues.

Prof. Dr. Mohammed Al-Hawaari:

In the previous meetings, within the framework of the problem of ethics, we discussed the probelm of addiction with oparticular reference to alcoholism. We believe that this is a very serious problem and that it really touches the grass roots. Alcohol is permitted to everyone, for example, Germany last year was able to collect 14 billions marks as value added tax on alcoholic drinks sold during that year alone. From this figure we can assess the quantity of alcohol consumed in that country alone.

The second point I want to deal with is that the distinguished speaker mentioned in his last paper that the Russian experiment did not succeed. The Russian experiement is one which involves the restriction of the hours of sale of alcoholic beverages. that is beverages are only sold at specific times of the day. I saw this with my own eyes in Moscow. This statistics of the last Six months shows that 30% of auto accidents are the result of driving under the influence of alcohol, which means that partial restrictions of the sale of alcoholic beverages is not effective. What is your view of this?

The chairman: Prof. Abdul Aziz Kamal:

Professor is talking about the Russian and German experiments and the results. In Russia they were not good and clear and the progress was less. Concerning smoking, it was discussed yesterday. We hope that the conditions concerning smoking will improve. And now we turn to Prof. Haitham Al-Khayyat and he would like to present his paper in Arabic.

HEALTH AND ISLAMIC BEHAVIOUR

Dr. Mohammed Haythem al-Khayaat
EGYPT

My statement, distinguished colleagues, is merely supportive of that of Dr. Mohammed al-Hawaari. I will try to highlight some points which I believe will be of some interest to all of us.

The first of these points is the comprehensiveness of Islam. As far as we know, there is nothing in the Quran or the Sunna that may be called the Islamic Economic Order or the Islamic Political Order or Islamic Health Order, rather these are systems that we have inferred from our understanding of the goals of Islamic law *(al-Shari'a)*. Islam always prefers in dealing with any issue, to put it in a general framework, since it believes that several causes lead to a single situation or condition. Hence, we find that Islamic texts are comprehensive, the Prophet (ﷺ) was comprehensive in all his sayings. This comprehensive tendency in dealing with social issues is invaluable. When we understand something specific from a comprehensive text we should not keep it separate from its general framework, in fact we should highlight it within its original general framework. This is a more realistic approach in dealing with the issue at hand.

I would like to point out that issues related to health in Islamic texts become clearer if seen within their general framework.

God Almighty in *surat al-'An'aam* commands us not to indulge, openly or secretly, in shameful deeds and sinful acts. We can understand the relation between shameful deeds and health in the following Prophetic (ﷺ) saying:

"When shameful deeds are openly practiced among a specific people, plagues and pains appear among them, which their ancestors never suffered from before". (reported by Ibn Majih and Abu Na'iim in al-Hilyat from Abd Allah Ibn 'Umar).

But we cannot separate the issue of health here from shameful deeds when

we try and deal with prevention.

The second point is that there are two main sources which provide the foundation on which the health of the individual and the society are based. The first is the Quran and the second is the tradition of the Prophet (ﷺ): The first is the Almighty's saying in *al-Rahman:*

...AND HE HAS SET UP THE BALANCE (OF JUSTICE), IN ORDER THAT YE MAY NOT TRANSGRESS (DUE) BALANCE.

(al-Rahmaan, S. LV, v. 7-8)

As you see, this is a comprehensive Quranic verse, dealing with this amazing balance that God has invested in everything in this universe. This verse commands us in absolute terms not to transgress against this balance or try to destabilize it in any way. Any such violation is called in the Quran a "tyranny" or a "transgression". These terms mean trying to go beyond the set limits.

We can understand this holy verse in the framework of the ecology of the environment, any imbalance of the ecology is an endless source of evils. We can also understand this verse within the framework of behaviour, where God commands us not to disregard or go beyond the limits. We can also understand it within the framework of health, where transgressions and violations lead to destruction.

The ancient physicians of our nation interpreted this verse in this manner, thus reasoning that there is a form of dynamic balance which they called moderation. 'Ali Ibn 'Abbas refers to it in his famous saying: "Health is the moderation of the body" Ibn Sina also refers to this dynamic moderation when he says: "the moderation of man has a range (scope), and two limits which are negligence on one hand and over zeal on the other".

There is then a range for this balance, which keeps it in the zone of moderation, if the limits are violated whether through disregard or violation, then imbalance occurs.

This concept of the balance of health grasped by our ancestors represents the first pillar of health, and preventing the destabilization of this balance is a cornerstone in the maintenance of health, which means forbidding any form of violation of the balance of health. Such a violation is in fact a transgression against one of the blessings of God. The Prophet (ﷺ) said:

"Many people suffer from the lack of two blessings: namely health and leisure time".

I state that destabilizing the balance is a violation of one of God's blessings, to which applies the immutable universal rule

BUT IF ANY ONE, AFTER GOD'S FAVOUR HAS COME TO HIM, SUBSTITUTES (SOMETHING ELSE), GOD IS STRICT IN PUNISHMENT.

(al-Baqara, S. II, v. 211)

The punishment here is the price man must pay for transgressing against his health, body and self.

The second fundamental source, related to the first is summed up in the Prophet's (ﷺ) saying:

"Save your health for your illness".

It indicates the importance of the presence of a health credit that man must acquire in order to cover the case of illness. Man is called upon not to cause an imbalance, but if the imbalance occurs, the individual must have achieved a sufficient positive health balance to correct the imbalance. In this way health balance will return to a state of moderation and balance.

Therefore, health balance and credit are the two main pillars of man's health. The world's top physicians have reached the same conclusion after centuries of hard thought. Islam pointed this out fourteen centuries ago. Protecting the health balance is what today we call the maintenance of health, and saving up a health credit to enable the individual to regain his health is what we call today re-inforcing health.

Here the role of Islamic behaviour in the maintenance of health reveals itself. It is evident that Islamic behaviour is one of moderation, avoidance of overstepping the limits, avoidance of transgressions, and tyranny in any form. It is behaviour that maintains the moderation of all balances including the health balance. At the same time it acts to enhance the positive aspects for prevention including those of youth and wealth.

This behaviour, or more accurately Islamic life style, is in fact a healthy life style and will be the subject of the paper of my colleague Dr. Mohammed al-Hawaari. He will try to put it in its rightful place in the comprehensive general framework.

The third point with which I would like to conclude is that the Muslim nation has spent a long time talking and it is time it took some action, and I hope that we can set up a practical plan that will turn words into actions.

A few villages in the Islamic world implementing the Islamic life style as a suitable model for mankind would be more eloquent and significant than a thousand statements that are not implemented in reality.

The chairman Prof. Dr. Abd al-Aziiz Kamel:

We would like to thank Dr. Haythim and now we call upon Dr. Mohammed al-Hawaari to read his paper.

HEALTH AND BEHAVIOUR IN ISLAM

Professor Mohammad Al-Hawaari
GERMANY

We are living nowadays in a world which is changing and developing rapidly, but we do not feel these changes because we are living through them.

Man has progressed from the invention of the steam engine, with its revolutionary effect on people's lives, to electricity, and then to the age of nuclear power, space research and finally to the age of star wars and genetic engineering. During all this, nations have experienced tremendous changes in their social and political structures, and modern means of communication have shortened the distance between people, to the extent that the whole world has become as one country.

The hope was that this material progress, which has not left any aspect of our life untouched, would be accompanied by a general feeling of happiness and contentment that would pervade humanity, that man would live in peace and cordiality, that every inndividual would be provided with adequate housing, food and clothing, and health care and that illiteracy would disappear. It was hoped that poverty, disease and backwardness, would become extinct, that crime would disappear and people would feel safe and secure.

Nothing of this kind actually happened...everyone agrees today that the world is moving inevitably towards its final destruction, which is without a doubt an inevitable result of the moral corruption that pervades the political, social, and individual aspects of life.

Contemporary life has introduced hazardous elements on man's life styles that have left their impact on individual behaviour, a matter which has led to social and psychotic diseases. These are clearly manifested in the dissolution of the family, accompanied by sexual freedom and fatal diseases, as well as to the prevalence of problems resulting from drug addiction and alcoholism, the increase in violence, rape, kidnappings,

assaults, robbery and destruction. This is true to such an extent that statistics now show that half the deaths in the world today are due to the negative life styles practised by man.

Mental asylums and psycho-analytic clinics have spread widely, and people frequent them in large numbers. Contemporary patterns of life indicated by increasing insomnia, worries and fears for the future, have led to an exaggerated consumption of sedatives and tranquilizers, a situation that has led to the appearance of drug addicts of all ages, whose numbers are still increasing.

Statistics for Switzerland indicate that in 1985 pharmacies sold more than 300 million tablets of tranquilizers, and that a vast number of individuals consume between 10 to 20 tablets per day. Amphetamine consumption by tired politicians, businessmen, students during examinations, sportsmen before competitions, and women seeking weight control has increased greatly. A report submitted to a committee of experts on addictive drugs showed that more than 600,000 Japanese are amphetamine addicts, others estimate the number at more than a million. Of these, 66% are aged 20-29, and at least 23% of them below nineteen.

It is strange that the economic prosperity witnessed by the developed countries has not prevented them from becoming victims to the ills mentioned above. In addition to the dissolution of the family, there has been a decrease in the birth rate, an increase in the proportion of the aged and a decrease in the numbers of the active age-group, as well as the emergence of a number of organic diseases apart from psychological diseases resulting from existing life styles.

Consequently, cancer, cirrhosis of the liver, heart diseases, blood circulation ailments and respiratory diseases have greatly increased, in addition to the increase in the incidence of mental and psychological diseases caused from tension, worry and insecurity. There is also the increase in diseases resulting from over consumption and sexual freedom, the last of which may have brought about a fatal epidemic of this age, namely AIDS. This is not the appropriate place to discuss this and other several diseases.

Conditions in the developing countries are not much better, as there has been a vast increase in their population, abuse of natural resources and a waste of potential, widespread illiteracy and ignorance, a widespread increase in diseases, quite apart from the failure of their economic systems and general planning.

We become even more surprised when we find that some African countries that have been blessed with fertile soil and adequate supplies of water are suffering from famine and poverty, at a time when millions of dollars are spent by them on the import of luxury automobiles, cosmetics, alcoholic beverages, electronic recreational appliances, instead of being spent on tractors, other agricultural equipment, seeds and chemical fertilizers. How can we accept the listing of these countries among the poor nations, since they do not make proper use of their resources, instead they waste them on things that bring them only harm.

As far as the health sector is concerned, a report by the WHO states that the health conditions of millions of people in the world today is unacceptable, and that more than half of the population of the world today does not receive adequate health care. There is a huge gap between the developed and the developing countries in terms of the levels of health care and the resources devoted to the improvement of health conditions in comparison with the resources devoted to other sectors.

The Secretary General of the United Nations Mr. Perez de Cuellar stated that world expenditure on weapons of death and destruction in 1987 reached $930 billion, and this expenditure is distributed as follows:

1.	U.S.S.R	$260 billion
2.	U.S.A.	$293 billion
3.	The Industrial countries	$237 billion
4.	Developing countries	$140 billion

In 1983, Arab countries were at the top of the list for importing weapons in the Middle East, with an expenditure of more than $54 billion.

Could the world not have saved a mere tenth of its weapons expenditure to provide treatment for the millions of patients threatened with malnutrition, blindness or exposure to malaria and tuberculosis, as well as the provision of safe drinking water and basic housing for millions without shelter or clothing.

The lack of morals and commitment to values and principles are the most important reasons for the painful suffering of humanity. It is here that faith and spiritual factors explicitly emerge in their influence on life styles and positively interact with the other organic, physical, chemical and psychological elements in the life of man.

The greatness of Islam in comparison with all other faiths lies in its comprehensive, integrated and balanced view of man, as it provides a unique, divine framework which encompasses all aspects of human life,

both to build it and reform it. It does not give undue attention to any single aspect of man's life at the expense of any other. Within Islam the process of building and reforming starts the moment the individual Muslim decides to choose his spouse. Islam commands him to select the best depository for his sperm. Al-Darqatini reports that 'A'isha (رضي الله عنها) said that the Prophet (ﷺ) said:

"Select for your sperm, the best receptacles".

This process of building and reformation continues throughout man's life up to the time he is buried. One of the objects of Islam is to build an individual who is virtuous and correct in his behaviour. In order to achieve this objective Islam provides a clearly defined framework which encompasses all aspects of man's life including his health which is influenced to a great extent by his life style and behaviour. It can be clearly stated that there is a dialectical relationship between behaviour and health. As long as those two elements follow a positive course, the results will always be positive.

Islam views the relationship between health and behaviour in a way that differs from all other approaches, since it relates everything in life to faith and belief. Proper behaviour is a natural result of a proper faith, and the same is true of health.

Most educationalists agree that the term "behaviour" includes all the organic responses, whether clearly visible to the observer, or not.

These responses take different forms:

1. There is manifest behaviour: such as man's actions, walk, way of talking, and his actual statements.
2. There is also internal behaviour manifested in:
   a. Physiological reactions such as an increase in the pulse
   b. Or in the form of emotional experiences such as thoughts, imagination, vision, sadness, worry, fear, etc...

Scientists divide human behaviour into two main types:

a. Stable inherited behaviour.
b. Changeable behaviour: what is usually called acquired or learned behaviour.

The first: includes simple and complex responses which we may call natural or instinctive behaviour.

The second: is the significant behaviour which is acquired from

experience during man's life, that is behaviour not genetically transmitted.

Man is provided from birth with capabilities and faculties that are capable over time, of growth, development and interaction with the physical and social stimuli surrounding him, which will later produce what we usually observe as behaviour.

IT IS HE WHO BROUGHT YOU FORTH FROM THE WOMBS OF YOUR MOTHERS WHEN YE KNEW NOTHING; AND HE GAVE YOU HEARING AND SIGHT AND INTELLIGENCE AND AFFECTIONS: THAT YE MAY GIVE THANKS (TO GOD).
(al-Nahl, S. XVI, v. 78).

All modern studies highlight the role of upbringing in the formation of individual behaviour. They also emphasise the roles of the father, the mother, the family and society in the upbringing of children. These studies also emphasise the importance of virtuous acts and good behaviour by the parents to set an example, as well as the importance of avoiding sinful acts and behaviour for the same reason. The example set by the parents plays an important role in the formation of the behaviour of the young.

Man is distinguished from animals in that he only possesses a minimum of instinctive and innate *(fittra)* behaviour closely linked with his survival, but that he possesses incredible powers of learning and acquisition, and with the help of his elders he can adjust his environment and adapt to it.

Although man does not have stable patterns of behaviour, yet he is blessed with latent behavioural potential, which if directed properly, can be used in the adaptation process. This implies that the larger part of his behaviour is latent and develops as part of the maturational process; education and upbringing guide it and bring it to maturity.

Islam is distinguished from all other current approaches in that it determines the objective of education.

It can be safely stated that the modern philosophers of education agree that education is "the fulfillment by the youngster of his growth and life". Living organisms struggle to exploit the forces surrounding them for their interest, they struggle to renew themselves in order to ensure the continuation of the survival of their species.

Man also exploits all the forces of nature and the living creatures available, to transform these into means that bring about the renewal of his life in order to ensure the continuation of the survival of his species.

Children are born without any knowledge of the goals or the traditions

of their community, in fact they pay no attention to such things. It is up to the community to attract the children's attention to these goals and traditions. The only way to bridge the gap between the child and his community is education.

The existence of a society is based on this process, which occurs by transmitting the traditions of work, life style, behaviour, thought and feelings from adults to the young. Without the transmission of higher ideals, aspirations, ambitions, values and opinions from the individuals who are departing from the community to those who have just come into the community, the community would not survive.

In their view, education is this process of transmission from the ancestors to their successors.

Islam views this objective as a matter that raises questions. It can only be interpreted in the light of the religious and intellectual history of European culture, a history that has led to the separation of religion from life, and eventually the attempt to eradicate religion.

The question of faith has been and remains the most important issue for man. Any objective that is not linked with faith will be alien to man and the qualities that distinguish him from all other creatures.

The Universe is created by God, who has revealed a law to organize man's life, and the whole universe is ruled by the immutable laws and canons of God, everything conforming to these canons. Man acts voluntarily, as he seeks to earn his livelihood, and undertakes his varied tasks within his family and society. If man acts voluntarily in accordance with God's laws and canons, then he becomes a worshipper, and worship includes all things that God loves and accepts, whether these are words, acts or any other forms of behaviour. If education and upbringing are a preparation of man for the tasks that he must undertake in life, then there is no more noble task than the worship of Almighty God. This is the ultimate way to the sublime. Building character on the basis of faith in God and worship of Him encompasses all aspects of the human psyche, guiding these in the only correct direction, putting an end to the man's sense of loss and producing contentment and peace.

Making the sincere worship of God an ultimate objective of education necessitates the presence of different forms of education. Education is concerned with the faculties and capabilities of man:

1. The development of the body and good health: ...Physical education
2. The reformation of language and expression: ...Literary education

3. To improve of the mind and judgement: ...Intellectual education.
4. To provide knowledge about health: ...Scientific education
5. To provide a means of making a living: ...Vocational education
6. To awaken the appreciation of the beauty of the Universe: ...Artistic education.
7. To provide information on society and its systems: ...Social education as well as to prepare the young to participate in its reformation.
8. To foster feelings of International brotherhood: ...Human education.
9. To raise the soul to higher levels: ...Religious education.
10. To provide the basis for virtuous habits and morals: ...Moral education.

This is Islam's comprehensive view of education and its goals. The same is true concerning Islam's view of health and disease.

Health used to be defined in a negative sense as the absence of disease, until the WHO in 1984 set its own definition of health, "not just as the absence of disease, but as a total state of physical, mental and social wellbeing".

There is no doubt that this definition gave health a human dimension stemming from a widely accepted view in society, as well as being linked with prevailing political, social, cultural and moral attitudes and the network of relationships implied by social rights, duties and functions.

However, in the view of Islam, this definition leaves much to be desired, as it deals only with the material and physical aspects of health. In the sense that it only deals with the physical health of man it neglects the health of religion since the soul does not exist as a basic concept of empirical science.

The concept of health in Islam differs completely from that above, in that it gives both health and disease a higher meaning...as it is religion that takes into consideration both the soul and the body. In the view of Islam, wellbeing concerns both this world and the next. The Islamic concept of health encompasses the health of the body and that of the soul. In this view, disease is of two types: the disease of the body and that of the soul, and each type requires its own physicians.

In the *Musnad,* al-Imam Ahmad Bin Abi Baqr al-Sidiiq (رضي الله عنه), said:

I heard Allah's messenger (ﷺ) say:

"Pray to God to grant you certainty of faith (al-Yaqiin) and health...after certainty of faith nothing is better than health".

Ibn Qayyim Juziyya comments on this saying by the Prophet (ﷺ) that

it combines both the welfare of religion and the world... An individual's wellbeing can not be achieved in both worlds except through certainty of faith and health, as the former frees him from the punishment of the next world and health frees him from the diseases of this world.

Furthermore, Islam considers health one of the greatest blessings granted by God to the individual...the Prophet (ﷺ) says:

"Two blessings are seriously undermined by people: health and leisure"
(reported by al-Bukhari and Muslim).

The Prophet (ﷺ) likened him who has his health, security, and daily livelihood to someone who finds the world to be totally on his side.

Such a blessing should be reason enough for the continued praise of God and efforts should be made to preserve and maintain it. It is a treasure entrusted to man, for which he will be responsible before God on the day of resurrection. Al-Tirmidhi reported that Abi Barzat (رضي الله عنه) said that the Prophet (ﷺ) said:

"As soon as one dies, he is asked what he has done with his life, what he has done in his work, what he has done with his money, how he earned it, and on what he spent it, and how did he utilise his body,"

Anyone who abuses the blessing of health granted to him by God will be punished for his deeds. God Almighty says:

BUT IF ANY ONE, AFTER GOD'S FAVOUR HAS COME TO HIM, SUBSTITUTES (SOMETHING ELSE), GOD IS STRICT IN PUNISHMENT.
(al-Baqara, S. II, v. 211).

The Almighty says:

BECAUSE GOD WILL NEVER CHANGE THE GRACE WHICH HE HATH BESTOWED ON A PEOPLE UNTIL THEY CHANGE WHAT IS IN THEIR (OWN) SOULS:
(al-'Anfaal, S. VIII, v.53).

Maintaining such a blessing is achieved by looking after it, praising God for bestowing it, fulfilling its needs and requirements, and doing one's best to protect it from damage. That which is necessary to fulfill the compulsory duty *(wajibun)* is considered imperative.

Medicine, as we know, is divided into clinical and preventive medicine. The goal of clinical medicine is to help the patient, whereas preventive medicine aims at maintaining the health of the healthy individual as well as protecting him from illness. Preventive medicine is more worthwhile than clinical medicine since it is more cost-effective and it protects the public health of the community and not just the individual.

The teachings of Islam do not ignore preventive medicine, in fact these teachings command the faithful to follow its practices. It is reported in *al-Sahiihayn* from Atta', through Abi Hurayra, that the Prophet (ﷺ) said:

"God has not brought down a disease without providing a cure for it".

In *Musnad al-Imam Ahmad,* it is reported from Ziyyad Bin Allaqa from 'Usaama Bin Shariik who said: "I was with the Prophet (ﷺ), when an Arab bedouin came up to him and said: "Oh Prophet of Allah, should we seek a cure? The Prophet (ﷺ) said:

"Surely. Seek a cure, since God did not create a disease without providing a cure for it, except only one illness.

The bedouin said: 'What is that?' The Prophet (ﷺ) said

'Old age'".

Islam calls for expanding medical skills and that the afflicted should seek the more competent physicians to cure his illness. Malik reports in *al-Muwatta* from Zaydin from 'Aslam: "That a man at the time of the Prophet (ﷺ) was wounded and the wound started to swell, so he called up two men from Bani 'Anmaar to look at it. It is claimed that the Prophet (ﷺ) asked them 'Which of you is more competent in medicine?' They replied saying: 'Is there any good in medicine?' The Prophet (ﷺ) said:

"He who brought down the illness provided a cure for it".

Islam highlighted the significance of preventive medicine which leads to what we can call a "healthy society". We can safely say that this knowledge deals with all aspects of preventive medicine covering the health of the body, the environment, epidemiology, infectious diseases, nutrition, sexual health, mental health, motherhood, pediatric medicine, care for the elderly, vocational health, the encouragement of physical fitness, etc.

Islam attached great importance to the health and beauty of the body, and made health part and parcel of its message. It combined many forms of healthy behaviour with forms of worship so as to make them part of the habits which man is committed to practice as part of his daily routine, without additional effort. In fact Islam made some of these habits as requirements of the proper performance of the most significant forms of worship, namely prayers, fasting and pilgrimage *(haj)*. The guidance of Islam is full of many of these positive behavioural directives, of which we will mention but a few.

Purity *(al-Tahaara),* which means cleanliness in Islamic Law includes

the cleanliness of the body, dress and the surroundings. It is the key to prayer, no prayer is acceptable to God without purity. The term is mentioned in the Holy Quran more than thirty times and is also mentioned innumerable times in the Prophetic Tradition. The Almighty says:

FOR GOD LOVES THOSE WHO TURN TO HIM CONSTANTLY AND HE LOVES THOSE WHO KEEP THEMSELVES PURE AND CLEAN,

(al-Baqra, S. II, v. 222).

Al-Tirmidhi reports from Saa'd that the Prophet (ﷺ) said:

"God is good and he loves the good, and clean and loves cleanliness, generous and loves the generous and generosity, so clean your courtyards, and do not be like the Jews".... (of Madina at that time).

The Prophet (ﷺ) said:

"Cleanliness invokes faith, and faith is with its owner in paradise". (reported by al-Tabaraani).

As a sign of Islam's honour of the body, it made its absolute purity the basis of all prayers, and it made it the duty of the individual to wash his whole body in many contexts. Islam devised means to keep the body clean at all times, by linking cleanliness with other physical necessities. There are many directives which urge the faithful to wash and to perform their ablutions again even if they were clean. Furthermore, Islam directs the faithful to repeat the ablutions for prayer whenever their cleanliness is defiled. It urges the faithful to repeat their ablutions on many occasions, such as after sex if he wants to eat, drink, sleep or even before he has sex with his wife for a second time. Ablutions are also required before sleep, before entering a mosque or even after anger or backbiting someone.

The Prophet (ﷺ) stipulated washing up or bathing for his nation on many occasions, such as the Friday wash up or bath. He (ﷺ) says:

"that it is the right of God on every Muslim that he must wash his head and body every seven days". (reported by Muslim).

As well as his (ﷺ) saying:

"He who witnesses a Friday must wash up or bathe". (Agreed upon by reporters of the Prophet's sayings).

The Prophet (ﷺ) also stipulated washing up or bathing for the two feasts, "the Prophet (ﷺ) used to wash on the breaking of the fast and on the Bayram" (reported by Ibn Majeh). Washing is also stipulated for *'ihraam,* the pilgrimage *haj,* the minor pilgrimage *al-Omra,* standing in

Arafaat, the pre-burial wash, the prayer of invoking rain *(salaat al-'istisqaa)*, when an eclipse occurs, before a period of religious seclusion and meditation, when the body's odour changes, and when attending a meeting with other people.

Since the hand seems to be the part of the body most exposed to dirt and filth, Islam has attached special importance to its washing, particularly before and after eating, in ablutions, and after waking up from sleep. The Prophet (ﷺ) says:

"If one of you sleeps with the smell of meat on his hands, and he catches an illness, then he has only himself to blame".

He (ﷺ) has also said:

"If you wake up from sleep, wash your hands".

Among the guidance of the Prophet (ﷺ) is that he preferred to use the right hand for some acts and the left for others. Abu Dawuud reports that 'A'isha (رضي الله عنها) said: "That the Prophet used to use his right hand for his ablution and his food, and his left hand for cleaning after defecating, urinating and other unsavoury acts". The Prophet (ﷺ) said:

"If one of you urinates, he should not hold his organ with the right hand, or wash it with the right hand, and also you should not breathe into your food or drinking receptacles", (reported by al-Bukhari).

Cleanliness was not restricted to that of the hand, but the Prophet (ﷺ) urged the faithful to trim their nails, and to include this among the five instinctive directives. According to al-Shaykhaan, Ahmad and al-Tirmidhi from Abi Hurayra (رضي الله عنه), the Prophet (ﷺ) said:

"There are five natural instinct (fittra) ordinances: cutting pubic hair, circumcision, cutting the moustache, removing hair from the armpit, and trimming the nails".

The origin of *al-fittra* is what man instinctively does without being called upon him to do so.

Muslim in *al-Sahiih* reports that A'isha (رضي الله عنها) said:The Prophet (ﷺ) said:

"Ten things are naturally instinctive and these are: cutting the moustache, growing the beard, using al-Siwak to clean the teeth, clearing the nose with water, trimming the nails, washing between the toes and the fingers, removing armpit hair, cutting pubic hair, and cleaning private parts after defecation or urination".

Zakaria' said that Mis'ab (a reporter of the prophetic tradition) said: she forgot that the tenth should have been mouth rinsing. Zaad Qutaybba: Waqii said that the last one refers to *al-'istijaa'*.

Islam also attaches great importance to the cleaning of the mouth and the teeth, and particularly the gaps between the teeth. This attention is practically unrivalled in the old and new health directives. The Prophet (ﷺ) said:

"Use al-siwaak to clean the mouth, as it is a cleanser of the mouth and obedience of God ordinances, whenever Gabriel descended he told me to use al-siwaak, that I was afraid that its use would be imposed as a religious duty on me and my nation", (reported by Ibn Majeh).

Those who are aware of the incidence of oral and peridontal disease because of negligence in cleaning understand Islam's persistence on the cleaning of the teeth to remove the plaque between and behind them. The Prophet (ﷺ) said:

"I have been ordered to use al-siwaak so often, that I was often afraid that I will lose my teeth from the continuous scraping", (reported by al-Bazaar).

It is noteworthy that Islam has great respect for the individual and the community, as it has forbidden the individual who has eaten garlic, onions or malodorous breath to attend communal meetings. It has even dropped the communal mandatory prayers in the mosque so as not to annoy other people.

Islam also attaches importance to the cleanliness of the nose, particularly the removal of mucus and dirt from it and has made this one of the parts of ablution. Muslim reports from Abu Hurayra (رضي الله عنه) that the Prophet (ﷺ) said:

"If you perform your ablutions be sure to inhale water into the nose then blow it out".

The Prophet (ﷺ) said:

"When you wake up, inhale and exhale water three times, since the devil (Satan) sleeps on your nostrils". (reported by al-Shaykhaan)

The Prophet (ﷺ) paid special attention to the cleanliness of his eyes and urged us to look after ours; it is true that the Prophet (ﷺ) used "to wipe

the inner sides of his eyes, or the tear ducts", (reported by Ibn Majih). It is reported that A'isha (رضي الله عنها) said that "the Prophet (ﷺ) used to apply kohl to his eyes, three times in each eye before sleep".

One of the significant directives of Islam is that one should look his best and be well-groomed...Islam made this directive part and parcel of the ritual of prayer. The Almighty says:

O CHILDREN OF ADAM! WEAR YOUR BEAUTIFUL APPAREL AT EVERY TIME AND PLACE OF PRAYER.

(al-'A raaf, S. VII, v. 31).

The Prophet (ﷺ) used to direct believers to the importance of such things as grooming and appearance and to abide by these in their personal lives.

The Prophet (ﷺ) said:

"Those among you who have hair should take good care of it," (reported by Abu Dawuud).

According to Jabir Ibn Abd Allah: "The Prophet (ﷺ) saw a man with unkempt hair, so he said:

"Could not this man find something to comb his hair with?"

He (ﷺ) saw another man in stained and dirty clothing, and said:

"Could not this man find something to clean his clothes with?"

The teachings of Islam direct Muslims to clean their private parts and their genitals. The Prophet (ﷺ) said:

"If you defecate, you have to wipe yourself three times." (reported by Ibn Hazm).

According to 'Anas, when the Prophet (ﷺ) defecated then I used to bring him water to wash himself" (agreed upon)To the extent that A'isha (رضي الله عنها) said addressing Muslim wives: "Tell your husbands to like water and to clean themselves with it, and if they are reluctant to do so, tell them that the Prophet (ﷺ), used to do this," (reported by al-Tirmidhi).

This general directive to cleanliness went beyond personal cleanliness and purity, to include the cleanliness of Muslim houses and roads. Islam directed Muslims to clear their homes of dirt and rubbish. It is reported that the Prophet (ﷺ) said:

"Allah is good and likes the good, clean and likes the clean, generous and likes the generous, so clean your courtyards and do not imitate the Jews".... (of Madina at that time) (reported by al-Tirmidhi).

Islam views the removal of dirt and any object that may cause harm to passers-by in a public road as a part of faith, and it considers such a benevolant act as equivalent to giving charity *(sadiqiti)* and even as equivalent to a performance of prayers in terms of its reward.

In another prophetic tradition, the Prophet (ﷺ) says:

"Helping the weak by carrying their loads is equivalent to a prayer, and removing objects that might cause harm to passers-by in a public road is also equivalent to a prayer", (reported by Ibn Khuzayma).

In another, the Prophet (ﷺ) says:

"...every step believers take towards a prayer is considered equivalent to the giving of alms, and every form of harm that believers remove from the public road is also considered to be equivalent to the reward for the giving of alms", (reported by al-Bukhaari).

Islam makes it the duty of every Muslim to defecate or urinate only in an uninhabited area, and that the waste must be deposited in such a way so that it does not pollute water, or a public road, or a place where people gather.

Jabir (رضي الله عنه) reports that the Prophet (ﷺ), "forbade urinating in stagnant water", (reported by Muslim).

It is also reported that the Prophet (ﷺ)"forbade urinating in running water," (reported by al-Tabarani).

According to Ma'dh (رضي الله عنه), the Prophet (ﷺ) said:

"Avoid three accursed acts, defecating on resources, or in the public road, or in the shade", (reported by Abu Dawuud).

The Prophet (ﷺ) said:

"He who causes harm to Muslims in their roads must be cursed by them", (reported by al-Tabarani).

Islam, in attaching great importance to cleanliness and health, is in fact trying to strengthen the physical and moral fibre of its believers, a course which God loves. "The strong believer is better and more loved by God than the feeble believer". Islam wants bodies which are characterized by vigour,

health and strength, and it warns against feeble bodies that cannot bear the burden of responsibility. No one can deny the importance of this issue, and its impact on the soundness of the individual's thinking and on his life style.

It is therefore quite logical for Islam to exhort believers to search for proper nutritious foods and to avoid unsuitable ones. The Almighty says:

...ENJOY (ALL) THINGS GOOD AND PURE

(al-Mu'iminuun S. XXIII, v.51)

The Almighty says:

HE ALLOWS THEM AS LAWFUL WHAT IS GOOD (AND PURE) AND PROHIBITS THEM FROM WHAT IS BAD (AND IMPURE);

(al-'A raaf, S. VII, v.157).

Islam at the same time asked believers to be moderate in their consumption of food and drink, for those who live only for the pleasure of their stomachs are no better than animals...the most devastating illnesses are those that stem from an overfull stomach that cannot digest what it has taken in. This is referred to in the Prophetic tradition:

"The son of Adam does not fill a vessel worse than his stomach", (reported by al-Tirmidhi).

Islam also encouraged Muslims to consume useful and nutritious foods such as honey and dates. It also rejected vegetarianism and encouraged people to eat meat. The Almighty says:

AND WE SHALL BESTOW ON THEM, OF FRUIT AND MEAT, ANYTHING THEY SHALL DESIRE

(al-Tuur, LII, S. v. 22).

In the *Sunnan* of Ibn Majeh, from the sayings reported by Abi al-Dardaa', that the Prophet (ﷺ) said:

"The best food for people in this life, and those in paradise, is meat".

Islam also strictly prohibited harmful foods such as the flesh of dead animals, blood, pork, alcohol and narcotics.

It is also significant to note the rules given by Islam for quarantine and protection from infectious diseases. It is authenticated in *al-Sahiih* that the Prophet (ﷺ) said:

"If you hear of the plague raging in a specific land, do not go there, and if it occurs in a land in which you happen to reside, then do not leave it".

It is also authenticated in *Sahiih Muslim,* according to Jabir Ibn Abd Allah "that in the delegation of the tribe of *Thaqeef* there was a man suffering

from leprosy, the Prophet (ﷺ) sent him a message, asking him to return and that he (ﷺ) has accepted his mission." Al-Bukhaari in *al-Sahiih Minna al-Hadiith,* reports according to Abi Hurayra that the Prophet (ﷺ) said:

"Do not allow the ill to mingle with the healthy".

Islam rejected any medication that was among the things God denied to Muslims, since these can never bring about a cure. Al-Bukhaari mentions in *al-Sahiih,* according to Ibn Mas'uud that "God has not made His cure in something He has forbidden you to consume", (reported by al-Tabaraani and his reporters are trustworthy).

Abu Dawuud reports in his *Sunnan* that Abi al-Dardaa' said that the Prophet (ﷺ) said:

"That God brought down both disease and the cure and that He specified a cure for every disease. So seek a cure for your illnesses and do not seek to cure yourself with that which is forbidden", (noted by al-Tabaraani and his reporters are trustworthy).

Islam provides the means of protection from disease and sets out a code of behaviour and a life style plan for the Muslim that strengthens this protection and makes it impregnable.

Islam has made it a blessing for the Muslim to wake up early in the morning, and it curses staying up late particularly in noisy spots or gambling casinos or for wasteful play...It calls upon Muslims to cooperate, to show compassion for each other, and to be patient in difficult and hard times. It also forbids despair and suicide. It also calls upon Muslims not to indulge in fury and envy, and warns them against committing deadly sins. The Almighty says:

...COME NOT NIGH TO SHAMEFUL DEEDS, WHETHER OPEN OR SECRET;
(al-'An aam, S. VI, v. 151).

God promises those who openly commit and boast of shameful deeds and sins that afflictions unseen by their ancestors will spread among them.

Islam did not ignore sexual instinct or motivation, it only called for discipline, education and enlightenment in the matter. Islam established all sexual relationships on the basis of legal matrimony, which Islam viewed as half the religion. According to al-Biheiqi, the Prophet (ﷺ) said:

"If an individual gets married then he has completed half his religion". Islam strictly forbids any relationship other than marriage, so adultery, homo-sexuality, lesbianism and any other illegitimate relationship are absolutely prohibited. The Almighty says:

NOR COME NIGH TO ADULTERY FOR IT IS A SHAMEFUL (DEED) AND AN EVIL, OPENING THE ROAD (TO OTHER EVILS).

(al-'Israa', S. XVII, v. 32).

In fact, Islam has disallowed any situation, act or case that might lead to or encourage temptation to fall into such shameful deeds. Hence, Islam commands its believers to desist from ogling, disallows being alone with a member of the opposite sex, avoiding shameful deeds and evil mingling with the opposite sex and also warns spouses from engaging in sexual acts in the open or even making it a subject of their conversation and entertainment. The Prophet (ﷺ) said:

"The worst of you on doomsday before God, is a man who discloses his secrets to a woman and she discloses hers to him, then he reveals her secrets," (reported by Abu Dawuud).

Islam absolutely stresses that adultery is the wrong means for releasing pent up sexuality because it leads to the confusion of the kinship relation *(al-Nasab),* the dissolution of the family and even the community, the spread to disease and shameful deeds and the downfall of virtue.

It condemns homosexuality as an extreme form of irregular behaviour, that is unacceptable to the natural state *(al-fittra),* a practice that is rejected by manhood and dignity. It is an incredible aberration of the laws and canons of nature. The Prophet (ﷺ) says:

"Four will wake up and retire at night under the absolute fury of God". I asked: Who are these O Prophet of God." He (ﷺ) said:
"Men who act like women, women who act like men, those who practice sex with animals, and homosexuals;" (reported by al-Tabaraani and al-Bihayqi).

Islam frowns on all forms of sexually aberrant behaviour such as animal fetishes and lesbianism, and the resulting misconceptions of the function of sexuality, namely that the pleasure derived from sex is the only rationale for it, whatever the means used to derive such pleasure.

It is worthwhile noting that in this day and age that some reformists have called the age of the sexual revolution, that we should stress what some Muslim scholars have called for, that is the importance of giving children the opportunity to obtain sexual information and to find complete and convincing answers for any questions about sex they might have, so long as the answer is simplified and appropriate to the child's age. If the information the child receives from his parents or his teachers is not convincing or adequate, he will then have to turn away from his school or his family to obtain his information from the street. A sexual education acquired

from the street can be dangerous and destructive.

A proper sexual education does not undermine traditions, morals, values or modesty. It does not cause any adverse effects on the child's mental health or his education. Such an education is necessary, and there should be no modesty in acquiring knowledge. The Holy Quran and the Prophet (ﷺ) have dealt with sexual issues in the most proper and wonderful forms.

As an example of this, we quote the Quran here when it speaks about copulation:

YOUR WIVES ARE AS A TILTH UNTO YOU; SO APPROACH YOUR TILTH WHEN OR HOW YE WILL; BUT DO SOME APPROPRIATE PRELUDES BEFOREHAND; AND FEAR GOD, AND KNOW THAT YE ARE TO MEET HIM (IN THE HEREAFTER), AND GIVE (THESE) GOOD TIDINGS TO THOSE WHO BELIEVE;

(al-Baqara, S. II, v. 223)

The same is true of the expressions used by the Holy Quran in this area:

SO NOW ASSOCIATE WITH THEM,

(al-Baqra, S. II, v. 187)

OR YE HAVE BEEN IN CONTACT WITH WOMEN,

(al-Mai'ida, S. V, v.7),

PERMITTED TO YOU, ON THE NIGHTS OF THE FAST, IS THE APPROACH TO YOUR WIVES, THEY ARE YOUR GARMENTS AND YE ARE THEIR GARMENTS.

(al-Baqara, S. II, v. 187)

LET THERE BE NO OBSCENITY, NO WICKEDNESS, NOR WRANGLING IN THE HAJJ.

(al-Baqara, S. II, v. 197)

...AND DO NOT APPROACH THEM UNTIL THEY ARE CLEAN

(al-Baqara, S. II, v. 222)

Readers of these verses of the Quran, find that these and many similar ones are characterized by allusion or subtle metaphoric expressions such as "and do not approach them",

OR ...WHEN THEY ARE UNITED, SHE BEARS A LIGHT BURDEN AND CARRIES IT ABOUT (UNNOTICED).

(al-'A raaf, S. VII, v. 189)

There are also attractive similes like "your wives are/ As a tilth to you". Perhaps the Quran aims by using such expressions and directives to guide us to a specific form of social education, to educate people and inform spouses that their social contact must be surrounded with a veil of morality, gentility and avoidance of shameful deeds.

Sexual education can be given to children in subtle terms that suit children's age. Educators can thus include within the educational program-

me classes devoted to sexual culture which develop gradually. In the primary stages, such classes can deal with plant reproduction, parts of the flower and pollination. Then they might move in the subsequent stage to animal reproduction and animal reproductive organs. Then the child must come to know the essence of his parents relationship, that it is the essence of his existence and that it is founded on love, concern and compassion. This could be done through simple children's stories that may be written specifically for this purpose.

The child must learn to respect the privacy of the relationship between his parents. Hence, the Islamic directive is that the child should be given a space of his own away from the parents from the time he is born. That he should not sleep with his siblings when he gets older. The Prophet (ﷺ) said:

"Order your children to start praying when they are seven, beat them if they do not pray when they are ten, and separate them from each other in their beds at this age;" (reported by Abu Dawuud).

One of the most important issues that Islam dealt with is that of leisure time and how to make use of it. In the view of Islam, leisure is a boon of health, but is a blessing that is often undermined by people. According to the Prophet's (ﷺ) saying:

"Two blessings are usually underestimated by people: these are health and leisure time;" (reported by al-Bukhari and Muslim).

Islam understands the importance of time and values time highly. It stresses the significance of the Arabic proverb: Time is like a sword if you do not cut it, it will cut you down. Hence, it sets its major prayers and forms of worship in every part of the day, the week and the seasons of the year. Prayers are specified for the whole day...Gabriel(ﷺ) came to the Prophet (ﷺ) and prayed with him at the beginning and end of the times of the day so as to make a system from dawn to nightfall. It is thus good for the child to be raised from the beginning of his life in the light of Islam, and to be ordered to pray from the time he is seven...to get used to making the best of his time and to organize his day accordingly...So as to fill his leisure time with useful activity, since surplus time that is left unused will be directed towards evil acts.

In our modern life the problem of the presence of too much leisure time with nothing to do is one of the worst facing the youth of today. It leads to engaging in activities like drinking, gambling, drug taking, wild discos, juvenile delinquency, and criminal acts. All these forms of behaviour are the result of the presence of too much free time with nothing to do.

There is no doubt that modern life styles created this problem, by destroying the humanity of man and transforming him into a machine that works all day and then releases him like an animal in the darkness of the night.

The responsibility for building a healthy society falls mainly on the home then on the community. The Almighty says:

O YE WHO BELIEVE! SAVE YOURSELVES AND YOUR FAMILIES FROM A FIRE

(al-Tahriim, S. LXVI, v. 6)

There is no fate worse and more cruel than parents neglecting their children, thus turning into fuel for eternal fire of destruction.

The protection that Islam requires is not just restricted to preventing committing shameful deeds, sins, and acts of disobedience...but it necessitates protection by following a healthy life style that achieves a balance between the needs of the soul and the body.

Islam provides humanity with a comprehensive methodology for life capable of building the virtuous individual, community and nation.

It is high time that people realize that there is no better discipliner and educator for people like a religion that protects man and keeps him from falling into the trap of shameful deeds, and engenders in him the rules of right and wrong, what is allowed and what is disallowed. Without religion, humanity will continue to experiment with one system or another, until it finally returns to religion. Therein lies the greatness of Islam, which made it imperative for man to maintain and preserve his mind, self, money and time. It warns him not to destroy himself by committing that which is not allowed, and ensure the purity of religion, money and honour.

God the Great, whose mercy encompasses everything and which is written for the devout among his believers, says:

THOSE WHO FOLLOW THE APOSTLE, THE UNLETTERED PROPHET, WHOM THEY FIND MENTIONED IN THEIR OWN (SCRIPTURES),-- IN THE LAW AND THE GOSPEL;-- FOR HE COMMANDS THEM WHAT IS JUST AND FORBIDS THEM WHAT IS EVIL; HE ALLOWS THEM AS LAWFUL WHAT IS GOOD (AND PURE) AND PROHIBITS THEM WHAT IS BAD (AND IMPURE); HE RELEASES THEM FROM THEIR HEAVY BURDENS AND FROM THE YOKES THAT ARE UPON THEM. SO IT IS THOSE WHO BELIEVE IN HIM, HONOUR HIM, HELP HIM, AND FOLLOW THE LIGHT WHICH IS SENT DOWN WITH HIM,-- IT IS THEY WHO WILL PROSPER.

(al-'A raaf, S. VII, v. 157)

The chairman Prof. Dr. Abd al-Aziiz Kamel:

We would like to thank Dr. Mohammed al-Hawaari on his excellent presentation on Islamic behaviour. In the remaining time we open the floor for questions and discussions.

DISCUSSION

DISCUSSION

Dr. Prawase Wasi:

I have two questions:

1) Number one healh problem in the modern world today is stress. The three best selling drugs in the world deal with the stress/ tranquilizer and the hypertension and peptic ulcer. These occur from conflict between biological system which is always more constant, and the rapid environmental changes. I think stress occurs from this conflict and one of the methods to deal with the stress is medication. I think that there is evidence that medication decreases stress and stress associated diseases like hypertension and peptic ulcer. Now, the Islam says pray five times a day. I have been saying to my friends in Thailand that if you look at the person who prays five times a day, you will see less stress and hypertension. Are there available data showing that among the muslims who pray and who do not pray, there is evidence of difference in degree of stress and stress associated diseases - hypertension and so on?

2) Islam knows that behaviour and life style affect health so much but I come from a country where in the midical schools, the medical doctors do not seem to have this behaviorial dimension in their thought. You know, when they think about the disease and health, they think only of bio-medical things; bactoria and so on. Not much of behaviour in thier thinking. What about in the Islamic Medical school, in modern times? Does the behaviour accounts much in the modern doctor's thinking about health and disease?

The chairman: Prof. Abdul Aziz Kamel:

I think this is self-evident comment.

Dr. Prawase Wasi:

When you pray five times a day, I expect that it will decrease the stress.

A Discussant:

Of course.

Prof. Ayhan Songer:

In my department, the Department of Psycharity, in the University of Istanbul, during execution of "Elahi", I mean the music and the reciting of Quran and every thing, a friend of mine made the examination of skin resistance and this resistance is changing very significantly. We have a thesis of Doctorate on this subject and I will send a copy of it to you. It is a very good research.

Dr. Haitham El-Khayyat:

I think, we need to have such kind of work to elaborate on this kind of research and study. Thank you very much for raising this idea.But I would like to mention also that the prayers in Islam are timed in a way that the first one is at the beginning of the day and then as the man starts fresh, he is left for a long period for 6 hours or something like that. Then we have the second prayer, but then the third prayer is after 3 hours, fourth prayer is after 2 hours, the fifth prayer is after 1 hour. So, this means the frequency increases with the fatigue of the body which is also a remarkable feature.

As far as the healthy life styles taught in medical schools, actually, I do not know of any medical school in the Islamic world for the time being doing that is why the Regional Office of W.H.O. and I.O.M.S. will start with this curriculum, in order to implement this approach in the medical schools.

Dr. Hussain Al-Gazalry:

Actually what arose this idea to mind of studying of behaviour and emphasizing the behaviourial changes that have occurred, we have all the time been speaking about the facts of religion and as the Professor said in the morning, we do not really have enough knowledge of religion and there is need of thinking for everyone, because every body is responsible for his own. But our responsiblity for those who know more is to make things more clear for them, because how can you have a responsible behaviour if you do not know the facts. So it is an important thought that

we the scholars, teaching staff in medical schools and doctors as also the religious scholars, because they know more about religion, should sit together and discuss the facts of human behaviour and how this affects the health. And from such sittings, we expect that the medical school teachers will find important ideas of what is really necessary for this type of behaviourial changes, which can be included in the curriculum.

On the other hand, those who are leaders of the community, should go to the community and make the people understand that it is true that God will not change anything for them unless they start changing themselves, particuilarly if a poor community is not working hard enough and is not helping each other, and you know most of our problems are that instead of helping each other we are fighting each other. You know if you take a medical school, a ministry or an organisation or an agency and think about the problems we are facing, they are partly economical or financial problems, but they may be 20-25%, but most of the problems which are 60-70%, sometimes even more, are those of understanding and adjustments.

It does not help anybody. And I think if every body thinks about the needs of his fellow-men, the same way, he thinks of his own needs, then every one can get enough. As Dr. Hawary has mentioned how much money is spent on arms during last year, why are we spending all this amount of money on arms? To guard against some body else or to dominate some body else? But if we consider that somebody else is equal to us, and we start not trying to dominate or feel so much worried about that we have to fight back, the every body will get more than enough, So, I think, this curriculum we have in mind to start sometime next year, I think it will be very beneficial, and I hope every body will look and consider the same say.

The Chairman: Prof. Abdul Aziz Kamel:

I think we are reaching the time limit of our meeting. I hope that we can embark at minimum two things i.. e, co-operation and development. We would like to co-operate instead of fighting and develop instead of destruction and I hope that the new generation will have better time than ours.

Thank you Prof. Zaki, Prof. Haitham and Prof. Hawary and specially all of you for participating in the eluminating discussions. God be with you all.

CHAPTER III
PLENARY LECTURES

REPORT ON THE SESSION

This session was chaired by Professor Hamdi Al-Sayed and moderated by Professor Saeed Ashour.

The learned speakers were Professor John H. Bryant and Pofessor Ihsan Dogramaci who spoke respectively on "Equity in the face of scarcity - dilemma of heath care in the Third World" and "The place of Islamic civilization in the history of art, culture and science in the west." At the end of the lecture, the Chairman thanked the respective speakers and, finally, opened the floor for discussion.

Editors

The chairman: Prof. Dr. Hamdi Al-Sayid:

I present to you Prof. Dr. John H.Bryant who will deliver a paper entitled "Equity in the face of scarcity-- dilemma of health care in the Third World".

EQUITY IN THE FACE OF SCARCITY-- DILEMMA OF HEALTH CARE IN THE THIRD WORLD

Professor Dr. John H. Bryant
PAKISTAN

The heart of the Declaration of Alma Ata and its goal of Health for All was the principle of equity, which incorporates the notions of universal coverage with health services, and care according to need[1]. The former requires a health system that can extend to the farthest corners of a population; the latter requires a system that can reach every person or family and discern those who have special needs and respond to them. Given the pervasive scarcity of all relevant resources in Third World countries, and the multiple claims on them, is this a dream and nothing more? A cruel joke? Worse, an exercise for academics who build ivory tower models with no possibility of real world application?

The question of the extent to which equity can be achieved in the face of competing demands in the health sector appears repeatedly and in different places:

— high technology medical care draws resources away from basic health services;
— the call for care by individual patients in curative facilities, whether or not high technology is involved, represents an insistent demand that pulls resources away from population-based services;
— commercial gains from the marketing of pharmaceutical and medical products steer attention away from populations without purchasing power and toward more profitable markets;
— cost-effectiveness comes into conflict with equity--the poor and remote are more costly to reach than those who live nearby;
— vertical health care programs focussed on one or a few solvable

problems is given priority over more comprehensive programs that may provide greater equity of coverage;

— community people are generally excluded from decisions made by planners and managers of health services as to which services shall be provided and to whom, yet the community are those who stand to lose or benefit from such decisions.

These are familiar contradictions, often the result of conflicts of interest among interacting parties--planners, politicians, hospital directors, health services managers, clinicians, primary health care personnel, etc. There is a more fundamental issue, however--a lack of understanding and appreciation for what lies behind the call for equity and what the possibilities are for achieving it. There may even be a lack of awareness that issues of ethics and justice are involved.

Here, we will review recent thinking about equity and justice in relation to health care, present a conceptual model of how principles of justice might be used to formulate a health care system, and then consider ways in which the dilemma of equity in the face of scarcity might be dealt with in real world settings. We will also examine some ways in which these ideas and principles are consistent with Islamic perspectives.

Principles of Justice as Related to Health Care:

Some basic concepts of justice have been developed by philosophers and ethicists which, at first reading, may seem entirely theoretical but actually can be adapted in practical ways to health care.

A fundamental principle of justice has been enunciated by John Rawls in which he asserts that "all primary goods--liberty and opportunity, income and wealth, and the bases of self-respect--are to be distributed equally unless an unequal distribution of any or all of these goods is to the advantage of the least favored."[2]

This Rawlsian concept of justice can immediately be seen to have implications for health care. Its language can be translated directly into a principle of justice applicable to health care: Whatever health services are available should be equally distributed to all unless an unequal distribution would be to the advantage of the least favored.[3]

Nicholas Rescher has been concerned about the economic dimension of social justice including the distribution of goods and services within society.[4] He proposes a utility floor below which no one should be pressed.

While the utility floor would ensure at least a minimum of services for all, the special needs of some would still have to be taken into account; thus he calls attention to the importance of differential need. Further, variations in the availability of resources also require consideration: in an economy of dire insufficiency, there is not enough to go around, perhaps not even enough to provide a floor or to provide for the special needs of individuals; if the economy is one of mere insufficiency there may be a floor but not enough to satisfy everyone's individual needs; and in an economy of abundance, the floor might be provided and even raised progressively.

Another complication affecting the justice of distribution is that of dividing a good of limited divisibility in an economy of scarcity. In the health field, the example would be locating a few hospitals among deprived populations. Justice is also involved in the way in which a distribution is decided upon and carried out, particularly when limitations of resources require inequities of distribution. This point has to do with participation of members of the society in determining what is just and how that justice is implemented.

Veatch has reviewed this field and derived his own principle: People have a right to needed health care to provide an opportunity for a level of health equal as far as possible to the health of other people.[5]

Bryant has taken Rawls' general conception of justice and Rescher's formulations on distributive justice and joined them in a series of principles of justice as related to health care.[6] These can be noted as follows:

— Whatever health services are available should be equally available to all. Departures from equality of distribution are permissible only if those worst off are made better off.
— There should be a floor or minimum of health services for all.
— Resources above the floor should be distributed according to need.
— Where health resources are non-divisible or necessarily uneven, their distribution should be of advantage to the least favored.
— The population actually receiving health care should participate in decisions on the distribution and use of those resources.

These formulations still suggest an entirely theoretical approach to problems that must be dealt with in highly practical ways in the field. Bryant has used these principles as a basis for laying out how a health care system might be designed so as to be consistent with the principles of distributive justice. The matrix displayed in Table 1 illustrates that approach. Three principles of justice--a floor of health services for all; resources above the

floor distributed according to need; nondivisible resources distributed to the advantage of the least favored--are arranged on one side of the matrix (it is assumed that the fourth principle, that of community participation in decision making, applies to the other three). On the other side of the matrix are three levels of resource availability--extreme scarcity; moderate scarcity; mild scarcity.

This presentation put forward in 1977, the year prior to the issuance of the Declaration of Alma Ata on Health for All by the Year 2000, was intended to illustrate that there are operationally practical approaches to developing health care systems and programs that are consistent with the principles of justice and that can provide guidance for decisions on the allocation of resources, the design of health care systems, the functions of health care institutions, and the roles and education of health manpower.

An Application of Principles of Justice in a Real World Health Care System:

The Aga Khan University in Karachi, Pakistan, has been developing urban and rural health services programs over the past four years that conform to the principles of justice described here, and actually extend them, at least in potential effect, well beyond what was envisioned in 1977.

These programs are integrally related to the objectives of the university:

— to train young people for leadership in providing health care for the people of Pakistan, particularly for the more deprived populations;
— to contribute to improvements in health services in Pakistan through the development of prototypes of practical and manageable health care systems.
— to interact with government and other parties so as to promote general improvements in health services and career opportunities for health personnel so that the efforts of the university in education and health system development might have favorable impacts on the needs of the nation.

In the pages that follow, the general approach to health system design and management will be described, the particular components intended to ensure equity will be highlighted, and the shortfalls and unresolved dilemmas will be identified and discussed.

Primary Health Care Systems in Urban Karachi--Reaching for Equity:

The Aga Khan University has developed field sites in six urban squatter settlements, called *katchi abadis*. The six field sites form a small network of primary health care (PHC) services, with the Department of Community Health Sciences serving as the hub of the network (in the near future, the hub will be moved to one of the field sites). The following sequence of steps is undertaken in each field site.

— Community people in potential field site areas are engaged in discussions about their concerns, needs and interests in participating in the development of a health care program for them.
— In each field site, a population of about 10,000 is identified, the area mapped, the homes numbered.
— Community health workers (CHWs) are recruited from the local community, trained briefly in the spot, and assigned about 150 families each, whom they visit on a monthly basis.
— A community health nurse (CHN) supervises the CHWs, giving them continuing training, and helps to ensure the care according to need concept.
— A community health doctor (CHD) oversees this small PHC system, seeing patients referred for care, referring onward those patients who need more complex care, alert to unmet needs of the community.
— A management information system (MIS) consists of reporting from the CHWs on the health status of her assigned families (reporting only on high priority problems, such as malnutrition, immunization status, etc), which is summarized by the CHN, reviwed by the CHD and forwarded to the hub of the PHC network for review and discussion.
— One of the field sites has been developed as a secondary health care (SHC) center and is intended ultimately to be a front-line-hospital. It serves as a PHC field station for the population immediately surrounding it and also serves the other field sites by providing general specialty care (pediatrics, obstetrics and gynecology, etc) for patients referred from those sites, and by backing up the community-based PHC programs in those sites.

The above steps can be considered in terms of their contribution to equity, and the problems involved in realization of equity.

Community participation. Essential of equity. Our own experience has been that it is difficult for health professionals to give over decision making prerogatives to community people. Nonetheless, we continue to try, because we are convinced that social control of such systems is in the

interests of equity, and also that even the technical aspects of such systems will function much more effectively when communities are committed to making them work.

Identifying the population. Delineating the population at risk, including mapping and numbering of households, makes it possible to meet the imperative of social justice, that no one will be left out. In practice, where resources are extremely scarce, priorities must be set and not everyone will be cared for. Even so, justice requires that everyone's needs be taken into account. In these field sites, overall expenditure is about $3 per person in the population per year, and the needs of all are taken into account, but the priority is to mothers and children.

Community health workers and the pattern of family assignments and home visiting provides the possibility of identifying those most in need and providing care in the home, such as oral rehydration therapy for diarrhea, or referring to the nearby health center for care by a nurse or doctor. In the reality of the *katchi abadis* of Karachi, many of the CHWs are illiterate or semiliterate and their technical capacity for identification of problems and managing them on the spot is understandably limited. On the other hand, their social capacity for identifying social and cultural problems and of winning the trust and cooperation of the community is unmatchable by health professionals. On balance, in these field sites the CHW is the essential link between health professionals and the community, and therefore is indispensable to the pursuit of equity.

Community health nurses and doctors form the supervisory tier that is both supportive of CHWs and also provides oversight, strategies and services required to serve the entire population. They represent the local decision-making capability which, carried out in conjunction with community, makes it possible to take decisions linked to local need, rather than simply implementing policies that flow from the top downward that may be blind to local concerns and needs.

A management information system is critical to the development of an equity-oriented system; it provides the possibility of keeping the population of concern under needs-related surveillance, of monitoring the extent to which agreed upon programs are actually implemented, of identifying failures and shortfalls, and of matching costs with accomplishments. In practice, it is easy for the MIS to look good on the surface but be based on inaccurate information derived from careless or unknowingly inaccurate observations. Careful and supportive supervision of peripheral workers is necessary to ensure the flow of reasonably accurate information. Even with

inaccuracies, the flow of information from a series of field settings can alert system managers to flagrant problems that might not otherwise be apparent--a sudden increase in deaths of small children; failure to improve on the high prevalance of serious malnutrition in the field sites; or the striking success of one field site in dealing with malnutrition.

A front line hospital illustrates the principle of distributing nondivisible resources to the advantage of the least favored. A health system based solely on PHC and tertiary health care (THC) levels has a serious deficiency. The middle level is essential to provide care for those patients who cannot be cared for at the peripheral level but who do not need the subspecialty care and technical support systems of a tertiary care center. Examples would be: children with severe malnutrition who need hospitalization for nutritional rehabilitation; children with diarrhea for whom oral rehydration is insufficient; women in obstructed labor who need surgical intervention for delivery; injuries that are not extremely severe. Technically, therefore, there is a clear reason for promoting the development of front-line hospitals. The imperatives of equity are also met by supporting community-based PHC (the floor of services), and keeping-up care provided at that level (care according to need), and keeping this level of care within reach of community decision-making.

What is the reality? It would be a vast overstatement to say that equity and justice are achieved in the *katchi abadis* of Karachi. Three million people in those squatter settlements are immersed in poverty and the worst aspects of severe under-development, and two million more live on the edge of that same poverty. We can only say that we have developed an infrastructure for PHC and SHC that is consistent with some principles of justice and that provides opportunities to pursue those principles.

On a daily basis, we see success and failure. Success: a series of malnourished children identified by a CHW and, by working with their mothers, brought through to a more favourable and safer state of nutrition--a chance for life. Failure: 16 children under five died in our field sites in the last month--every death preventable; a mother commits suicide--overwhelming despair; a young father has a stroke--his hypertesion unrecognized among our priorities for mothers and children.

But in Third World circumstances of this kind, the search is not for solutions to such immense problems. Rather, it is for a way--a simple path, that can grow into a road, that can become a direction for action. These small health systems can be considered as prototypes for larger systems. We are currently in close dialogue with government around the possibility

that these prototypes and their rural counterparts, or components of them, might be incorporated into governmental plans and programs for health services in Karachi and in Pakistan.

In addition, our students and faculty are increasing in their capability for managing such systems, and they have the potential for taking leadership roles in developing the next generation of such equity-oriented systems.

SOCIAL JUSTICE AND ISLAM

Reflecting on social justice from an Islamic perspective is a difficult task for one who is neither philosopher nor Muslim. On the other hand, given the point that our purpose here is to consider the problems of pursuing equity in the face of scarcity, perhaps one can be forgiven for offering a few observations about traditions of Islam as they might apply to this area.

It can be said that more than any other religion, Islam has the right to call social justice an essential element of its message.[7] A tremendous social concern is discernable in the Qur'an. It is a faith which is concerned with one's fellow man and society, and which strives for social justice in this earthly life.

Zakat is the place to begin, one of the pillars of Islam, and pre-eminently its social pillar. Zakat is the institutionalized payment of taxes to meet the needs of the poor. Fundamentally it is aimed at equitable distribution of resources based on the rights of the poor. While charity can be seen as independent actions of concerned individuals, zakat acknowledges the rights of the poor and the duty of the rich. It intends to guarantee the continuity and regularity of the care of the poor. As such the spirit of zakat is consistent with equity in health care as well.

A distinction is found in the Qur'an between 'poor' and 'needy'. The 'needy' are understood to be those who possess nothing. They are to receive zakat. The 'poor' are those who have some means of existence but insufficient for adequately providing the basic material necessities of life. That which is considered a humane minimum existence may include both the needy and the poor, and both are to receive zakat. Here is a form of insistence on care according to need, and even of a minimum or floor of basic necessities below which one has a right to receive some form of support.

The Qur'anic notion of man as 'God's caliph' is a favorite theme of modern Muslim ethics. Becoming God's caliph, he is assigned noble tasks,

including freedom to do justice, not injustice, to have social responsibility wherein he is responsible for the community, just as the community is responsible for him. Great attention is paid to the equity and dignity of all men, as creatures of God. Human rights and dignity are seen as natural rights of man, and as man, not as Muslim, without distinction as to colour, race or religion.

AN ISLAMIC PERSPECTIVE AND PRINCIPLES OF JUSTICE RELATED TO HEALTH CARE

An Islamic perspective would be entirely consistent with the principles of justice put forward in this paper to support the development of equitable health care systems. In fact, explicit examples can be seen of the call for just distribution of resources, care according to need, a floor of basic necessities or services, the right of the poor and needy to those resources or services, and the duty of the non-poor to provide them.

Our own interest in these reflections is enhanced by the fact that the health care programs in Karachi described above are being developed by a Muslim university to deal with the problems of a population that is largely, though not exclusively, Muslim. it is a tribute to both Islam and the university that throughout the planning, staffing, program development and periodic evaluations, the issue of ethnic origins and religious affiliations have never been raised, either with respect to staff or population to be served. Hindu, Christian and Muslim communities, representing at least eight ethnic and linguistic groupings, are cared for by staff of the same range of origins. Equity, justice and commitment to reducing human suffering are the goals. All else is subordinate.

This is not to say, of course, that success follows principle. The task of making even the smallest gains in the face of such poverty and underdevelopment is staggering. The obstacles are social, economic, cultural, political, and even religious at times, because every religion can be inconsistent in interpretations of its own principles. But what is not in doubt is the importance of the pursuit of social justice, and the clarity of the priority that it must be pursued.

THE INTERNATIONAL DIALOGUE ON HEALTH POLICY, ETHICS AND HUMAN VALUES

A key contribution of the International Dialogue on Health Policy, Ethics and Human Values, which is sponsored by CIOMS and WHO, has been to identify the common concerns and convictions of various cultures and faiths

TABLE 1

Principles of justice related to health care applied to a theoretical national health care system*

Principle of Justice --→	Floor of health services for all	Resources above floor distributed according to need	Nondivisible resources distributed to advantage of least favored
Level of Resources			
Extreme scarcity (very poor country early in development of health services)		(details to be supplied)	
Moderate scarcity (poor country, farther along in development of health services, but still able to reach only part of population)			
Mild scarcity (substantial resources, well developed system able to reach most of population, resources still inadequate relative to need)			

* From: Bryant, J: Principles of Justice as a Basis for Conceptualizing a Health Care System. International J. of Health Services 1977; 7:707-719.

about the sanctity of life, the essentiality of human dignity, and the right to health services according to need.[8] Each interprets these issues according to its own values. Islam has a clear and unmistakable record of commitment to these principles of human dignity and social justice. That this conference has been convened in Egypt by the Islamic Organization for Medical Sciences represents a further commitment to joining with those of other faiths and other cultures in pursuing the further elaboration of those principles as well as their ultimate widespread application.

In applying these principles of justice, it is assumed that the additional concept would also apply, that the population involved would participate in decisions on the distribution of health care resources.

REFERENCES

1. *Alma-Ata 1978: Primary health care.* Geneva, World Health Organization, 1978 ("Health for All" Series, No. 1).
2. RAWLS J.: *A Theory of Justice,* p. 303. Cambridge, Mass: Harvard University Press, 1971.
3. BRYANT J: Principles of justice as a basis for conceptualizing a health care system. International Journal of Health Services 1977; 7: 707-719.
4. RESCHER N: *Distributive Justice.* New York: Bobbs-Merril, 1966.
5. VEATCH, RM: *A Theory of Medical Ethics,* p. 275. New York: Basic Books, 1981.
6. BRYANT, J: Ibid.
7. MINTJES, H: *Social Justice in Islam.* Institute for the Study of Religion, Free University of Amsterdam, 1977.
8. BANKOWSKI, Z., and BRYANT, J. *Health Policy, Ethics and Human Values--An International Dialogue.* Athens, Greece, 1984. Council on International Organizations for Medical Sciences, and the World Health Organization. CIOMS, Geneva, 1984.

The chairman: Prof. Dr. Hamdi Al-Sayid:

I would like to thank Dr. John Bryant for this valuable paper. At the end of discussion I will show that this issue is not yet closed. I believe the last observation by the final speaker stating that Islam is the religion of social justice, compassion and interdependence among people. I believe that we should direct physicians to the service of those in need. I also think that the coming Islamic Conference should devote a whole seminar to the issue of medical education from the point of view of primary health care and the role of the teachings of Islam and humanitarianism in directing students of medicine towards those communities that are in desperate need of medical care, which, in my opinion, is the role of primary health care.

The next paper is by Dr. Ihsaan Dogramaci.

THE PLACE OF ISLAMIC CIVILIZATION IN THE HISTORY OF ART, CULTURE AND SCIENCE IN THE WEST

Professor Dr. Ihsan Doğramaci
TURKEY

The Influence of Islamic Art and Culture

The Islamic world and Christian Europe were in contact from the time of the westward expansion of Islam. By the 8th century the armies of Islam had moved across North Africa into Spain and penetrated as far north as Tours in France. Abdurrahman I, a member of the Umayyad family, established himself as an independent ruler in Spain and the control of the Umayyads, followed by the Almoravids and the Almohades, lasted for almost three hundred years. With the disintegration of Almohade rule in Spain, at the fall of Cordoba and Seville in the mid-13th century (Cordoba in 1236, Seville in 1248), the Nasrids established the sultanate of Granada which continued until the conquest of Ferdinand and Isabella in 1492. Throughout these nearly seven centuries in Spain a distinctive Hispano-Islamic art originated influencing Spanish and European architecture and decorative arts. The Great Mosque at Cordoba, built between 786 and 991, with its horseshoe mihrab and tiers of foliated and interlaced arches was not only the prototype of Hispano-Islamic art, but also a source of inspiration in the architecture of the following centuries in Spain. The Nasrids elaborated on this Hispano-Islamic style and gave great emphasis to domestic architecture creating the main source for domestic architecture for centuries in Spain and in the Spanish colonial world. Giving more emphasis to the decorative rather than the structural qualities of architecture, they created the lightest possible domestic buildings with an extremely decorative program almost feminine in approach. These two-story courtyard houses, developed as the Andalusian courtyard house throughout the centuries with

decorative facades and often with exterior wooden balconies, influenced later Spanish architecture, including the colonies in Central and South America. The Alhambra Palace built in Granada between 1238 and 1492, a complex of fortress palace and country palace with gardens, elaborates the Andalusian courtyard whereby the idea of unity is emphasized by water canals. The country palace, the Generalife, constructed on terraces with an emphasis on water effects, canals, sprinklers and fountains, became an inspiration for European palaces of the Baroque period.

The decorative arts created in Islamic Spain have played a significant role in the development of various techniques and styles in Christian Europe. Ceramic art developed in Islamic Spain was influential in ceramic production in Europe, especially in the 14th and 15th centuries. Pottery and tiles using the technique of decoration over a white ground with color glaze and ceramics with a tin enamel base on which a color glaze is also applied were widely produced in Spain by the 13th century and introduced into Orvieto, Italy, in the 14th century. One other technique, called the luster, which makes use of silver, copper or iron oxides in glazes over an enamel base, a technique of very high caliber, developed in Islamic Spain and was exported to Tuscany, Italy. Also in Toledo or Seville a solution was found to the problem of glazes running or mixing through firing by the potters who invented the "cuerda seca" ceramics, becoming the main prototype in the ceramic industry of the 15th and 16th centuries.

Granada, which served as the capital of a small independent dynasty established by the Nasrids, was also a center of the arts attracting literary men, scholars and artists from the Islamic world and Christian Europe. The decorative arts produced for the Nasrid court and for exportation left imprints not only in Spain and Mediterranean Europe but also in the Spanish colonial world. Ceramics produced in the luster technique were exported not only to the Mediterranean countries but also as far afield as northern Europe and England. The lusterware produced in Malaga was the inspiration for the maiolica ware in Italy, where the term was adopted after Mallorca, via which island the technique reached Italy. The term maiolica was used internationally after the 14th century for the double firing technique of true faience, the French word faience being a derivative of Faenza in Italy, the ceramic center influenced by Mallorca.

In Spain arts and crafts remained in Muslim hands until the ealry 17th century creating what in art history is called the mudejar expression; developed by mudejars, the unconverted Muslims who continued to live as vassals to Christian monarchs after the fall of Granada in 1492. A blend of

Hispano-Islamic art with that of the European Romanesque and Gothic produced some of the most interesting works of architecture in the Renaissance period in Spain and parts of Portugal, continuing in the Baroque period in the Spanish colonial world. The mudejar style appeared in church architecture and monasteries in the regions of Toledo, Madrid, Castile, Segovia and Seville with dominating blind arcades of horseshoe arches and bell towers reminiscent of the Islamic minarets of the 12th and 13th centuries. The famous Castilian monastery of Las Huelgas in Burgos and the cathedral tower of Seville are among the striking samples of mudejar art in Spain. In domestic architecture, too, the Islamic influence continued in the courtyard plan and stucco decoration in the manner of the Nasrid palatial structures in Granada.

The mudejar contribution to the decorative arts was also of great significance. This was evident in ceramic art which employed the shapes and motifs of the 13th and 14th centuries in Islamic Spain. The centers of ceramic production such as Manises, Toledo and Seville, replacing the declining Nasrid kilns in Malaga, produced the now traditional lusterware, but with Christian iconography and motifs. The textile industry, which had begun immediately after the Islamic conquest, had already spread to Malaga, Seville, Granada, etc., developing an interesting Spanish type, exemplified by the mudejars until the 17th century, in very fine brocades with gold thread and designs of Islamic provenance blended with European motifs, but often represented in heraldic character, also an Islamic feature.

A mudejar revival also occurred in the 19th century in Spain and in Europe together with the revival of other styles in the eclectic artistic milieu of the century.

Interaction of European art with that of the Islamic communities in the eastern Mediterranean followed a different course. The coming of the Turks into the Islamic world had brought vigor, enabling the Muslims finally to repel the Crusaders and to become first in political importance in the Islamic world. With the appearance of the Turks in the Near East, the geography of the Islamic world changed. In the 11th and 12th centuries most of Anatolia was transformed into a Turkish land by the Seljuks who were succeeded by their heirs the Ottomans, at the end of the 13th century. During the 12th and 13th centuries, when the Seljuk sultanate flourished, it gained seaports on both the northern and southern Anatolian coasts and conducted commerce with Italian city-states. The Turkish knotted carpet, with a history extending from nomadic central Asian art, was introduced into the Near East by the Seljuks, reaching other countries of the Mediterranean through the

Crusaders and the European traders who settled in the eastern Mediterranean ports. The rapid growth in commercial and diplomatic relations during this period also took to Europe textiles and metal objects as well as architectural motifs.

The Ottoman state established in the western part of Anatolia at the end of the 13th century spread into the Balkans and the Mediterranean in the following centuries, growing into an empire that reached as far west as Vienna and the Adriatic. The Ottomans had thus started direct contacts with several European communities. Trade begun at the time of the Crusaders was maintained by the Ottomans who in due time gave rights to Genoese and Venetians, the French, Dutch and the British. Trade certainly provided one means by which costumes, textiles, carpets and ceramics produced in the Ottoman empire, now ruling almost all of the Near East, found their way to Europe. But there were also other means. There were immigrant craftsmen, especially from Istanbul, which had been conquered in 1453 by Mehmed II and made the capital of the empire, working in various cities in Italy, mainly in Venice. Trade with Venice was always extensive, but with the number of Turkish merchants and craftsmen increasing in the 16th century, a special quarter was alloted to them, called Fondaco dei Turchi. In no time the production of carpets, metal and leather objects to serve the demands of the Venetians increased. Turks working for the publishing houses in Venice produced most exquisite leather book bindings decorated with traditional geometric and vegetal motifs, arabesques and medallions enriched with gold tooling in the Ottoman manner. Marbling, a typical Turkish technique for decorating paper called Ebru, began to be used in European books on end papers. At first paper was sent to Turkey to be marbled, but by the 17th century the technique was established in Europe and has continued to this day.

The art of inlaying gold and silver into brass, called damascening, was also a technique imported from the Ottoman empire. Benvenuto Cellini, a Florentine artist of the 16th century, who was a goldsmith in his own right, adopted this new technique.

Among all the arts perhaps textiles and carpets had the greatest influence on the west. Near Eastern textiles had been known to the Europeans since early medieval times, but the extent of their export had never reached the level of the 15th and 16th centuries. Ottoman and Venetian records tell us that brocades, silks and velvets were among the principal goods imported by Italian merchants and that some of the Italian towns such as Florence, Lucca and Venice had established their own

silk-weaving industries producing similar textiles. One other way of introducing some exquisite examples of Turkish textiles was through the kaftans or ceremonial robes given to European diplomats by the Ottoman sultans on their official visits.

Ceramics produced in the kilns of Iznik, the center of the Ottoman ceramic and tile industry, were also exported extensively. Traditional Ottoman motifs must have pleased European customers greatly as we find Ottoman plates and jugs imitated with exactitude in European ceramic centers. Such imitations in maiolica ware and Delft pottery of Holland are found in great numbers up until the 19th century.

The greatest export was perhaps in carpets. The extensive import of Turkish carpets or "Turkey carpets" as they were called in Europe at the time is revealed by many European paintings that have made use of Turkish carpets as decor. Flemish and Italian artists such as Hans Holbein, Sebastiano del Piombo or Pinturrichio through their paintings have thrown light upon various types of Turkish rugs that were to be found. The discovery of an ealry 15th century Anatolian carpet, the Marby rug, in a village church in Sweden, also reveals the extent of the export. Usak workshops in western Anatolia even made carpets for Europeans on order. The popularity of Turkish carpets led to some European imitations woven in England or Belgium.

It was not only carpets from Turkey that European artists depicted. Turkish images also appeared. Mehmed II had, himself, invited to his court European artists such as Gentile Bellini and Costanzo da Ferrara in 1478 and 1479. They had not only painted portraits of the conqueror himself but also made studies of costumes and scenery from Turkey. Upon Bellini's return to Venice, Ottoman types started apearing in European painting frequently, especially in Biblical scenes. The impact of this fashion, which lasted in Venice at least till the end of the 16th century, seems to have been quite wide. Even Durer was obviously influenced during his two visits to Venice by Bellini's studies as the Ottoman image appears in much of his graphic work. The Turkish image is encountered in the works of several Venetian artists of the Renaissance such as Carpaccio and Cima da Conegliano, who seem to depict Turkish costumes of gold and silver brocade with remarkable accuracy.

The increasing trade relations brought to the Ottoman Empire a number of European diplomats, merchants and interested travellers who returned with souvenirs and memoirs, often publishing them in illustrated

books. In no time a market developed in Europe for prints and books illustrating Ottoman lands and peoples. Nicolas de Nicolay, a French cosmographer accompanying the French ambassador to the Ottoman capital in 1553, drew scenes of Ottoman life and costumes. Pieter Coecke van Aelst was a Belgian tapestry designer sent to Turkey in 1533 to acquire knowledge of Turkish carpets. Both published illustrated books narrating their travels and setting a model for several later publications of this sort. Some of the most accurate descriptions are found in the works of the Danish painter Melchior Lorichs who joined the embassy of the Holy Roman Empire led by Ogier Ghiselin de Busbecq, which was sent to the court of Suleiman the Magnificent. Among Lorich's many drawings about Turkey, the portrait of the sultan is one of the most accurate images of Suleiman the Magnificent. Among other artists who painted Ottoman sultans and dignitaries are Agostino Veneziano who depicted Suleiman and Admiral Barbarossa, and the Venetian painter Titian who painted a portrait of Suleiman the Magnificient. Turkish images appeared in the works of 17th century artists as well. Rubens painted a series of Turkish costumes and Rembrandt depicted several Ottomans.

The 18th century brought a change in the nature of the European attitude towards the Ottomans. There was considerable interchange of influences that was not accidental. The 18th century was period of balance of powers in Europe more so than ever before. For the Ottomans the withdrawal from Vienna was a turning point in re-establishing close relations with Europe. From then on both Europe and the Ottomans accepted each other on equal terms and consciously wished to acquaint themselves with the cultures of one another. The new political and economic relations between Europe and the Ottomans made a big impact on the cultural sphere on both sides. The Ottoman embassies sent to the European capitals to establish new relations also left imprints. The visit of Mehmet Celebi to Paris in 1721 was depicted by several French artists such as Martin or Paccocel, even in tapestries. The visits of the Ottoman ambassadors are well recorded in French archives including detailed lists of gifts brought to the French court. These visits initiated a Turkish affectation in literature and the arts in France. The Turkish vogue ranged from ladies' fashions to music and literature and from architectural decoration to painting. European ladies sat for portraits in Turkish costume. Both Mme Pompadour and Mme du Barry commissioned the painter Van Loo to paint their portraits as sultanas. Figures in Turkish costume appeared in porcelain and architectural decoration. Rococo artists such as Fragonard, Boucher and Guardi used Turkish themes and costumes. Literature and

music also took after the vogue. A number of novels and plays had Turkish characters such as Favray's comedy "Les trois sultanes." Voltaire's "Essais sur les Moeurs" had become a widely accepted book among the elite. In 1735 Rameau performed his opera "Les indes galants" with a ballet interlude "Le turc genereux" to be followed later in the century by Mozart's music and operas popularizing the Turkish vogue. The image of the Turk relfected in the arts of the 1700's reveals an increasing desire for authenticity replacing the more exotic and exaggerated representations of the previous centuries.

In the 18th century a group of painters established themselves in Istanbul, often working for embassy circles painting scenery and portraits. Among them was Vanmour of Valenciennes who spent most of his life in Istanbul painting courtly receptions and Ottoman costumes during the time of Ahmed III. The Swiss painter Jean Etienne Liotard spent four years in Istanbul in 1738 and is known for a number of portraits he did there of Ottomans and foreigners. He was also instrumental in spreading the vogue of turquerie in many European capitals where he painted European men and women in Turkish costumes.

The taste for fanciful rococo orientalism waned in the late 18th century and in its place rose the romantic involvement with the East. Travellers who earlier had noted the wonders of the East now looked for the essence of the civilization that remained so remote. One factor which heightened western interest in the East at this time was the growing preoccupation with archaeology, particularly of classical sites under Ottoman domain. This is exemplified in the wave of orientalism in European art of the second half of the 19th century. Now there evolved a group of painters, especially in France, known as orientalists, who searched for novel themes in the Ottoman Empire and Islamic North Africa. The most familiar among the orientalists is no doubt Eugene Delacroix, although his paintings are mostly imaginative scenes with echoes of Lord Byron's poems. Ingres also painted oriental subjects far removed from real eastern images as he had never travelled. But certain orientalists journeyed to the Ottoman Empire and their paintings were based on actual reality. The French painter Alexander Gabriel Decamps visited Izmir and Istanbul in 1828, painting contemporary Turkish life and scenery. John Frederick Lewis travelled in the Near East and his paintings are known for their accuracy. Among the orientalists, perhaps Gérome is the best known for his photographic precision and influence on several other European artists. Ottoman lands made an impact on all of the Orientalist painters of the 19th century, including the Italian artist Fausto Zonaro and the French artists Guillemet and Felix Ziem.

Confronted with glaring sunlight, graceful architecture, exotic interiors and costumes, these artists produced paintings filled with meticulous detail and jewel-like colors. Oriantalism was a vogue of the academic painters of the 19th century but occasionally impressionists such as Renoir and Signac explored the genre. Signac visited and painted Istanbul. Although the Near East ceased to be essential to the European artist's imagination in the 20th century, it has inspired major artists seeking new creative material. Modernist artists such as Matisse and Klee have used Islamic motifs for decoration and abstractions. In architecture, too, there was a call for Ottoman exoticism. The Turkish contribution to the international exhibitions held in Europe must have played a role in the increasing interest in Turkish motifs. Records tell us that as a part of the 1897 Paris exhibition three traditional Ottoman buildings were erected by the architect Parvillée in the Parc du Champ de Mars in addition to several architectural designs that were displayed in the galleries. Two volumes of such drawings and plans were prepared by the architects Montani and Barburini upon the orders of Sultan Aziz for the 1873 Vienna exhibition. Copies of Turkish fountains and pavillions appeared in Austrian parks. Throughout the 19th century several European and even American architects experimented with Turkish architectural elements and motifs. The vogue was more explicit in interior decoration as rooms were often decorated in the Turkish manner in 18th and 19th century residences in Europe, such as the Hohenschwangau in Bavaria built by Prince Maximilian in 1833 and the Celsing residence in Biby, Sweden, built by the Celsing family who sent two ambassadors to the Ottoman court.

Centuries of political and economic relations between Europe and the Islamic countries show how cultural relations are influential in producing art works enriched with the interchange of elements from foreign cultures, governed by different religions and backgrounds.

The Influence of Islamic Science

During the last two centuries, many European historians of science and culture were unwilling, owing to their admiration of classical Greek and Latin learning, to admit a major Islamic contribution to world science. Indeed, they were fully convinced that, once the ancient Greek and Hellenistic period had come to an end and Christianity had risen in the Roman Empire as the State religion, science and learning entered a period of decline and that only with the Renaissance did a new awakening begin. However, in light of the results obtained today through the research work carried out since the early

decades of the nineteenth century, it has been established that, during the so-called "fatra," a term used in reference to the Middle Ages, science and civilization did not decline but, on the contrary, continued to flourish in the Islamic world. Through the translations made from Arabic into Latin from the eleventh century onwards when an era of enlightenment was already dawning in Western Europe, the development of sciences among the Muslims exerted great influence on the rise of humanism in the fifteenth century in Europe. As Philip Hitti has emphatically pointed out in his *History of Islam,* one further significant service the Muslims rendered to civilization was that they not only gave an end to the conflict between science and religion, but also established a harmony between these two principal foundations of civilization.

From the third century A.D. onwards, the East became the cultural and political center of gravity for the Roman Empire, and there came out great thinkers and authors. In the meantime, Constantine the Great made Istanbul his new capital and moved his government there. Iran was then being ruled by the Sassanids. In Rome, where Christanity became the dominant religion, pagan culture and its representatives began to be scorned. Hence, in 525 when Emperor Justinian shut down the School of Athens, many of the teachers there went to Iran to be in the service of Anosharwan. Soon the School of Jundishapur emerged as one of the most important centers of Hellenic culture. At the same time, Greek and Indian classics were being translated into Pahlavi and Aramaic. As Barthold has argued, Byzantium was culturally superior, whereas Iran was more favorable for development. Moreover, in Syria and Upper Mesopotamia, some local schools continued to survive as the centers of classical learning in spite of the Christian clerical pressure on them, and the Harran school was one of them. There was also in India one of the most eminent schools of Hellenism.

It was thus in Arabia, surrounded by such a cultural milieu, that Islam was born. Soon, within ten years following the death of the Prophet (ﷺ), Islam dominated the Hellenic centers of learning in Egypt, Syria and Iran, and in less than a hundred years it ruled over a vast territory, extending from the Pyrenees in the West to Qashaar in the East. It made contact with all the cultures of the ancient world, including the Chinese and Indian cultures. It attached great importance to the sciences, and, from the time of Muawiyah (d. 680) onwards when increasing tolerance was shown to non-Muslims, it began to benefit through various ways from ancient cultures. From the age of Abdul Malik (d. 705) onwards, there was a movement of translation from Greek, Syriac and Pahlavi, which were the learned languages of the time,

into Arabic. During the Abbasid ruler Abu Jafar Al Mansur's time (d. 775), this translation process, supported by the State, became far more widespread. Under Harun al Rashid's rule, Bait al Hikma was established as an important center of learning, and in the Age of al-Ma'mun (813-33), translation activities reached their climax.Even Ma'mun himself, who was also a scientist, sent delegations to Byzantium to secure works concerning Greek science. The political disintegrations witnessed in the second half of the ninth century in the Abbasid State also had their damaging impact on scientific activities. However, thanks to statesmen like Banu Musa, who extended their patronage to those engaged in the study of mathematics, the natural sciences and philosophy, the translation movement continued for a while with the same momentum. Great translators, like Hunain b. Ishak (d. 873), Thabit b. Kurra (d. 901) and Costa b. Luca (d. 912), translated a great number of works in mathematics, medicine, astronomy and philosophy, and they also corrected the translations made earlier by others. After the first quarter of the tenth century, the translation movement died out.

In the course of all these translation activities, which in fact lasted more than two centuries, major works of ancient nations were all translated. Among them were Aristotle's works on logic and physics, the works of Archimedes and Apollonius on geometry, astronomy and physics, Diophant's algebra, a number of Ptolemy's books and the medical works of Hippocrates and Galen. Furthermore, among the literary works translated from Pahlavi, one could cite *Kalilah wa-Dimnah* and both *Hezar-Efsane* and *Sindbadname,* which were the original versions of the *Tales of the Arabian Nights (Tales of a Thousand and One Nights).*

At the time, the Muslims did not confine themselves to making translations; they also established important areas of science and institutions where these new sciences were to be studied and applied. The introduction of arithmetic numbers, including zero, to the West, is one of the major contributions of Islam to western science. In Walid b. Abdul Malik's time (d. 715), the first hospital was founded in Damascus. In Iraq there was the Jundishapur Hospital. These were followed by the hospitals founded in Baghdad by Harun al Rashid and in Egypt by Fath b. Khakan (d. 861), respectively. During Ma'mun's time, observatories were also founded in Baghdad at Shammasiyyah and near Damascus. *Zij*al-Ma'muni* was arranged. (*Zij is a table of calculations indexing the position of the heavenly bodies). About the same time, Al-Khwarizmi published his first independent book of algebra, his book concerning Indian arithmetic, and his *zij* entitled *Siddhanta.* These were followed by other original works. For instance, Hunain b. Ishak's medical books *Al-Mesa'il fi'l tib* and *Tibb al-uyun,* Thabit

b. Kurra's book of geometry called *Kitab al-Mafruzat,* Al-Kindi's treatises on meteorology as well as his book *Kimya al-Itri* dealing with drugs and cosmetic chemistry. Also, Al-Battani, who completed his observations about 900, produced his great *zij,* in which he amended many of the mistakes in Ptolemy's *zij.* This *zij* by Al-Battani, which was later translated into Latin during the reign of Alfonso X (1252-1282), constituted the basis of many *zijs* written in Europe afterwards. The value of the applied work in the Islamic hospitals was not inferior to the value of the applied work in the observatories. As C. Pranti and E. Wiedemann have rightly emphasized, the applied scientific work carried out in various fields of learning in the Islamic world was influential on European pioneers of modern science like Roger Bacon (1210-1290). This was because Muslim scientists did not only show the results of their research, but they also defined their methods by describing step by step the phases of their research leading to the results themselves.

As a consequence to the political disintegration and fragmentation witnessed in the Islamic world around the beginning of the tenth century, and because of the waning of rational thinking, translation activities came to an end. Of course, this was not the end of all science. From time to time, under favorable circumstances, mathematics and the natural sciences enjoyed short periods of florescence. With the support of the Islamic religion, medicine in particular was encouraged and patronized. Still scientific activities flourished in many parts of the Islamic world after the tenth century but each was of short duration. In this respect, one need only recall the scientific activities in Andalusia (Spain) under the rule of Abdurrahman III, in Egypt in the early years of the Fatimid rule, in Khorasan under the Samanids and the Ghaznavids, among the Seljuks in Melik Shah's time, in Damascus and Egypt under Nureddin and Salahaddin, in Maraghah under the Ilkhanis, and finally in Samarkan in Ulug Bey's time.

During these short periods of scientific flourishing, Islamic scientists made some significant discoveries. For instance, Abu Jafar Al-Hazin (d. *ca.* 1121) succeeded in solving equations with three unknowns geometrically. In Melik Shah's time, Omar Khayyam (d. 1123) devoted a separate chapter to the geometrical solution of third-degree equations. About 1200, Sharafaddin Al-Tusi (d. 1230) solved equations with three unknown variables numerically. And finally, it was Ulug Bey's friend Ghiyath al-Din Jamshid Al-Kashi's lot to make great discoveries in the fields of algebra and arithmetic; Giyath al-Din made it much easier to carry out operations by decimal fractions and identified the value of pi as 3.14159. Moreover, he

rightly determined the sine of a one-degree curve and wrote a separate treatise on the solution of fourth-degree equations.

Thabit b. Kurra had already initiated new methods in trigonometrical operations. During Hulagu's reign, a great observatory and library were founded in Maraghah, and students went there to study from as far afield as Byzantium. At this center of learning, scientists and scholars, gathered around Nasiruddin Al-Tusi (d. 1274), reinterpreted and commented on the mathematical and astronomical books which had been translated in the ealry years of the Abbasid rule. They developed trigonometry as a separate branch of learning and compiled *Zij-il Ilhani* after having corrected the errors in the *zijs* of Al-Battani and Ibn Yunus in light of their own observations. It was only by Ulug Bey's *zij* (d. 1449) that *Zij-il Ilhani* was excelled. In the sixteenth century, Takiyuddin Al-Rashid (d. 1585) attempted to improve on Ulug Bey's *zij*, but his work never enjoyed the same popularity.

During Ma'mun's time, it was discovered that the length of a latitude curve of one degree was 56 2/3 miles, that the circumference of the earth at the equator was 40,253 kms and that the apogee of the sun varied. Al-Biruni demonstrated the quantity of this variance as 12.09 seconds. Today, in our time, it is accepted as 11.46 seconds. Al-Biruni also established correctly the specific weight of many substances.

On the other hand, the geocentric astronomical system introduced by Aristotle and Ptolemy aroused the suspicion of some scientists. For instance, Al-Zerkali and Al-Bitruji (d. *ca.* 1200) opened a debate on the errors of the Ptolemaic system and thus influenced the Western astronomers of the later centuries. In fact, Al-Bitruji explained his views on this matter in his treatise *Al-Murte ish,* and the book was translated into Latin a few years after its completion. In addition to all these scientific writings, Banu Shakir, Ibn Al-Haitham and Ibn Al-Razzaz Al-Jazari (d. 1200) also wrote important treatises concerning automatic machines, optics and mechanics. Of these scholars, Ibn Al-Razzaz wrote his book about 1200 and dedicated it to the Artuki ruler of Diyarbakir. His book *Kitab Al-Jami Beyn Al-Ilm 'l-Amel Al-Nafi,* which concerns automatic machines, continues to arouse the interest of scientists in our own time, and it is often maintained that many of Leonardo da Vinci's inventions had been preceded by Ibn Al-Razzaz's similar inventions.

In the field of medicine, Abu Bakr Al-Razi (d. 925) was the first scientist of note. He lived during the Buyid (Buwaihid) period and gave special importance to the study of the effect of climatic conditions on human health.

He maintained that it was wrong to give a patient chemical drugs before natural drugs had been tried. His great work *Kitab Al-Hawi fi'l-Tibb,* which consists of 20 volumes, is the summation of all medical literature before him. In his other book, entitled *Kitab Al-Shukuk,* he criticizes Galen with respect to various matters. He noticed that the iris becomes larger or smaller depending on the light, and he further pointed out that sight takes place when the light reflected from an object reaches the eye. Also, Ibn Al-Haitham and Kemaleddin Al-Farisi explained the physical laws of sight by means of optical principles. Ibn Sina, too, explained that a local symptom of cancer was an indication of its metastasis, and that the infection of the cerebral membrane was a most dangerous illness. The tenth-century Andalusian physician Al-Zahrawi's book *Al-Tasrif li Men Ajaza 'an el-te'lif* also contains an important chapter concerning surgery. In his work he described the surgical tools and methods which he had himself developed. The Latin translation was influential in the development of surgery in the western world.

As we have pointed out above, during the times of Nureddin and Salahaddin there emerged in the Middle East a learned milieu extremely favourable for the development of sciences. In the meantime, with the influence of Ibn Maimun (d. 1200) from Andalusia and Ibn Al-Nakkash from Baghdad, and also with the contribution of local physicians, a new school of medicine came into existence. New hospitals were founded in Damascus and Egypt. So, in this most fruitful of environments, many eminent physicians, botanist-pharmacitsts and chemists distinguished themselves. Among them could be mentioned Muhathabuddin Al-Dahwar (d. 1230) and Abdullatif Al-Baghdadi (d. 1231), who were the teachers of Ibn Al-Nafis (d. 1288) and Ibn Abi Usaibi'a (d. 1270). Al-Dahwar was a great admirer of Galen's works and, while using them in class, used to say to his students, "Here is true medicine." During his life he converted his own house to a madrasa of medicine and bequeathed all his property to it. As for Abdullatif Al-Baghdadi, he wrote a treatise on diabetes and perfectly described the bones of the lower jaw on the basis of his intensive study of skeletons. Ibn Al-Baitar, from Malaga in Andalusia, was the greatest botanist of the Middle Ages. In his book *Mufradat Ibn Al-Baitar,* he discussed the properties of more than 1300 kinds of medicinal plants, some 300 of which had been identified as a result of his own research, for which he travelled extensively through Andalusia, North Africa, Syria and Anatolia. Al-Dahwar's student, Ibn Abi Usaibi'a, was the author of the tome *Uyun el-Enba fi tabakat el-Etibba* which is the most important work ever to reach us in the history of Islamic medicine. His other student, Ibn Al-Nafis, also compiled many

valuable treatises in the field of medicine. Especially his book *Al-Shâmil fi'l-Tib*, which he began to compile as a medical encyclopedia, is of great importance. He completed some 80 fascicles of *Al-Shâmil* but unfortunately died before completing the rest. Initially he had planned his *magnum opus* as 300 fascicles. His description of the minor circulation was certainly most influential on the discoveries made by Michel Servetus and William Harvey (d. 1657). It was Lisaneddin b. Al-Khatib (d. 1374) who put forward the latest original ideas in the field of medicine. In reacting against those bigots who refused to accept the infection of the Lisaneddin disease, he said, "If it is objected that, contrary to the canon law, the infection of the disease cannot be accepted, let's answer as follows: the infection of the disease is proved through experience, induction, sense, observation and consensus. All this is explicit evidence. Anybody who thiks on this matter perfectly knows that if a person has no contact with the patient he cannot be infected with the disease. Whether by means of clothes or through wares, the infection of the disease is the same. Even a small earring is enough to kill the person himself or the whole household."

All these developments in science and learning in the Islamic world had an impact through various ways on the neighboring countries. The most conspicuous influence was witnessed in Europe after the eleventh century. In fact, about the middle of the eleventh century Europe was experiencing a set of military and political changes. Consequently, between 1060 and 1080, Sicily and England came under the rule of the Normans, and in Spain, Cordoba, the most important center of culture and learning, was captured by the Franks. Moreover, the Italian city-states, which began to emerge about the same period, controlled trade in the Mediterranean and thus achieved a military superiority. The students who came to Sicily or Andalusia from Italy, France and England were instrumental in the dissemination in Europe of the sciences and learning of the Islamic world. About 1000, when Sylvester II (Gerber) was the Pope, the Arabic numerals were adopted by Europe, and someone named Liptos translated into Latin a book on the astrolabe.

As a result of the maritime and trading activities in the eleventh century among the countries surrounding the Mediterranean Sea, relations and interaction between Europe and the Middle East continued to increase. Also, when the Crusaders arrived in the Middle East at the end of the eleventh century, they had the opportunity to see many Islamic institutions at close hand, and took with them to Europe such inventions as the compass, powder and paper-making. Among them were many like

Guillaume de Tyre, who learned Arabic and wrote a history of Islam. Some European monarchs went out of their way, as was the case in Sicily, to invite Muslim scholars and scientists to their courts and take them under their own patronage. For instance, in Sicily, the Norman king Roger II gathered around him many scholars of different nationalities. Working under the supervision of the famous geographer Al-Idrisi, these scholars compiled a tome entitled *Kitab Roger* or *Nuzhet Al-Mushtak* in which they collected all the information available at the time concerning geography. They made a big globe on which they marked all the known territories, countries, seas, mountains and rivers. In the eleventh century, hospitals, and in the thirteenth century, universities, were founded in Europe in imitation of the hospitals and madrasas in the Islamic world. Many works were translated into Latin. For instance, the Salerno hospital, founded in the eleventh century in Southern Italy, soon attained great fame in Europe. It was to this hospital that William the Conqueror of England came for the treatment of his wounds. Also, Robert de la Normandie, one of the commanders of the First Crusade, was sent to the Salerno hospital for treatment when he was wounded before the walls of Jerusalem. One of the physicians of this hospital was Constantine Africanus; born in 1020 in Carthage, Tunisia, he had travelled throughout all the Islamic territories for trade and study. In the second half of the eleventh century, he joined the staff of the Salerno hospital. He translated about 70 medical books from Arabic into Latin. Some of these books were mistakenly attributed to Galen, Rufus and Aristotle, but when new translations of the books were made later on, it was understood that they had originally been written by Arab scholars. Constantine's pupil, Yahya b. Aflah, accepted the Christian faith and took the name "Jean Afflatius." Upon the death of his teacher, he became one of the leading physicians of Salerno.

The first great mathematician ever educated in Europe was Leonardo Fibonacci (d. 1240), who was born in 1170 in Pisa. In his yough, he had travelled in the Islamic lands, studied in Damascus and Tunisia, and learned Arabic. On his return to Italy, he took with him a number of mathematics books and, with the help of these books, he made fresh discoveries in the field. With the influence of all these translations from Arabic into Latin, many Arabic words found their way into the European languages; the words *algebra, alchemy, zenith, arsenal, syrup, sugar* and *admiral* are only some of them. Moreover, Ibn Sina's *Al-Kanun* was published in 1473 in Milan, and two years later it was reprinted. In the same year, a commentary in Italian, entitled *Anima Avicennas,* came out, and in the meantime the interest in Galen's writings lost its vigor, for Ibn Sina's

Al-Kanun was printed three times while no book of Galen was ever printed. The publication of *Al-Kanun* was followed by Abu Bakr Al-Razi's *Al-Tibb Al-Mansuri* and *Al-Hawi,* Ibn Rushd (Averroes)'s *Al-Kulliyat* and Hunain b. Ishak's *Al-Madkhal.* Ibn Sina's *Al-Kanun* was printed 16 times until 1500, and in the sixteenth century the number of its editions reached 20. In the seventeenth century the editions continued to increase, and thus, in the history of medicine, *Al-Kanun* became the book with the greatest number of printings. Al-Razi's *Risale fi'l-juderi wa'l Hasba* (treatise on smallpox and measles) was another book which, between 1497 and 1866, had about 40 editions.

All this evidence is sufficient to prove the great influence of Muslims on western art, science and culture and, in short, on western civilization.

SELECT BIBLIOGRAPHY

ART

SIR THOMAS ARNOLD and A. GUILLAUME, *The Legacy of Islam*, London, 1931.
C. BROCKELMANN, *History of the Islamic People,* New York, 1960.
A. BOPPE, *Les peintres du Bosphore*, Paris, 1911.
P. COLES, *The Ottoman Impact on Europe,* New York, 1968.
O. GRABAR, *The Alhambra,* London, 1978.
P.K. HITTI, *Islam and the West,* Priceton, 1962.
C.G. KING, *Mudejar,* Cambridge, MA, 1941
LEVI-PROVENCAL, *Histoire de l'Espagne musulmane,* Paris, 1950-53.
J. RABY, VENICE, *Durer and the Oriental Mode,* London-New Jersey, 1982.
G. RENDA, 'Europe and the Ottomans,' *XXV. Internationaler Kongress fur Kunstgeschichte Wien,* 1983, Sonderdruck, p. 9-32.
C.D. ROUILLARD, *The Turk in French History, Thought and Literature,* Paris, 1938.
E. SORDO, *The Moorish Spain,* New York, 1963.
A. ST. CLAIRE, *The Image of the Turk in Europe,* New York, 1973.
H. TERRACE. *Art hispano-mauresque,* Paris, 1932.
L. THORNTON, *The Orientalist Painter,* Wiltshire, 1986.
M. VERRIER, *The Orientalists,* New York, London, 1979.
V. WAYNE, *The Ottoman Empire; Its Record and Legacy,* Princeton, 1965.

SCIENCE

C. BROCKELMANN, *GAL,* S.I.
HUNKE, SIGRID, *Le Soleil d'Allah brille sur l'Occident, notre heritage arabe.* trad. Solange et Georges de Lalene, Paris, 1963.
IBN EBI USAIBI'A, UYUN EL-ENBA, Egypt, 1982.
IBN EL-NEDIM, IBN, *El-Fihrist,* nsr. Riza Teceddud, Tehran, 1971.
ISLAMI TIP YAZMALARI KATALOGU, IRCICA, Istanbul, 1984.
KOPRULU, F. (trans.), *Islam medeniyeti tarihi,* Ankara, 1973.

MAYERHOF, M. and J. SCHACHT, *Ibn Al-Nafis, EI²*, III.
MUKNIAT EL-SA'IL AN EL-MARAZ EL-HA'IL, Muller, M. nsr., *Sitzungsberichte der koniglich bayerischen Akademie der Wissenschaften*, Munich, 1863, II.
NALLINO, C.A., *El-Bettani, IA*, II.
OMAN, G., *Al-Idrisi*, EI², III.
PINES, S., *Razi critique de Galien, Acte du 7ᵉ congres International d'Histoire des Sciences*, Paris, 1954.
PRANTL., C., *Geschichte der Logik*, Leipzig, 1927.
ROSENTHAL, F., *Das Fortleben den Antik im Islam*, Stuttgart, 1965.
SARTON, *Introduction to the History of Science*, 1.
SEZGIN, *Muhadarat*, Frankfurt, 1984.
SEZGIN, *GAS*, 111, V.
WIEDEMANN, *Die Naturwissenchaften bei den orientalischen Volkern*, Erlanger Aufsater Zeit, 1917.

The chairman Dr. Hamdi Al-Sayid:

I would like to thank Prof. Ihsaan Dogramaci for this interesting paper. I would also lie to thank him for delivering his paper in Arabic, and I congratulate him on his mastery of the Arabic language.

I have just heard from the Secretary General of the conference that this session will end at 8.15, since we started late. We would like to extend our thanks to the interpreters who will continue with us until the end of the session.

I will now open the floor for the discussion.

DISCUSSION

DISCUSSION

Prof. Rihito Kimura:

Dr. Bryant has mentioned about Community Health Workers. I would like to know, what kind of criteria do you have to recruirt Community Health Workers and on what conditions? Do they have special kind of orientation or are they aware of newer values? We are told that there are many local healers. Some times local people might go to local healers. Local healers take active part in the general health coverage and have been used as a tool in such coverages. Is this the case in your programme?

Prof. J.H. Bryant:

Your questions are well taken,, Dr. Kimura. Our community health workers are usually not traditional healers, though occasionally they are. They are women, because at least in our urban situation, to enter a home required, can be done by a woman and not by a male person. The community or on their own offering themselves up for this. They need to be willing and it also helps if they are more mature women, who have had family themselves. Our criteria are very very relaxed and depend mostly on whom we think is acceptable to the community.

You asked about the orientation of our trainees. Given the origins of our students from upper classes of our society, to expect them to go to remote areas, is unrealistic. At the same time we do find that our graduates are migrating towards a very entertaining set of choices. They want their postgraduate qualifications as in obstertrics or pediatrics, for example, many of them would like to apply it in situations where they are not too far from the community. We think there is a possibility that at least some of our graduates will choose to become community pediatritions, community obstetricians, for example, whether working in frontline hospitals or in the special care institutions, the frontline hospital where they can do their special work but be in a backup role in respect

to those communities. I think this is something to be explored further. That is how we could bring spirituality and technology together in these community-related or equity-related systems.

Prof. Dr. Abd Al-Aziiz Kamil:

This is not really a question but a comment and acknowledgement of what Prof. Dr. Ihsaan Dogramaci has said . He has been very lucid and clear in today's presentation, in which he was really very modest about the Turkish contribution to spreading medicine in Europe. I think he should be the one, and not me, to tell us about the transfer of vaccination from Turkey to Europe. Thank you.

Prof. Ayhan Songar:

With your permission, I would like to add a very striking example about the Turkish behaviour in the scientific circles. the conquerer of Istanbul, after conquering Istanbul, first established the University in 1453. This is the time of opening of our university, 15th century. During his time he was presiding some meeting of his staff and professors, the emperor once asked to have a room, spare room for himself, in order to have time to work in the university, but he was neither a student nor a professor, only a poor emperor. Then his proposal was refused by the council of professors of the university of Istanbul. Then he was obliged to give an examination and win the title of the student of the University of Istanbul and then he could have a small room for work and to make some research in feild of science. This is a very striking example. He was paying himself all the expenses of this university, he was the emperor who opened a new era but the university did not give him a room unless giving and passing an examination.

Prof. Alexander Capron:

I think there can be no doubt about the enormous contribution of the Muslim scientists and physicans to the development of modern science. Indeed, history suggests that we would not have had what is known as the renaissance or the enlightenment in Western Europe had it not been for the role of the Islamic scientists, philosophers and physicians. There is , of course, the irony of history that a major stimulating effect for the development in the Western world was the period of persecution on the Iberian peninsula. The inquisition and the stimulating effects about historical accidents in developing the enlightened view came from storehouse of knowledge from Grece-Roman times that you described. My question is, whether your description of Islamic culture is based upon

that historical view or theological view? You drew a contrast between the Turkish behaviour in Eastern Europe and rhe French and English behaviour in Africa. That suggests a theological explanation and historical explanation might make an examination of the difference in the relative power of the occupiers and occupied, in those two settings, and might ask whether the correct analogy would be the history of Muslim occupation and domination in Africa. One of the saddest chapters in the history of my own country is, of course, our period of slavery, but it must be recorded by history that the American slave traders purchased their slaves from the Islamic slave sellers and I wonder whether we must not be careful in our historical analogies, that there is more complexity to history and there it is not always a smooth line upward. And, I invite your comments on the differences between history and theology.

Prof. Ihsan Dogrimaci:

In the first place, I will touch upon the last question of slavery. Unforunately, slavery existed much longer in history than Islam and Islam ordered one of the most religious act one could do, there are things, e.g., you can give alms, if you could help, if you do this, is to free slaves. If you free a slave then a lot of your sins will be forgiven. Therefore, Islam at that time encouraged, if you have an ability, to free slaves. Therefore slavery was not part of Islam but freeing slaves was part of Islam. This is the history. May be other historians could add more to that.

Regarding Islam, for example, any Muslim could marry a non-Muslim woman and she would retain her own religion and the husband helps her in going to synagogue or church etc., to continue her faith. Therefore, this is at least an example, that tolerance to other religions is one of the important obligations in Islam. I think those who are more knowledgeable in Islamic rules could add to that. And, there has been to the extent when Constentineople was conquered by Mohammed 11, the heirarchy remained there and still it is there and as well as the main synagogue, they all remian there. Today in Istanbul the language, when you go around, with my respect to the president of CIOMS, Spanish is called Jewish in Istanbul, becuse they use the old Spanish and this is called Jewish, becuse they coninued to learn to talk and speak in that language, so, if you go there, you can trace Spanish which was spoken hundreds years ago. And in my case, I was a student in Istanbul University and when Hitler came, this time Turkey opened all doors wide to those who filed and I want to tell you that all my professors were Jewish refugees, teaching me medicine when I was studying in Istanbul University. These

are just a few example, how it is, when I have lived and seen the Islamic tolerance in this case Turkish which means Islamic, towards other beliefs. I am sure, there will be others who could add more, and they are more competent, I think in this very pertinent questions. Thanks.

Dr. Mohammed Ali Al-Baar:

I would like to add to what Dr. Ihsaan has already said. These slaves that you are referring to used to be called a very short while ago al-mawali, al-nawla (mamluuk). These mawali during the period of the companions of the prophet (al-Sahaaba) and the reigns of those rulers who followed them were very prominent and notable. For example Abu al-Hasan al--Hasan al-Basri was a Persian mawla or slave, who was freed and became the Imaam of Muslims, mawla Abd Allah became a king, and mawla Ibn Abdaas became the Imaam of Muslims. For a short period of time, these mawlas were Muslim authorities in all areas of knowledge, and among them were those who become rulers until the reign of Ummayads. There were among them those who become scholars and scientists during the reign of the Arabs. When Tariq Ibn Ziyaad conquered Andulsia in the year 50 Hij., he took with him many Turkish soldiers, who were among the best soldiers during the reign of the Islamic Caliphate. Later on during the reign of the Abbasids this practice expanded to the point that al-Mu'tasim, whose mother was Turkish, used to bring up those that you are now calling slaves, who later on became kings and military leaders. If we study the history of Islam we will find that all rulers or Amirs were originally slaves, except for the Umayyad and Abbasid Caliphs; every single indivual who ruled in the Islamic world for a thousand to fourteen hundred years was originally a slave. There was a whole dynasty of Mamluuk's or slaves, likewise the king of the state of Seljuqides; the king of al-Ghaznawiya was also a slave, as was Ibn Tuluun. The same is true of scholars and scientists. Yaquut al-Hamawi was a foreign slave; when his master took him and educated him, he found him to be a genius, so he freed him and the latter became one of the most prominent schoarls of Islam. If you want me to list the scientists and scholars of Islam, you would find out that those who started as men among them were a small minority, as were the rulers of Islam who were originally free, and the rest started as slaves. Islam turned these slaves into masters and there are no similar example in human history. In contrast America took over a hundred million slaves, the majority of whom died under the whip. The white man killed over seventy million people over a period of three hundred years. The West still discriminates against slaves, and the difference between master and slave continues on all levels up to the present date. Cases where slaves turned into masters are

absent from human history except in Islamic history. It is the slave who prevailed in Islam who became a pioneer in all feilds. These are the people who built these countries from among al-mawali.

The chairman Prof. Dr. Hamdi Al-Sayid:

There is a comment from Dr. Saiid Ashuur the rapporteur of this session.

Dr. Saiid Ashuur

I am pleased to find that this gathering of physicians are so informed about history. I am a professor of history, and have been since 1940, and this has been my specialization for more than fifty years. If you permit me, I will make a few brief comments on some of the points mentioned today, since it is not appropriate to speak about history when there is a professor of history present who does not comment or try to correct some errors and clarify some of he views.

It was claimed here that all the rulers of he Islamic states, except for the Ummayiads and the Abbaasids were black slaves. This statement is not true and is not a historical fact. The state where all rulers were slaves (raqiiq), and I am not saying black slaves is the Mamluuk dynasty that was established in Egypt and al-Shaam from the middle of the thirteenth century. I would like to point out that historically speaking we distinguish between the term (abiid), by which we refer to balck slaves, and the term (raqiiq), which refers to slaves be they black or white. The term Mumluuk is used to refer to white slaves. The rulers of the Mamluuk state were all originally white slaves acquired from the end of the Ayubbid era, some being bought and some kidnapped by slave traders. They were brought up and educated as is stated in the history books, and this is a very well-known case. Otherwise, I cannot possibly say that the Saljuqoids or the Turks were slaves, because they came by their own free will as free men from their homeland in central Asia, and then expanded as free men, and dominated the area as free men.

The second point I would like to talk about is that of the translation movement from Greek to Arabic, about which we have just heard. This movement, which was patronized by the Abbasids was a big movement and had tremendous impact. Most of the translators were Christians or non-Muslims, some were from the Magii, and all were greatly encouraged by the Abbasid Caliphate. This in itself is a thing which Islam should be extremely proud of, since without the freedom and tolerance extended by Islam to the dhimmis/ (peoples of other divinely revealed religions) and to

pagans and others, they would not have contributed that much to the building of Islamic culture. There is another thing I would like to point out here, and that is that a large percentage of physicians were Christians and Jews. The two physicians who took care of and treated Salah al-Diin (Saladin) were Jews, and Salah al-Diin trusted them with his life. When Saad Ibn abi-Waqaas was taken ill, the Prophet (PBUH) said to get him al-Haarith Ibn Kaldah as he was a healer, that is a practicing physician, and al-Haarith was not a Muslim. This is the tolerance of Islam. As we repeatedly said, if Islam had followed with non-Christians until the fourth century, nothing of the older tradition would have remained. But this is the spirit of Islam, the spirit of forgiveness and tolerance.

A further point concerning this translation movemnt; just as we have talked about translation into Arabic, we should also talk when dealing with the impact of Islamic civilization and culture on Europe, about translation form Arabic top Latin. This movement started on a wide scale in the twelfth century, and some historians, like Huskings, consider this translation movement as the real mother of the European Renaissance in the fifteenth century . This movement grew so extensive to the extent that Gerard of Cremona, the archbishop of Toledo, established a translation bureau in Toledo to translate from Arabic to Latin. The archbishop was such an open-minded Man that he just could not accept that Muslims had all this knowledge that Christians could not benefit from.

Muusa biun Maymuun, whom we just heard about in the paper, received his education, according to his own writings, in Cordoba University, where he sat among the disciples of al-Sheikh in Cardoba mosque. When the call to prayer sounded Muusa simply left until prayers were over and came back to contine his education in the mosque. This form of tolerance is not found elsewhere, and it is something that the Jewish thinker Muusa Ibn Maymuun was truely proud of it.

I would like to note today that some of the books on medicine that were translated from Arabic in the twelfth century were made compulsory reading by Papal decrees in the study of medicine in western Europe. The Pope issued a well-known decree ordering European universities, which were just newly established in accordance with the Islamic model, not to licence medical students unless they had been examined in a number of books, including Ibn Sina's al-Qanuun lil-Tib. To the present day, we find that in the entranance to the School of Medicine in the Univerisity of Paris there are two large portraits of al-Razi and Ibn Sina. Furthermore, one of the main buildings in Princeton Univeristy in the U.S. is called al-Razi Annex. Thank you.

The chairman: Prof. Dr. Hamdi al-Sayid:

I would like to thank Prof. Dr. Saiid Ashuur for his contribution. It is late and the interpreters have already left. However, Prof. Ihsaan Dogramaci wants to say something: go ahead, sir, as everyone here understands English.

Prof. Ihsan Dogramaci:

I want to thank every body especially Prof. Saeed Ashour for his enlightening comments. For your information at present, W.H.O.. gives a prize every other year and a modal. This prize was established by a Turkish organization in W.H.O. , by the foundation and on one side of Modal is Ibn Sina's protrait. Just last words, we take lessons from the past and when I say 'we', I do not mean Muslims, all the world, but unfortunatley, there are such incidents which make one very much ashamed as human being. Today in one country, where one third of population is Muslim, they have to first change their names, the names of their fathers and the names on the tombs of those who are dead, change them to non-Muslim names. I am ashamed to say, that today in the name of humanity such an incident is happening.

The chairman Prof. Dr. Hamdi Al-Sayid:

I would like to thank sincerly all the participants and particularly Prof. John Bryant and Prof. Ihsaan Dogramaci for their two valuable papers.

CHAPTER IV
PAPERS PRESENTED

REPORT ON THE SESSION

This session was chaired by Professor Mamdooh Abdul Jawwad and moderated by Dr. Maher M. Hathout.

The learned speakers were Professor Adel Al-Sobky and Professor Imaduddin Al-Fadli who respectively spoke on "Assessment of Freudism from an Islamic perspective" and "Scientific evaluation of Freudism." At the end of both lectures, the Chairman opened the floor for discussion.

Editors

ASSESSMENT OF FREUDISM FROM AN ISLAMIC PERSPECTIVE

Professor Dr. Adel El-Sobky
U.K.

Introduction:

The human history tells us of Emperors who conquered uncharted lands, and built large Empires. Their fate was often that they were beheaded by their trusted leaders and vassals, and the Empire divided into many warring states.

The name and the statue are all what remain of the Emperor, Yet remain they do, as sources of inspiration and legitimacy.

Each state claims orthodoxy to the original thought and a divine right over the legacy of the Emperor.

The name becomes a Legend, and the statue becomes an Idol. With the Legend, the Idol, the war and the claim of orthodoxy, we have all the necessary constituents and in quantum sufficit for Credo Paganus.

I. I believe there is a degree of similitude in this to the story of Sigmund Freud (1856-1939). He left a legacy of debate and controversy, that spanned over the last fifty years. It often reached adversarial intensity and more often, deteriorated into pure sophistry.

According to the historian E.G.Boring "It is not likely that the history of Psychology can be written in the next three centuries, without mention of Freud's name, and still claims to be a general history of psychology".

In fact, discord within the Freudian Empire, and opposition to the extended tennets of Psycho-analysis, started with the dissent of Freud's greatest two disciples.

Carl Gustav Jung (1875-1961), departed non-too harmoniously in 1911, to establish his school of Analytical Psychology, and Alfred Adler (1870-1937) soon after, in 1912 with his theory of Individual Psychology.

Over the last half century, an immense volume of communications, articles, books and cinema films, has accumulated on the subjects of Sigmund Freud as a person, and his theory of Psycho-analysis. As a man he was both assailed and reveared to unrealistic degrees. At the one extreme he was elevated to the ranks of the great founders of civilization, as the father of discovery of the human mind and its intricacies, while at the other extreme, he was put down as the satanical source of all evil; socio-political, moral, or scientific.

I venture to suggest, that the appraisal of Freud and his work, has become a subject of discourse in itself.

As a consequence of a series of branching out, and permutations we have come now to the present day diversity of Psycho-analytical formulations and theories. Most - if not all - could be traced to their original Freudian stables.
What we are left with to-day, of Freud and Psycho-analysis in addition to the name and the statue, is a creed or a belief system which you either believe in or discredit, rather than a theory which you adopt or refute.

II. My brief in this paper, is to outline an assessment of the Freudian thesis (or theory, depending on where you stand) from an Islamic point of view.
I begin with this general but negative observation : What has been conspicuously missing from the entire arena of debate and rebuttal on Freud's work, is a formal response from the major religions expressing their point of view Vis-a-Vis the contents of the theory and its repercussions on areas of concern to them.
I will limit myself to an attempt to define an Islamic stance, and hope to crystallize a kernel of an Islamic point of view for further development, addition and criticism by others. I justify the need for this task on the following 2 bases:-

1. Islam has its own understanding and schema for the human self or Psyche. Such understanding is capable of healthy exchange with theories, discoveries or mere conjectures with different degrees of solidity and variable measures of truism.

Consequently, a theory like Freud's has to be reconciled, modified or rejected en toto or in part.

2. The Psycho-analytical theory had extended to propositions and conclusions which are in an head on collision and unavoidable conflict with the major tennets of Islam, both as a monotheistic God-revealed faith, and as a code of human relationship and moral basis for the social matrix.

   An Islamic assessment has per force to be meticulously just and discerning. A distinction has to be made at the outset between the man and his work. The terms of reference have to be made unequivocally clear in each case.
   It is of relatively minor significance, and would certainly add very little to our purpose here, if I dwell on Sigmund Freud as an individual. This has been a subject of wide disagreement and exaggeration by both his supporters and detractors. Seeing him as an individual, from an Islamic perspective and judging him in terms of faith and Godliness, there is no doubt that Freud would fail quite miserably and irretrievably. This is simply because the man had declared himself to be "A totally Godless jew", thus disqualifying himself from being considered a believer of any sort or description.

   We need go no further, nor labour the obvious to suspect that this atheistic posture, so vehemently and repeatedly declared is very probably why Islamic scholars of all persuasions took a hostile and resentful attitude to the man personally.

III. I shall now try to contrast the Islamic and the Freudian concepts of the human self or Psyche, and identify the areas of discord and irreconcilability.

1. The Quoran-the main source of Islamic philosophy, faith and legislation - describes the self -Al Nafs - as a recipient of two qualities of inspiration; piety and debauchery. (S. 91-V.8).
   Thus intimating that there are two basic sets of inherent propensities, working within the individual self. A degree of tension ensues, and an intrapsychic conflict develops between the good and the bad tendencies. This tension, conflict and strife, is the hallmark of life on earth. (S.84-V.6 & S.79-V.40).
   Through faith and moral conviction, Man recognizes this fact and gains insight into his earthly desires and questions his motivations.

He embarks on a life-long struggle to overcome his negative traits, and nurture his potential for goodness.
The conscious mind guides Man through this ceaseless mental fight, while prayers and good deeds are prescribed as means of harnessing his crude nature and accentuating his virtues.
The ultimate goal is to meet God with a cleansed, pure self described in the Quoran as "the contented self". (S.89-V.27 & 28).
Of the first set of basic human instincts, the Quoran describes man's perpetual desire for wealth, sexual gratification and worldly power. (S.3-V.14).
The unharnessed and unchecked human nature is portrayed in the Quoran in clearly negative characterization, e.g. Meanness, Argumentativeness, Ingratitude, Greed, Ignorance, Conceit, ..etc.. These traits should be conciously recognized and resisted, eventually to be overcome.
The other set of human traits are also to be consciously tackled, except that here such traits are to be fostered and promoted.

In Islam the individual self is freed from any kind of original or inherited sin, social culpablity or collective guilt. With this freedom, and without such handicap (S. 1-V.286), he is an accountable and free agent.

2. The Freudian thesis on the other hand, tends to primitivise Man in the sense that it apportions a large part of his mental apparatus and driving forces to his basic instincts which are partially disguised as unconscious contents. It attaches a disproportionately greater role to the primal motives than Islam does.

   In the Freudian thesis, Man at his basic level is a self centered, aggressive, primal creature who is concerned with seeking pleasure and avoiding pain and gratifying his sexual needs in a perpetual fashion. Alternatively the Quoran states that Man has been dignified from the beginning of creation. (S.17-V.62 & 70). Thus viewing Man as a much more superior and purposeful being than Psycho-analysis credits him with.

3. In fairness to the Freudian thesis it ought to be said here that the use and the meaning intended for the term "Sex" and all its derivations, within the Psycho-analytical context is of much wider connotation and broader reference than "Copulation or fecundity", an interpretation which unfortunately took precedence in translation and the comprehension of the non specialist of Freud's work.

Having stated that, it remains true Psycho-analysis has laid an excessive emphasis on the sexual motivation and an unduely great importance on libidinal drive and energy. This has not been contested only by the Islamic construct, but also by the other major schools of individual and analytical Psychology and by the consequent and more recent ones.
What is said for libidinal motives could also be said for the Freudian elaboration of the aggressive drive. Both concepts suffered over-emphasis by the author, and nebulous understanding by the reader of Psycho-analysis.

As I stated earlier Islam recognized - and indeed informed us 14 centuries earlier - of the libidinal and aggressive drives as inherent constituents of Man. Yet it does not attach such paramount significance to either. Aggression and sex in Islam are limited to what they are, and are discernible in terms of their conscious experience and manifest rather than latent conation. They are there to be regulated, usefully channelled and utilised within the Islamic framework of social order.

This is a corrollary of the Islamic emphasis on cognitive transactions and responsibility based on the assumption of having full charge of one's own conscious existence. Thus, the Islamic concept of the self negates the primacy of the unconscious so emphatically poingnant in Psycho-analysis.

4. Collective guilt, bequeathed by the middle ages, was still the dominant religious ethos in 19-century Europe. The Psycho-analytical work succeeded in providing a Psychological rather than religious aetiology of this guilt. Hence, it gained prominence in the process of social liberation from the authority of the church.
   In this, there is no conflict with Islam. From an Islamic point of view, this was a wellcome step towards freeing Man from hierarchial theocracy. Islam itself has liberated Man from original sin, collective guilt and theocracy 14 centuries before.

5. Sensu Strictu, Freud's schemata of Man's mental topography, the distribution and direction of its forces, and its mechanisms of defence, are at no more than slight variance with the Islamic construct of the self. The differences here are not totally irreconcilable, and certainly not sufficient to create this unbridgable gap between the two streams.

I hazard to suggest that if Freud had not transgressed the realm of Psycho-analysis per se, into the wider issues of analysis of the human society and religions, there would have been ample room for a far greater and much more amicable exchange with the Islamic thought. We would have certainly not ended up with the present day mutual exclusiveness, and antagonism, nor would we have had the imbroglio of accusations and recriminations heaped on the useful as well as the useless aspects of Psych-analysis.

IV. In his later works, particularly "Moses and Monotheism" published on the eve of World War II, Sigmund Freud had expanded his thesis well beyond its original brief, into a series of expositions and analyses of social, historical and religious issues. He reached conclusions that are unfounded and unacceptable to any logic other than Psycho-analysis, and even that, only with some stretching of imagination.
His penultimate books (Totem and Taboo, Civilization and its Discontents, and the Future of an Illusion) were along similar lines. Freud widened the concept of "Neurosis" and transposed it from the individual context to the human race in its entirety.

From his stated atheistic stance, he argued that religions are but remenants from the old mythical and dark beginnings of Man. Such mythology had undergone metamorphosis only in its exterior veneer, but it remained in essence a means of neuortic defence against, and coping with the dangers outside the cave, and the taboo of the tribe. In the words of Karl R. Popper, Freud's account of these complex issues, was "much like Homers collected stories from Olympus" since it seemed more like tale-telling than a conjecture for possible refutation or examination.

Freud marched on to assault the very fundamentals of Judaism and Christianity, which are naturally common basis to Islam.

Freud denied the whole idea of prophets and scriptures, as understood by the monotheistic religions. He contended that the early Jewish monotheism was not a matter of revelation - since there was no one to reveal - but the teachings of Akhnaton.
Moses-he added - was not a Jew, but an Egyptian who assumed the leadership of the tribe on grounds other than God's orders.
According to Freud, somewhere in the depth of the human Psyche, there is an unconcious desire for a ritualistic patricidal act. With this motive, the Jews killed Moses, and developed a collective complex of guilt. This complex generated the phantasy of the Messaiah.

Consequently, Jesus Christ was an embodiment of this unconcious phantasy. The Jews killed him - again -, and yet continued to believe in their being the chosen people. Being the favoured sons of "God", and with their patricidal crimes, they were persecuted, and antisemetism reigend supreme.

From an Islamic point of view, this kind of proposition is utterly and diametrically opposite to the reality of history as revealed by God, in the Quran, as well as the old and new testament. It is therefore, unreservedly rejected as unworthy of serious debate.
In the Islamic literature, it is seen at best as a perplexed and lopsided logic, and more frequently as conspirational means to indoctrinate heretical tutelage.
Freuds views on the subject of the human mind could have been negotiable and indeed wellcome, but his position on the matters of God and Man's relationship to him, makes it hopelessly impossible for Islam or any other monotheistic philosophy, to have a fruitful dialogue with Psycho-analysis in its extended form, because of these later additions and appendages.
So Islam is not simply dealing with a man who declares himself Godless, but with a theory that has a measure of Islamic truth or at least potential truth, but it declares itself Godless as well.

V. One can of course question the bridge between the earlier and the later works of Freud, and the necessity of extending the basic Psycho-analytical thesis into the astheistic and historical conclusions I have just outlined.

This is important if we are to assess Freud's thoughts and thesis from an Islamic perspective. A theory of the human mind -or any theory for that matter - cannot be defined as morally compatible with Islam if a part of it - central or peripheral - questions or disputes the basic tenets of Islam.

Islam as a faith and body of knowledge is logical and robust enough to be able to assimilate and develop a good deal of the original Psycho-analytical discoveries, and methodology, without necessarily adopting Freud's excursions into the wilds.
A cogent framework for the human self can thus emerge, capable of application in a therapeutic context, and compatible with the Islamic moral values.

REFERENCES

1. *The Holy Quoran.*
2. FREUD, SIGMUND. 1913. *Totem and Taboo,* Printed 1972. Routledge & Kegan Paul. London.
3. FREUD, SIGMUND. 1928. *The Future of an Illusion,* Printed 1973. Hogarth Press, and the Institute of Psycho-analysis. London.
4. FREUD, SIGMUND. 1938. *An Outline of Psycho-analysis,* Printed 1973. Hogarth Press, and the Institute of Psycho-analysis. London.
5. FREUD, SIGMUND. 1939. *Moses and Monotheism,* Printed 1974. Hogarth Press and the Institute of Psycho-analysis. London.
6. FREUD, SIGMUND. 1930. *Civilization and its Discontents,* Printed 1975. Hogarth Press, and the Institute of Psycho-analysis. London.
7. STAFFORD-CLARK, DAVID, 1971. *What Freud Really Said.* Penguin Books. London.
8. LEWIS, AUBERY. 1967. *The State of O. Psychiatry.* Routledge & Kegan Paul. London.
9. SHEPHERD, M. and ZANGWIL, C. 1983. *Handbook of Psychiatry,* Vol. 1 Cambridge University Press.
10. GAY, PETER. 1988. *Freud: A Life of Our Time.* Norton. New-York.
11. POPPER, KARL. R. 1972 *Conjectures and Refutations.* Routledge & Kegan Paul. London.
12. ELLENBERGER, HENRI. 1970. *The Discovery of the Unconcious: The History and Evolution of Dynamic Psychiatry.* Allen Lane. The Penguin Press.

The Chairman: Prof. Dr. Mahmoud Abd Al-Jawaad:

I give the floor to Dr. Imaad al-Diin Fadli, the chairman of the department of Psychological and Neurological diseases in Ain Shams University.

SCIENTIFIC EVALUATION OF FREUDISM

Professor Dr. M.E. Fadli
EGYPT

The Freudian's concepts remained in vogue for about fifty years, as the most popular explanation of "Psychopathology" for both Neuroses and Psychoses. Yet in the early fifties of this century, certain objective scientific facts challenged seriously the validity of these concepts. I shall restrict my presentation to the two most important of these scientific discoveries.

1. THE DREAMS:

Interpretation of dreams is an essential pivot on which Freudism was established. Freud reached many of his conclusions on unconscious mental activity and infantile sexuality through interpretation of a group of dreams which can not be considered statistically representative of human dreams. Sleep recording of electroencephalographic activity of the brain proved that dreams occur regularly once every ninety minutes i.e. five or six dreams per night per person. Moreover, a person will not remember his dream except if he wakes up during the dream itself i.e. during the "Rapid Eye Movement" period of the E.E.G., which is known as R.E.M. period, or if he wakes up within five minutes immediately following this period. Accordingly, if we consider only the dreams recollected spontaneously from the dreaming person, as Freud did, we are only exploring selected dreams; we have to get a nonselected sample of many thousands dreams. Accordingly the sample of dreams interpreted by Freud can not satisfy statistical rules necessary for scientific interpretations.

When dreams were studied according to R.E.M. periods it was found that the factors affecting the content of the dream were: (a) The events of the immediately preceding 24 hours. (b) The concentration of glucose in blood. (c) The temperature to which the dreamer was exposed.

Sexual satisfaction or deprivation was not found to statistically influence the contents of the dreams.

2. THE BIOLOGICAL BACKGROUND OF PSYCHOSIS:

During the years 1954 - 1957, the discovery of "major tranquilizers" and antidepressants was accidently accomplished. These drugs were found to influence mood, thinking and behavior without affecting alertness and were really a revolutionary break-through in the management of major psychoses i.e. depression and schizophrenia.

They did not only accomplish a radical change in the treatment and prognosis of these psychoses, but they opened, for the first time, the door to investigate the pathogenesis of such psychoses on biological basis. The term "Biological psychiatry" is now the alternative of "psychiatry" of the first half of the century. Major psychoses have been, as such, recognized as proper "Disease Entities" as we consider other metabolic disorders. If ever Freudian psychopathology of psychoses is to be considered seriously as accepted pathogenesis of these disorders, it has to conform to the scientific facts known by now chemically and electrophysiologically.

It is worth mentioning here that Freud himself predicted this biological background in his book "An outline of psychoanalysis". There, he stated that psychoanalytic explanation of psychoses was the best he could offer at that time, but he is looking for some biological explanation.[1]

To these important points, I can add the "Test of time" which is a respected criterion for the validity of concepts. Mental hospital and psychiatric practice remained in the same position many decades after the introduction of Freudism. The mental hospital has changed now radically so as to have a busy outpatient, a reception room etc. It is now a hospital for real management of patients and not just for isolating them. Accordingly I believe that Freudism, a very attractive system of the early decade of twentieth century, is now a part of "History of Human Thinking" especially as regards the understanding of the pathogenesis of major psychoses.

REFERENCE:

1. FREUD, S. (1938). *"An Outline of Psychoanalysis"* (Translated by Strachey, J.), Hogarth Press, London, p. 48.

Chairman Prof Dr. Mahmoud Abd Al-Jawaad:

I would like to thank Dr. Imaad al-Diin Fadli for his scientific evaluation of Freud's theory.

DISCUSSION

DISCUSSION

Prof. Mohammed Naeem Yaseen:

In the name of Allah most Gracious and most Compassionate.

We would have liked to get a conclusion of the assessment of Fredudianism from an Islamic perspective. We find that in Islam, in the Quran there are two types of people, the first type is similar to the model that Freud mentions, that is a type that follows its own lust, instincts and desires. The description used by the Quran to describe this type is more severe than that used by Freud. There is however another type of individual which was not studied by scholars or scientists, that is the type that God addresses. Freud's theory leads us, if we want to assess it, to two possible conclusions, the first is that he made an error in his analysis in a way that is not worthy of him. Secondly, that he wanted to deny the truth because he had ulterior motives. So it is a matter of whether Freud made an error because of the sample of people on whom he conducted his research and overgeneralised the conclusions to fit all human beings. This type of individual that Freud describes is present in all human communities. The Prophet (PBUH) tells us there are individuals who are enslaved by their instincts, and that people become aware of this by being warned by an angel of the places where Satan resides. To the extent that the Prophet (PBUH) tells us that every individual has a devil-peer, and when they asked him if that icnluded him he said yes, but God had given the Prophet the necessary support that allowed him to subjugate and conquer this devil. There is also another type of individual, and if Freud was falsifying the truth and wanted to depict humanity in the manner that his theory describes. He wants every individual to be enslaved by his instincts, desires and lust. Thus he might have established his theory on directive principles and not scientific ones, on the bases of overgeneralisations which are deliberatley falsified. Or else he could have made an honest mistake that lead to such over generalisations.

The Chairman:

If you allow me we will give the floor first, to our foreign guests. I hope if every speaker takes 3 minutes, it will be all right. Then later on we may have side discussions, if you like.

Prof. Martti Lindqvist:

I have two comments; one comment is to my friend sitting on my left hand side. I am not in a position to take a clear stand on Freudal thinking, specially because it is so confused. It has so many different interepretations, but if we think as my friend seems to think that ontologically there are two types of persons, and we need one theory to explain other kind of persons. I think, that would mean loosing the whole scientific approach. if we keep hold that we all are human beings and that the science is an attempt to understand the whole truth about us, so, I think we can not go to that kind of explanation that there are two different theories applying to two different types of people.

My second comment is to the second speaker and who in my opinion, stressed very strongly the biological side of 'psyche' and treatment of psychological illnesses. I am a little bit astonished because what I have heard earlier here from the Islamic point of view is very much stressed on the spiritual side of man, the goal of human being and so. And I think what matters to our 'psyche' has to do very much with those things and not so much to the biological side and biological treatment. of course they both belong together, but the question is; where to put the emphasis? Thank you, Mr. Chairman.

The Chairman prof. Dr. mahmoud Abd Al-Jawaad:

We will start from the right on the round table, is there anyone who would like to pose a question.

Dr. Mohammed Nabash:

In the name of Allah most Gracious and most Compassionate.

My brother here linked al-Dhikr (the mentioning of the name of God) with al-Zaar (frequent mentioning of the name of God with frenzied dancing that ends in a crescendo), whereas the latter is a form of magic and foolery the former comforts the heart, since it presents Satan from suggesting evil to people. If the Quran is read aloud, Satan disappears. As for the psychological interpretation of dreams, I would have liked the speaker to deal with this issue from a Muslim perspective, namely with

scholars like Mohammed bin Siriin and others, as they have excelled in this area. The Holy Quran which provides us with morals from an Islamic perspective, deals with dreams, the seven fat cows which were eaten by the seven thin ones, and the eleven planets that were viewed. All these are mentioned in the Quran and the Tradition. Accordingly, the vision comes from God Almighty whereas the dream comes from Satan. I would like to say a few things about this Satan, such as fear of this Satan, since this Satan, such as fear of this Satan, since this Satan instills fear in people, but do not fear him. If the individual is strong in his faith he will not fear Satan. There were human beings who sought support from al-Djinn or Satan when they were exhausted, but those they sought for support became more exhausted than they were, so exhaustion comes from them. Also, humiliation from the timer of Adam until now, Adam and Eve were in paradise but Satan humiliated them and plotted for them to be expelled, Satan also disguised evil to their eyes thus precluding them from seeing the right path, and contributed to their corruption. Satan always instills the ease of corrupt things in human beings, as in the case of a man meeting alone with a woman, for Satan is always present. Satan always commands human beings to do that which is corrupt, sinful and tyrannical. All these things are referred to in the Quran, so why do we not dwell upon them, Satan calls on his supporters among human beings to argue with you, even anxiety and worry all come from Satan, as if man is lured by Satan.

Therefore, in the Quran there is this internal psychological factor and through al-Dhikr (mentioning the name of God) Man can maintian his internal unity and cohesion. There are also many other organic disturbances which are a direct result of Satan, and this is really what we wanted to look into in this paper, since we are gathered here to study ethics from an Islamic perspective. Therefore, we should look into these dreams and their interpretation, I have not for instance read the Freudian interpretation of Surat al-Fatiha.

The chairman Prof. Dr. Mahmoud Abd Al-Jawaad:

This Sura has never been interpreted by Freud. Is there anything else you want to say?

Dr. Mohammed Nabash:

I am thinking of what we already have available in Islam. We have our own Islamic culture, and I am really calling for having an Islamic Psychology, that is we should take a resolution to have our own Islamic Psychology in this conference.

The chairman Prof. Dr. MAhmoud Abd Al-Jawaad:

Sir, what we are saying here is that Freudianism is all wrong and anti-Islamic, that is not related to Islam.

Dr. Mohammed Nabash:

Why then do we tie al-Zaar with al-Dhikr?

The chairman: Prof Dr. Mahmoud Abd al-Jawaad:

I did not mention it, he siad al-Dhikr and this leads to al-Zaar and the visiting of the holy men, but I did not link al-Zaar with al-Dhikr.

Dr. Mohammed Nabash:

The Quran is one thing and al-Dhikr is something else.

The chairman Prof. Dr. Mahmoud Abd Al-Jawaad:

He says that with the mentioning of the name of God our hearts are comforted. I also mentioned it in what I said.

Dr. Mohammed Nabash:

You use the Prophetic traditions in this respect.

The chairman Prof. Dr. Mahmoud Abd Al-Jawaad:

But neither the Prophet (PBUH) nor the Quran mention epilepsy, obsessions, depression or psychosis or any of these psychological diseases.

Prof. Ayhan Songar:

We can critize very seriously, as other departments are critizing, in the same way, Freudism. First, he plays upon all the pyscho-pathalogical examples. Second, he overemphasized sexual insticnts. Third, he refused every motivation, but sexual ones and he refuses even biological hereditary factors. Also, he does not accept any role of free will in human behaviour. He proposes his system is a unique pattern of treatment even in major biochemistry and psycho-pharmacology, Freud must have no position, must have no place. and if we consider Freud an explorer of subconscious, as Amundsen, the explorer of South Pole, yes, he explored subconscious but this field was explored in Islam under the title of "Nafs

Ammare" many centuries ago and I prefer to have a paper, to hear a paper under this title in this conference.

A few words to my fellow friend about spiritual side and biological side and so on. If we take into consideration major psychoses, we must take into consideration certainly nervosal and electrical reactions and chemical alterations. These are not against Islam and these are purely scientific, but unfortunately Freud has no place in today's contemporary scientific world.

Prof. Emaduddin Fadly:

What the Professor has said is all true. That is the whole criticism against Freud and his theory and as we see now, it is totally obsolete. That is why, I said post-Freud and which changed the theory. I am not defending Freud, by the way I am not Freud. I am a biological psychiatrist. What you have said is all true and what I think, I have said is, what is true. Freud is not new and what is new is not true. It is present in Islam and present elsewhere.

Dr. Hussein Hamid:

I believe that what we need vis-a-vis theories of psychology or any other science, is to examine these theories in the light of the fundamentals of Islam in the Quran and the Tradition (Sunna), and what we really need is the study of the huamn psyche in the light of Quran and the Tradition.

There is no doubt that we will discover how the Quran and the Tradition deal with the human psyche in terms of its instincts, trends and characteristics and also how the Quran deals with the human psyche. As for the details, theories and practices these are matters of opinion or point of view and trial and error. That is there is no contradiction or opposition with the fundamentals that are mentioned in the Quran and the Tradition. This proposal could become a useful science and a fruitful excperiment. I am saying that an Islamic psychology or Islamic medicine, and the latter is a more appropriate label, meaning that it is committed to Islamic fundamentals, concepts and facts as well as Islamic in its methods, techniques and goals.

The Chairman Prof. Dr. Mohmoud Abd Al-Jawaad:

Thank You.

Prof. Malik Mubbashar:

Mr. Chairman, actually Prof. Hamed has already made the point I was going to say after what Prof. Ayhan Songer said. I was also wondering as to why Freud became such an important subject of discussion today in this conference, when I saw the programme, because if you loook at Freud's works they are totally irrevelvant, based on different kind of theories and I think we have a very good sort of bases of the human psychology and self as it has been shown in Islam. I think, if we had to discuss Freud, I am surprized that the reviewers when they were talking about work of Frued, did not mention Carl Young, who talked about 'Anima' and 'Soul'. I think that has been missing.

I just want to make another point which was made by our colleague from Finland. He was trying to say that biological and spiritual aspects have no connection. I think, there is no such dichotomy, because why do not we see at the spiritual, pyschological, social, and biological aspects of every thing. I do not think we can put ourselves in tight compartments, that what is biological can not have spiritual aspects and what is spiritual can not have biological aspects. Thank you.

The Chairman:

An approach to human being is dimensional, both biological, physiological, neurophysiological, electrochemical and so on. These all are complementing each other. Any more questions? Well, we have finished, that is very fine. Thank you participants and the floor for your eluminating discussions.

Prof. Emaduddin Fadly:

As regard to the biological aspects, I said at the beginning of my talk that I am sticking to the facts, proved scientifically and that is why I spoke about the biological aspects of psychoses, and psychoses have some Freudal explanations. He gave explanations on the basis of his psychopathalogical depression and schizophrenia and so on, and that is why I said that. By now, we know that there are some biological aspects of these psychoses which are proved, they are objectives, they are reproduceible and any theory which is to be accepted or not has to be revised along these routes. I am not speaking about the normal psychology, although I have something to say, but I stick to what was given to me to speak about i.e. "Scientific Estimation, Evaluation of Freud", an so I did not come to the soul. These are diseases which have biological background any by now we have 30 years of change in the

outcome of treatment, when we adopted the biological aspects; but at the same time Freud spoke about these according to his psychopathalogical theory and they have to be reconciled along these. These are facts, objectives, reproducible, not depending upon the faith of any teacher or any head of the school.

Concerning what has been said about dreams and the dreams of Prophet Youssef. The Prophet (PBUH) had foreseen the conquest of Mecca and other places in dreams, these were true visions or insights. These were some of the true miracles of the Prophet (PBUH) and they are part of the link between heaven and earth, but the heavens do not communicate with everyone, they may only communicate with everyone, they may only communicate with extra-ordinary human beings. This is a particular phenomenon to which the scientific method does not apply, since it is not observable in the usual sense. The insight of Prophet Youssef was his and we will not interfere in those features of extraordinary human beings since a scientific interpretation does not apply here. We have to know the limitations of the scientific method, a method based on collecting experiements to determine the variables that cause the effect. These are the limits of the scientific method, if the phenomena are observable, hypotheses can be put forward, and then experiments conducted to test these hypotheses, then we can speak about this phenomena from a scientific point of view. I was really dealing with the matter from a scientific point of view and I did not deal with which service cannot handle. Thank you.

The chairman Prof. Dr. Mohmoud Abd Al-Jawaad:

I would like to thank Dr. Imaad and the session is closed.

CLOSING SESSION

THE CLOSING SESSION

This session was chaired by H.E. Dr. Abdul Rahman Abdulla Al-Awadi and moderated by Professor Francisco Vilardell.

Before starting the concluding papers and statements, the Chairman opened the floor for some general discussion. Thereafter, the Chairman invited Professor John H. Bryant and Professor Hassan Hathout to apprise the participants about the "reflections and prospects" of the seminar, and they did so. Then the floor was given to Professor Francisco Vilardell to express his views. He stated that he was greatly impressed by the noble feelings and attitudes of tolerance, harmony, justice and equality proper to the Islamic viewpoint, in a global context which was expressed here as an "ethic of generosity". Finally, H.E. Dr. Abdul Rahman Abdulla Al-Awadi extended his thanks and gratitude to all the participants, appreciated the deliberations of the seminar and gave his remarks. He also thanked all those who helped in organising the seminar as also to the interpreters, and to the Egyptian Minister of Health for his patronage which supported this meeting and this dialogue.

The chairman Dr. Abdul-Rahman Al-Awadi

In thename of Allah most Gracious and most Compassionate.

At the outset I would like to thank our brothers the interpreters sitting in the glass booths for the hard work they have put in with us, and ask them to bear with us for two more hours, God willing. If you can all hear the interpreters and the sound quality is good enough, then we can begin our concluding session. Before we start the concluding papers and statements,we will allow a quarter of an hour for open discussion. And if it is acceptable we will give each discussant two minutes. If the questions are addressed to the people present then we will let them respond to your questions, and if they are not here then others will answer for them.

Dr. Adel Al-Sobki

I do not intend to make a comment or present a point of view, I have a rather vague question. It concerns the analogy of the ship which Prof. Dr. Hasan al-Shadhli presented to us, involving an analogy with the fetus, when it is a new born baby or an elderly person, and determining the public disinterest or harm, and generally speaking the Islamic law in prohibiting the abortion of a fetus, which physicians are certain will be born with severe congenital deformation... in one year there are hundreds of thousands of cases of such fetuses, so if we allow them to be born, then their life will be a very expensive one just in terms of the financial cost but also because they will take over all the available hospital beds, a matter which may deprive other children from receiving medical care, such as cases of dehydration or others, since our financial and health resources are by definition limited wherever we may be.

Another related question addressed to the jurists: what is the ruling of Islam in the sterilization of a mentally retarded female patient, a patient of mine who has become illegitimately pregnant more than once and is incapable of bearing the responsibility for the child and incapanble of comprehending what is happening to her. She comes to me in this condition and I am the physician responsible for her and I would like to know your view concerning whether it is right or wrong to sterilize such a patient. And thank you.

The chairman Dr. Abdul-Rahman Al-Awadi:

I would like to thank Dr. Adel for his question. I believe that this issue was discussed in detail in our previous meetings and in other seminars. But now this question is addressed to Dr. Hasan al-Shadhli, and he will anwer and I know that answering such a question will require a long time.

However, I am sure that his wisdom and experience will enable him to handle it beiefly. The question has two parts, the first deals with the issue of sterilization, while the second deals with the issue of aborting a fetus.

Prof. Dr. Hasan Al-Shadhli:

I have a comment to make on th analogy of the ship so that there will be no more difficulty in understanding it. When I used this analogy I said that there are two views in Islamic jurisprudence, a view that permits and a second view that does not. I also said that if we accept the view that permits we can then have an analogy between the issue of the fetuses that will certainly die if they all remian in their mother's womb and that of the second view involving the ship. This view was expressed by some speakers in this session, but it is considered weak to be used in the analogy of the ship. The analogy is between what happened to the Prophet Yunis (Yonah) when he was in the ship which was about to sink, so he and his companions had a ballot about who among them should throw himself off the ship, he was chosen three times, after which he was thrown in the sea where the whale swallowed him as in the well-known story. So to base the analogy on this in accordance with the views of our jurisprudence scholars. This is what I understood from the question in the short while that I had. Some have said that this only concerns the Prophet Yunis, then there is also another opinion which says that we should also have a ballot in the present case of fetuses, but this is seen as invalid view. In relation to the sterilization issue. that is sterilize a human being and thus make him incapable of bearing a child, this is forbidden, and there have been many seminars and studies of this issue. Most of there prohibit it because the human body should remain as it is without any interfence by us. As for the husband if he wants to control birth in a way that does not prevent him or his spouse from bearing a child in the future then from a legal Islamic view this is permitted and there are many published studies on this issue. As for the third question, and this always recurs, concerning the deformed fetus or that which medicine views as deformed, the principle I depend on here is that the fetus from its very beginning is a human being. I have repeated this for more than ten years now, that the fetus is a human being who has all the rights that the living have. And if it is permitted to kill the deformed or malformed living individual then it is permitted to kill the deformed or malformed living individual then it is permitted to kill the deformed fetus. In Islamic Law it is absolutely prohibited for any reason to destroy the human body, whatever the disease, or sickness or the handicap until the individual concerned dies a natural death.

The chairman Dr. Abdul-Rahman Al-Awadi:

I would like to thank Dr. Hasan al-Shadhli for the clear cut opinion he has provided for the two issues. I hope that this is an adequate answer and we do not want to burden Islamic law with what the society itself cannot do, that is protect the mentally retarded for sexual assaults. Society should be stronger and should be capable of preventing any sexual assaults on mentally retarded females. We cannot justify our judgements in life by changing Islamic law.

Dr. Rihito Kimura:

In my country, Japan, brain-death criteria is not socially accepted yet. Still, I think, we stick to the traditional criteria for death. So, that is the reason why we do not have too many organ transplantation from cadaver, with some exceptions. My question is – how the Islamic public sees this issue of brain-death criteria? Because in Japan, the public is not really accepting this brain-death criteria. So, that is the reason why the Japan Medical Association, very recently, just this year, made a kind of recommendation to advice to the medical professionals as well as to the public that brain-death criteria would be adopted in our society, but there are many objections still going on. In some professions, particularly the legal professionals are strongly objecting to the brain-death criteria in Japan and we do not have the offical public policy yet. According to the presentation of Dr. Al-Madhi, this morning, it seems to me that in Islamic countries, brain-death criteria has been accepted and some organ transplantation is going on, if I am correct. Is there any difference between the public and the professionals? And how do you solve these issues? Do you have a kind of legislation as a public policy to have brain-death criteria or the medical professionals decide, without having any legislation for this sort of issue, particularly relating to brain-death criteria? That is my first question.

The second question is – whether you have some sort of Ethics Committee relating to very critical issues i.e., ethical or religious issues in the area of organ transplantation or switching off the life-sustaining machines and so on. So, what is the public policy and what kind of things you have, such as Ethics Committee in Islamic society? These are the two questions. Thank you Mr. Chairman.

The chairman: Dr. Abdul Rahman Al-Awadi:

Thank you very much. I think, Dr. Mubbashar has a question. Yes, please.

Dr. Mallik Mubbashar:

Thank you. My question is actually to Dr. Naeem Yaseen. When he was talking this afternoon, he made a reference to test tube baby, as not being allowed in Islam. That is alright. But my question to him is that supposing if a couple cannot have a child and if you have the sperm of the husband and the ovum of the wife, now for them to have a baby, is it allowed? What is the ethical position in Islam about it? Test-tube baby, with the sperm and ovum of husband and wife.

The Chairman: Dr. Abdul Rahman Al-Awadi:-

Will you please revise your question, Dr. Mubbashar.

Dr. Mallik Mubbashar:

My question was; that you mentioned about test-tube baby not allowed or there is something wrong about test-tube baby from the Islamic point of view. Supposing, if a couple cannot have a baby, because there is some problem, gynaecological problem with the wife, and she cannot retain the pregnancy in the first trimester of pregnancy. If they go and have a test-tube baby with husband's sperm and wife's ovum, is it then allowed or not?

The chairman Dr. Abdul-Rahman Al-Awadi:

The questiion is if there is a man and a woman, and the woman could not become pregnant, but if we take her ovum and we take the sperm from the husband and fertilize the ovum outside the womb, can we then plant them in another woman?

Dr. Mohammed Naeem Yaseen:

In any case, we must make more than one assumption to answer this question. This issue was previously studied, and the label surrogate womb was chosen to describe this situation. The researchers in the seminar on Reproduction in the light of Islam that was held in Kuwait five or six years ago, that surrogacy is not permitted from an Islamic legal point of view. According to Islamic law, it is not permitted to take the ovum from the wife and the sperm of the husband to be inserted in the womb of another woman. However, if the ovum of the wife and the sperm of the husband are inserted in a test-tube, then re-inserted in the womb of the wife once again, to avoid some difficulty in the arrival of the ovum in the womb, then this is permitted. I believe that this was among the recommendations of this seminar, provided that it occurs within the

conditions and restrictions that prohibit the mixing of parenthood (ikhitilaat al-Ansaab).

The chairman Dr. Abdul-Rahman Al-Awadi:

I would like to thank Dr. Mohammed Naiim Yasin for his clear answer. As for the second part of the question pertaining to how the results reached in these deliberation become actual practice and are put into effect, then I may say that these are presented as recommendations to Islamic countries and also to the Academy of Islamic jurisprudence in Jeddah and other authorities which in their turn study these recommendations are circulated to the Islamic countries which in turn issue the necessary legislation to implement these rulings. This is the method that is most often followed concerning such rulings.

Dr. Omar Alfi:

I have a question which is really bothering me. It is in relation to the response of Dr. Shazly, about considering the baby from the day one as a full human being etc,. which is fine. I am accepting that all through, but I want him to respond to the following scenario. In some cases, particularly in diseases involving lactic dehydrogenase or some of the others, at nine weeks of pregnancy, before anything is formed, you know that this baby will have this disease, The baby gets developed, is born, goes into a terrible stormy course for 3 or 4 year, with agony, with pain, with choking, with misery to the baby and to the family and you know it, before anything of the baby was formed. That element of cruelty is one thing, and the other is not the patience on the part of the parents, because they know in advance, it is not an accident that is happening to them and why would the little one have that miserable course, if something else could be done. I need a response because there are so many diseases that are worse than a malformation; that includes agony and pain and a very miserable, stormy life. If Dr. Shazly or may be Dr. Hathout could give a very brief answer, 'yes' or', something.

The Chairman: Dr. Abdul Rahman Al-Awadi:

Is there any thing more to add to this question before we finalize the whole thing. Yes, Dr. Esam.

Dr. Esam Al-Sharbeni:

This point has been dispuited before, in previous seminars and considering the baby from the first day a full human being, is not accepted

by all the Muslim Jurists. Dr. Shazly has mentioned something that he is a full human being, but then he has the rights when he is born and shows some signs of life.

We have to see to this point here that there are rules which are clear instructions and these are final and there are other things which are by deductions and these are subjects of disputes between different muslim scho;ars.

The chairman Dr. Abdul-Rahman Al-Awadi:

Are there any more questions? We would like to hear Dr. Hasan al-Shadhli if he would like to make a comment for two minutes... and Dr. Mohammed Naiim another two minutes... After this we end our deliberation. Since discussing this issue requires a long session, and we can always continue the discussion among ourselves as Muslims just as we do when it comes to any Islamic issue or ruling. I would also like the discussion to be as short as possible in order to reach a conclusion in this session.

Prof. Dr. Hasan Al-Shadli:

In fact what Dr. Isaam said is what I mentioned in my paper and I also said that I support the majority of jurists who forbid the aborting of the fetus before 120 days. There are two views, one that say forty days and one that says 120 days, but I support the majority of the jurisprudence scholars. This is what I said not just today but a long time ago and I still support it with the evidence I presented.

As for the question why we describe the fetus as a complete individual when it is not yet born. By complete we do not mean that we can have a stroll together, I mean that the fetus is a living human being and has all the rights, the right to life, the right to parenthood and attribution to parents, the right to inherit. All the rights I referred in my paper which can only be established for a human being. If we had established these rights after the fetus is 120 days old and this was the view of Islamic jurisprudence, I would have supported this position. But Islamic jurisprudence establishes these rights from the very first moment, if a man is alone with his wife for a very short period and then he died or went away, then all the rights are established for the fetus, and how do we establish them when it is not yet a living entity, so there is no need to confuse different issues.

There is a different view but I support the view of the majority of jurisprudence scholars that the fetus has full rights established by Islamic law in the manner listed in my paper.

As for the view that supports aborting the fetus when we find a fault in it or a deformation then we are faced with two alternatives. The first is that you expect that the fetus will led a tormented life. Abortion is the taking away of a life because of a probable cause that you expect, and the degree of certainty in it is also probabilistic. It may be the case that medicine will one day discover a cure for this disease. There is a choice to be made between two alternatives, between a life you want to take and expectations that you take to be the cause of taking this life, therefore I still insist on my view in this matter.

The chairman Dr. Abdul-Rahman Al-Awadi:

I would like to thank Dr. Hasan al-Shadhli for his clear and decisive view. Discussion of this point is concluded.

Dr. Mohammed Naeem Yaseen:

I hope you will excuse me and that Prof. Dr. Hasan al-Shadhli will bear with me as I candidly reveal my conviction concerning the views of the jurisprudence scholars. A conviction based on reserach done within the frame work of a paper on abortion. I am convinced that the majority of jurisprudance scholars have allowed abortion of the fetus in its first 120 days before a life or a soul is breathed into it. I also have evidence from their texts to prove this point. In fact, there are several views of the issue.

The first view of the majority of jurisprudence scholars is the allowing of abortion any time before a soul or a life is breathed into the fetus, so it is allowed in the stage of (al-Notfa) in the first forty days, the stage of the clot (at-Alaqa) in the second forty days and in the stage of fetal morsel (al-Modgha) in the third forty days. this view is that of the majority of the jurists of al-Hanifiya and al-Shafiya, and it is the credited view for al-Shafiya and Ibn al-Qauim.

The second view forbids at all stages of fetal development before a life or a soul is breathed into it. This is the view of most of al-Malikiya jurists, some of al-Hanifiya jurists, al-Ghazaali from among the ranks of al-Hanaabila. Some of these scholars have stated that the prohibition is conditional on the absence of an excuse or cause for the abortion. Even this statement allows abortion with an excuse or cause. I found that al-Moqli from among the ranks of al-Malikiya jurists allows abortion to get rid of the effects of adultery if it occurs in the first forty days. The majority of the jurists of al-Hanaabila and some of the jurists of al-Malikiya allow abortion in the stage of al-Notfa that is in the first forty days, and forbid it in the two later of al-Alaqa and al-Modgha. What really supports the

opinion that this is the view of the majority of jurists is their definition of the fetus. Does the fetus acquire its human qualities as soon as it is a clot (alaqa) or it does not? Or is its human character delayed until life or a soul or a life is breathed into the fetus it is not named that is not prayed on just like locust or blood. Al-Shafii says in what is reported from him by al-Shukaani that this only occurs after four months, as he acquires in the forty days its livelihood and its date of death. However, this is only for the living and before that the fetus is not alive. Al-Qurtubi provides many views.

The chairman Dr. Abdul-Rahman Al-Awadi:

With all due respect, I do not think that is the right time to argue about the different views of the jurisprudence scholars. I would like you to discuss this problem between you, so that our non-Muslim brothers attending would come to know the view of Islam in this issue. There is no need to confuse them with discussions of the many views of the different schools of jurisprudence. There is no need to go into such details, this you can do between yourselves at another time. As for now if there is agreement on a specific question, please go ahead.

Dr. Mohammed Naeem Yaseen:

I really did not want to go into this except that I felt that Dr. Alexander Capron from California who posed the question has shown that he is not convinced that the fetus is not really a complete human being. At the same time, I said that it is permitted to sacrifice the fetus in cases of multiple pregnancies or in similar cases. I have stated this truth as well as pointed out that the majority of jurists indicate that there are two stages of the fetus, a stage in which the fetus had not yet acquired the full human character and a later one in which it acquires the full human character, that is the stage after the first four months, and in this stage it is not permitted to abort it under any conditions. In the former stage there are controversial views as we have seen, and I believe that it is clear that abortion is forbidden at each stage but we should...

In conclusion, the fetus passes through two stages, the first stage in which it has not acquired full human character but there is an animal, a human in its preliminary stages and it is not permitted to destoroy it. In the second stage after a life or a soul is breathed into it, the fetus acquires its full human character and becomes a complete human being in accordance with the view of Prof. Hasan al-Shadhli. What then is the difference between these two stages if it is forbidden to abort the fetus both of them? The difference lies in the causes and the excusaes for the

abortion of the fetus in the first stage and in the second stage after it becomes a full human being. In the first stage, I believe that many of the causes or excuses mentioned by the participants such as malformation, increased risk for mother in case of continuation of term of pregnancy, or any other cause provided by the physicians as a serious and acceptable cause would permit abortion of the fetus in the first 120 days of its existence. This ruling is based on the analysis of the fetus, its reality and the views of the jurists of abortion and thank you.

The chairman Dr. Abdul-Rahman Al-Awadi:

I would like to thank Dr. Nalim for his comments. The participants have seen to what extent Islam rejected these views and concepts. There is the majority of jurists who have agreed on a specific view point permitting this. This is what you just heard and it is part of an eternal discussion of many issues that need to be deliberated. Such deliberation, God willing, will continue to lead us to a unanimous view of these issues. Some of our non-Arab participants may have been troubled somehow with these endless discussions, but this is the style of Islam, which believes in deliberation, dialogue and exchange of opinions until we reach the view that all Muslims unanimously adopt. This is what motivates us always to discuss then we move from deliberation to legislation and implementation. With this I would like to conclude our discussion. We now have forty minutes left which we will divide between Dr. Bryant and Dr. Hathout who will give us a summary of the future horizons of our deliberation, particularly since members of the press have asked us whether this is a political conference because of the recommendations and resolutions. In fact, what we want to do is open up future horizens for discussion and dialogue so that we can reach by consensus views on all the important issues in man's life.

The chairman: Dr. Abdul Rehman Al-Awadi:

Thank you very much Dr. Hassan. Summarization of many topics has really been discussed during the last two days. I Think Dr. Esam wants to say something. There are two more speakers. You may say what you have, in few words, so we can give the floor to speakers.

REFLECTIONS AND PROSPECTS

Professor Dr. Hassan Hathout
U.S.A.

Reading through the two days this conference lasted, one couldn't escape reading through humanity at large. This is the twentieth century nearing its conclusion. This is human civilization at its highest. This is science bearing fruit as never known before... and knowledge accelerating so that within the coming ten years humanity will acquire knowledge equivalent to the sum total acquired along total human history. The wizardry of science and technology has made yesterday's miracles as near as the pressing of a button, and the wildest dreams of yesternight became ordinary commodities of every day human life. But let me turn the page and resume my reading in this book of humanity. And alas! For man who has set his foot on the moon and beyond, is unable to reach the heart of his fellow man! Man has accumulated an arsenal of atomic nuclear explosive sufficient to destroy planet earth several times over, at an expense that could have been better utilized in satisfying badly felt basic human needs... but man is even more bent on producing biological weaponry on earth and preparing outer space for the coming armageddon. Man is burning or dumping surplus food in some countries to maintain prices and use food as a strategic political weapon, whereas man in thousands and millions dies of starvation in other countries. Man has glorified his greed, sensuality and self-gratification and declared them as basic human rights, whereas he is growing more and more blind to his basic human responsibilities. Freedom without limits are enjoyed in some quarters, while limits without freedom are imposed on others. Humanity has been compromised as a bond, since it has been compromised as a value... for the materialistic transformation is being fulfilled where values are being overtaken by cash and things like love, honour and truth are being rated at their dollar worth.

But all this is indeed symptomatic. For man took in his own hands the making of his own ultimate values, without reference - as he says - to any supernatural power. The human mind has so indulged in self-worship that his tubular vision has come to see the tree but not the forest. The human mind refuses to accept that the dictionary with its words arranged in alphabetical order resulted from an explosion in a printer's shop, and when the letters were thrown up and fell down they were found - just like that - to be arranged in the order of the dictionary. And yet the human mind looks at the sophistication of the microcosm and the macrocosm and claims that there is no creator. The human mind acknowledges its own limitation by devoting enormous time, talent and budget to scientific research trying to reduce the expanse of his ignorance, and yet tries to be the ultimate arbiter on absolute values and infinite concepts and attempts to bottle them up within the confines of experimental science or else deny them altogether.

The result is hypertrophy of the materialistic wing of humanity and atrophy of its spiritual wing... making it beyond any bird to fly in a straight line. And yet humanity persisted on its wrong course, until it discovered that it was not only moral values she was loosing, but in purely materialistic currency immorality was exacting its heavy toll. Immorality has become a health hazard and an economic debit, if that is the only language humanity understands. And yet the blind remains hard of curing, and this reminds me of the following story. Once upon a time there was a village at the top of a mountain. When it was dark, children stumbled, fell and died. Their scientists suggested the building of a hospital down in the valley, but this did not solve the problem. Their moralist proposed a fence around the village, and this protected everybody from falling in the first instance. In todays dilemma this fence is the proper value system shaping social norms and life-styles. It is not a vaccine that would have prevented AIDS to quote but one example, but to lead a straight life. We live the double tragedy of preventive medicine trying to meet problems along their course rather than combating their real causes, and of theological leadership in much of the world compromising, retreating and even falling prey to the ailments they should have fought. We feel that the teachings of Islam can provide that protective fence, and that they are the same values with which God endowed pure Judaism and Christianity. We also feel that today's world is very much like the ship our Prophet Muhammed (ﷺ) told about, where passengers on the upper deck had direct access to the river water, whereas those in the lower deck - keen on own comfort irrespective of consequences - considered digging a hole in their compartment to procure water directly, which would mean that all would drown if the lower ones were left to

excercise what they thought was personal freedom. No one can therefore keep to isolation. We feel it behoves us to establish a dialogue and hopefully join forces with our nonmuslim fraternity that can see eye to eye with us and perhaps try and save the world. We know that people of morality are frequently booed, intimidated and even fought in some places but this should change and to us it is no deterrent. It is not emotionalism that fuels us but loving emotion and sober thinking. To achieve anything at all, it is a basic pre-requisite to be able to sit together, talk together and think together in a cordial, scientific and honest dialogue. It is an excercise that I think we have successfully fulfilled in this conference, whether opinions converged or diverged. Indeed we feel the call for more of the same, and glimpse the light at the end of the tunnel... Time and again the question of limited resources came up, making it impossible to accommodate the care for the old and disabled as well as more basic care. Perhaps if we cease to make our life subject to dollar rating, and are willing to give values the priority befitting them and us, we can draw another map of this world. Maybe if the finances of drugs, prostitution, alcohol, pornography, destructive weaponry and self gratification are directed to cater to the weak and needy, the old and the retarded, the malformed and the chronically ill, then we would find it cost effective and even reap a financial surplus, and during the process we will sure end in a happier humanity. The key is to recognize God as God... and accept His guidance,

— For dark is earth with no heaven's light
But day should break at the end of night
The battle is eternal... of wrong and right
But the choice is ours... on whose side to fight.

REFLECTIONS ON THE CONFERENCE AND PROSPECTS FOR THE FUTURE

John H. Bryant
PAKISTAN

These reflections can be viewed from the perspectives of the objectives of the CIOMS/WHO Dialogue on Health Policy, Ethics and Human Values:

— to strengthen national capacities for addressing and making decisions about ethical and human-values issues involved in health policies;
— to contribute to improved understanding of the concepts inherent in WHO's goal of Health for All, particularly its value content;
— to develop transcultural and transdisciplinary approaches and methods for working in this field;
— to pursue deeper undnerstanding of human values across cultural and political lines.

It is clear that this Conference in Cairo has contributed substantially to those objectives. Moreover, it has been a rich and rewarding experience. The planners have assembled a remarkable array of Islamic scholars, theologians, historians, scientists, physicians and policymakers, who have spread out before us a carefully developed set of pronouncements, observations and reflections on the fundamental principles of Islam and the ways in which they undergird and interact with health, and particularly with health policy, ethics and human values.

Through the generosity of the Islamc Organization of Medical Sciences (IOMS) the Conference has also been enriched by the participation of another group of scholars, members of the CIOMS Steering Committee for the International Dialogue on Health Policy, Ethics and Human Values, who themselves come from ten countries and several religions. Important dimensions were brought to the discussion by interaction between these guests and their Muslim hosts.

There is no doubt that the proceedings of this Conference will be seen

as a unique addition to the world literature in the fields that intersect at this event.

INTRODUCTION TO A DIALOGUE

The presentations had both depth and breadth that were greatly challenging to your guests, but at the same time it was difficult to fully absorb them in the time available. Nonetheless, and without attempting to summarize, I would call attention to some of the papers, ideas and issues that caught the attention of your guests.

Dr. A.R. Al-Awadi, President of IOMS, opened the Conference by sketching out the arena in which we work - issues, ideals, dilemmas.

Professor Hassan Hathout, one of the planners of the Conference, provided the rationale for approaching health policy, ethics and human values from an Islamic perspective. He elaborates his views in this Report as well.

Professor Mehmet Aydin spoke on *Spiritual Values and Ethics in Technology and Science*. This was a very systematic analysis, in which he concluded that scientific activity is, after all, a human activity, and we know well that no human activity can be considered ethically neutral. Indeed, an activity to be a human activity needs the guidance of some moral principles, and scientific activity is no execption. What is needed urgently is to visualize a coherent and comprehensive educational policy which, at a higher cultural stage, could infuse moral and spiritual values into the teaching of science and technology. This is at least a partial answer to questions raised by Dr Osuntokun and Dr Wasi, whose experience in many countries has led them to a concern about an apparent lack of spiritual values in medical education.

Professor Ihsan Dogramaci's paper, *The place of Islamic Civilization in the History of Art, Culture and Science in the West,* is an immense contribution. The proceedings of the Conference would be precious if it contained only this chapter. As an example of the richness of this documentation, the distinguished Islamic historian, Philip Hitte, is quoted:

> One further significant service the Muslims rendered to civilization was that they not only gave an end to the conflict between science and religion, but also established a harmony between these two principal foundations of civilization.

Those of us who know Ihsan Dogramaci are accustomed to his making such exceptional contributions.

Professor Ibrahim Badran in his paper, *Knowledge, Attitude and Practice, the Three Pivots of Excellence and Wisdom - A Place in the Medical profession.. An Islamic Perspective,* covers an astonishing range of observations:

> The efficiency, even the role, of the doctor is changing all the time as a result of progress in scientific knowledge and evolution in modalities of practice.
>
> A challenging task is for the physician to calculate the risks of the available lines of intervention and to choose the safest and easiest way to cure and safeguard the good of the patient.
>
> Perhaps in no other profession do we find an operational association between functional factors (knowledge, attitude and practice) and spiritual content (as reflected in time-honoured oaths) to match in strength, dignity and endurance that of the medical profession.

These remarks carry all the more significance when presented by Professor Badran - physician, scientist, policymaker, leader in national and international affairs and compassionate human being.

Professor Abdul Hadi Abu Reeda, in his presentation on *Islamic Concept of Life and Death,* recounted in poetic language:

> God has created life and death; man has a love of living in harmony; death is a fact; but for life there would be no death; the meaning of death is understood through life.

These are only superficial reflections drawn mainly from oral presentations and do not do justice to the original presentations, but they may illustrate the ways in which these papers will capture the interests of others. To be sure, the materials in final form will invite widespread reading and penetrating analysis.

RESPONSE IN DIALOGUE

Of course, you did not plan this Conference only for your guests to listen; rather, you intended us to engage in thoughtful dialogue, and so we did. We wished for more time in discussion, which is to say we look forward to further dialogue. We were puzzled by some of what we heard, and asked questions accordingly. We shared your uncertainties about dilemmas that are inevitable in ethical considerations. Given time, we might even have

found areas of disagreement, and we should find the time, as part of our seeking a deeper understanding of one another.

Let me share some of the exchanges involving your guests, particularly their questions during the discussions:

Professor Benjamin Osuntokun: From what the sage Professor Zaki Naguib Mahmoud said about the Islamic definition of human life as a value, which included the right to acquire knowledge, the right to freedom, and the right to equity or equality, it would appear that Islam is the religion of primary health care (PHC), or at last provides the religious background that would best nurture the development of PHC as defined by WHO. Dr. Bryant referred to this when he noted in his presentation that Islam, more than any other religion, can call social justice an essential element of its message. One would have therefore expected that PHC would have developed rapidly, effectively and efficiently in Islamic countries, but this has not been the case. At Ibadan, Nigeria, the training of medical students in PHC and equity-based population medicine has been going on for the past 25 years, yet most of the graduates have done everything except engage in PHC activities. It could well be that the spiritual content of equity in PHC, which has always been lacking, would help to prevent this failure to reorient the training of medical students so as to lead them to accept PHC on graduation. Let me ask, therefore: Is the training of medical students in Karachi, described by Dr. Bryant, reinforced by the spiritual content of social justice inherent in Islam as a religion? And, what has been the result so far of the Aga Khan University experience?

Professor Prawase Wasi: The education of health personnel, especially doctors, is increasingly technology-oriented, fragmented, and content-oriented, and complicated by time-content conflicts. Doctors are becoming medical mechanics. The human dimension is disappearing from medical care. Hawever, it is not enough to add a few hours of instruction in ethics and human values. The problem is fundamental and structural. There is need for a new education. Are there more favourable experiences in the Islamic countries which would bring the human dimension more fully into patient and community care?

Professor Alexander Capron: One of the most interesting points made during the discussion was Dr. Bryant's account of the young man who died (in one of the communities where the Aga Khan University has its community-based programmes) because the primary-health-care emphasis was on women and children, and did not encompass the father and an illness (hypertension) that did not have high priority. This is where the real

ethical crunch comes, it seems to me - in the generalities about health policy and democary - in this instance, about equity and priorities.

Professor Martti Lindqvist commented on the paper by Professor Rushdi Fakkar on *Current Civilization and Man's Soul,* and asked one of the most probing and difficult questions of the Conference: "You presented an extremely interesting but pessimistic view of civilization and man's soul, with which I agree, at least in part. However, your view of Islam seems idealized. Here we see every day evidence of the West: on TV we see Western movies, for example. What is the reality? What can be done to save humanity?

Professor Zaki Hassan participated in a session that considerd addiction and lifestyles. Going beyond the traditional approach of depending on the prohibition of use of drugs, he made the point that, dealing with addiction, emphasis should be on the addictive personality, to link it with societal conditions and then look into possible contributions that Islam could make to improving conditions of society. He observed that Islam was a system of social mores based on the deepest foundations of rationality, and that anecdotal Islam needed to be replaced by the rational and the progressive.

Professor Rihito Kimura commented that in scientific work we usually take the position that the mixing of religious with scientific truths should be avoided. He went on to say: "I was very much impressed by the presentations of Islamic scholars that emphasized the guidance of God and the religious spirit in doing scientific work"- making the point that the spiritual dimension of all human activity is one of the deep insights of Islam.

At another time, Professor Rihito Kimura asked Professor Abu Reeda: "In your presentation you have mentioned the importance of avoiding suffering, pain and human tragedy. Are there any principles of Islamic teaching whereby these sufferings are to be avoided? For example, what does Islam have to say about suffering associated with abortion of genetically defective babies, or about long and painful dying, or about the inability of a couple to have children?"

Professor Qiu Ren-zong asked how Islamic philosophers as ethicists helped physicians deal with their ethical dilemmas. Islamic scholars, like others, talked about the right to life, but who was to guarantee this right? From an Islamic perspective, was it obligatory to make every effort to save or prolong the life of a seriously defective infant, or an infant of very low birth-weight, say 500 grams? For example, if a 500 gram infant with

congenital heart disease was born in the countryside, who had the obligation to send the infant to the city to a neonatal intensive care unit? Who would pay for doing so? Would such expenditure prevent other children from having access to much simpler, basic health care? Where did justice lie?

Professor Martti Lindqvist commented further on Professor Abu Reeda's presentation on *The Islamic Concept of Life and Death:* In the Conference yesterday, the Western idea of scientific and technological progress was being criticized, partly with good reason, I think. Today, Dr. Abu Reeda seemed to criticize Oriental philosophy, saying that it was too pessimistic an outlook on life. I have two questions:

> Firstly, can there be a moral responsibility to be happy? In my opinion, happiness is something which grows from life as free gift, not as a command to be happy.
>
> Secondly, is there not a possibility for reconciliation between so-called "optimistic" and "pessimistic" interpretation of life and death? In my opinion, man, as a finite being, has first to understand his limitations, prospects and necessary suffering, his shadow side, in order to find his real freedom and be in balance with his enviroment and life".

The presentation by Professor Hasan Al-Shazly on the *Islamic View of the Fetus* was of exceptional interest, including such of his observations as:

— the fetus has the same rights as man; although it owes no duties.
— the fetus proceeds through stages of maturation, in multiples of 40 days, each with different ethical implications (but there are differing views among Muslim scholars on these implications);
— the fetus should not be discarded other than for exceptional and well-defined reasons;
— if a fetus has a malformation or infection, it has the same right to life as a person already born.

Professor Shazly and Professor Capron started an extensive discussion which took an overfull lifeboat as an analogy to a woman with multiple pregnancy, and went on to consider what was permissible in terms of selective abortion.

These discussions reflected not so much conflicts of views as sharing of the complexities in dealing with the ethical dilemmas involved in decisions about the nature of the life and rights of the fetus.

The exchange between Dr Zbigniew Bankowski and Professor Ibrahim Badran was one of the most important with respect to the policy-related theme of the Conference. Dr Bankowski asked Dr Badran: "How does the Islamic value system inform or guide us about policymaking? What mechanisms are available and used to link Islamic human values with policymaking?"

Professor Badran responded: "Islam, Christianity and Judaism do not contradict one another in relation to humanistic considerations. Policymaking in one does not differ significantly from policymaking in the others. Our democracies are concerned with human rights and the needs of the majorities. As Minister of Health, I looked to the needs of the majority, but recognized the limitations of budgets and other constraints".

REFLECTIONS ON THE DIALOGUE

Of course, more time at the Conference would have given us opportunity for futher elaboration on these interesting and important issues, but let us be grateful for what God has given us.

What remains to be said? A great deal! We see this is not an ending but as a way-station. This Conference will find a special place in the sequence of conferences on health policy, ethics and human values. It will have a special place because of the focus on Islam; of the scholarly depth; the rich explication of how the values of Islam undergird and support the entire way of life of the Muslim people; the cross-cultural dialogue; the deepening of understanding across cultural, religious and political lines.

But much remains before us. The problems of underdevelopment and overdevelopment do not yield easily to ethical and religious principles and commitment to their implementation, however cogent and sound.

We can say, however, that the Conference has equipped us better to deal with these problems. But deal with them we must.

You have emphasized that the way ahead is open for *joint* action. It is clear that: the commonality between Islam and other religions in their concern for humanity; the commitment of all of the major religions to addressing the most pressing problems of underdevelopment; the tolerance of Islam for other cultures and religions; and the unrestrained openness of your scientific endeavours, which all spell out the willingness to proceed together.

NEXT STEPS IN THE INTERNATIONAL DIALOGUE

The International Dialogue on Health Policy, Ethics and Human Values, sponsored by CIOMS and WHO, is in the process of setting its future agenda. A leading possibility for future action is a series of conferences to be held in the Third World continents of Africa, Asia and Latin America. The location of each conference will likely be a Third World country; the representation will be global, to ensure cultural, religious and political diversity; and the subject matter will focus on the key problems of underdevelopment from the perspectives of health policy, ethics and human values. Of course, it is clear from this Conference that Islamic values and approaches will contribute importantly to these subsequent meetings.

While the agenda for these coming conferences are yet to be set, some possibilities can be mentioned:

Equity and Social Justice in Health Care. This topic would fit the concerns of a number of participants here about the intimate linkages between health policy, ethics and primary health care. Close attention could be given to the family, including particularly the roles of women in health and development. Are there, in fact, conflicts between cultural limitations placed on the roles of women, and the capabilities they need to fulfil their health-protecting roles in the family? Do these cultural or political limitations take on ethical content when they become obstacles to health development?

Problems in Transition from Less Developed to More Developed Societies, both within and among countries. Two very large problems with deep ethical content are contained here. First, within countries, great ethical tension is involved in investing scarce resources in either the steps perceived as necessary to advance a country along the road of technological excellence, or meeting the needs of the poorest and most deprived people of the nation. What should be the ethical guideline for policymakers? Second, Dr. Osuntokun has said that Africa, left to its own resources, will probably not succeed in moving up the scale of development (there are already examples of countries spiralling downward in health and development). Is this a time to give serious consideration to cross-national policymaking, to the macro-ethics of distributive justice?

The Fetus and Newborn in Relation to Health Policy and Human Values. This subject stands as a key area of policy and ethical concern in all countries, developed and developing. Even within developing countries, the ethical questions may change with the location (remote or urban),

socioeconomic circumstances (poverty or affluence), or technological resources (primary, secondary or tertiary level of care). While the human values associated with the fetus and newborn may be of the highest sanctity, the realities of life force differential applications of ethical principles. How much should be invested in neonatal intensive care units and transport arrangements for low-birth-weight babies who need care in such units to survive, when malnutrition and diarrhoea are still the leading causes of death of infants and young children? What guidance can be formulated for policymakers and practitioners who must deal with these circumstances?

Here, at the end, let me close by expressing our deep appreciation and gratitude for the warmth of your hospitality, the depth of the intellectual explorations, the richness of the personal interactions, and the pleasure of being your guests in Egypt.

Dr. Esam Al-Sharbeni:

Thank you very much Mr. Chairman. I do not think that the participants here would like to leave the floor without a word of thanks. On behalf of all of them, a word of thanks and gratitude to the organizers for giving us this chance for attending such a distinguished seminar. It really gave me, each time I attended the seminars, this one and the previous seminar held in Kuwait, by Islamic Organization for Medical Sciences, I feel more value of my profession. I feel that we have a chance to look to our practices in the light of ethics, of morality and of religion and as such I feel more value and of course I feel more responsible to my profession. I am sure our colleagues, the Islamic scholars and our distinguished guests from different sciences, have the same feelings. They have a more closer look to the medical practices for which their opinions are always requested. This particular time we want to express special thanks for the Organization for giving us a wider chance for meeting the distinguished members from the CIOMS and having the chance to discuss with other cultures and perhaps other religions, and I feel that people from other cultures and other religions are also interested in the same subjects as we are. This will increase the exchange of multi-disciplinary or trans-disciplinary and trans-cultural views as Dr. Bryant said, and we hope that this continues. Special word of thanks ought to go to Dr. Al-Awadi, the Chairman of IOMS, a pioneer leader in this field. Thank you.

The Chairman: Dr. Abdul Rahman Al-Awadi:

Thank you very much Dr. Essam Sharbeeni. Now, before I give my final words for closing this session, I give the floor to Dr. Francisco Vilardell, President of CIOMS, for his views for the last two days.

CLOSING REMARKS

Professor F. Vilardell
President, Council for International Organizations of Medical Sciences (CIOMS),
SPAIN

As President of CIOMS, I have been privileged to participate in this meeting, one of the most interesting I have ever attended, and where there was so much to learn and comprehend.

What I have learned, I cannot yet express, because I have had no time yet to order my thoughts after such a rich intellectual banquet.

I have been greatly impressed by the noble feelings and attitudes of tolerance, harmony, justice and equality proper to the Islamic viewpoint, in a global context which I have heard expressed here as an "ethic of generosity".

I have found also very impressive the uniformity of the views expressed by the distinguished contributors from such varied geographical, cultural and professional backgrounds. I have particularly admired the formidable scholarship exhibited by our medical colleagues, surely unparalleled in other medical settings; so much so, that sometimes, unless I looked at the list of participants in the programme, I had difficulty in deciding whether the speaker was a jurist, a historian or indeed a physician! Obviously the spiritual successors of the Great Islamic physicians whom I mentioned in my opening remarks are with us here today! You have made me ashamed of my ignorance! When I accepted to become President of CIOMS I stated that my main reason for attending its Meetings was the belief that I would improve myself. I have certainly done so here in Cairo.

From the CIOMS point of view, this meeting has been a great success. As a forum, a clearing-house for this kind of intellectual exchanges, CIOMS through its world-wide connections and multidisciplinary approaches, will be more than happy to help in the dissemination of the impressive points of view exposed here which may be of great interest to members of many other cultures and beliefs.

May I conclude by thanking all of you for your great contributions and for this enriching experience.

Very specially I would like to express CIOMS thanks on behalf of Dr. Bryant, Dr. Bankowski and the Committee on Health Policy, Ethics and Human Values to his Excellency Dr. Abdul Rahman Abdallah El Awadi, President of the Islamic Organization of Medical Sciences, for this invitation, to Professor Hassan Hathout, for constant advice and to Dr. Ahmed El Gindy and his very able staff who have provided an impeccable organization.

May I also thank the translators for an excellent but difficult job, and the representatives of the Public Relations Office of the Egyptian Ministry of Health for their help.

May we meet again soon!

Thank you.

CLOSING REMARKS

DR. ABDUL RAHMAN ABDULULLA AL-AWADI
PRESIDENT, Islamic Organization for Medical Sciences,
KUWAIT.

I would like to extend my thanks and gratitude to all the participants. I will remember with appreciation the proceedings of this important gathering in which we have accomplished many things in terms of knowledge and getting to know each other. There were many enjoyable intellectual, religious and philosophical journeys in which we searched for areas of knowledge and understanding. We have found that the conflict between the mind and instincts has continued from the beginning of creation and will always do so. The wisdom of ruling by instinct or ruling our instincts in accordance with the teachings of the Creator of this universe and humanity. We must know that we are creations of the Creator, and that the Creator knows us better than we do ourselves and that his rulings for us should prevail, in a world in which Man runs around pompously filed with wonder with his achievements, which really do not amount to very much, but from this we find Man believing that he is the One and only. Such gatherings as well make us look back on this world that we now control, a small world that can be destoyed by the means of mass destruction that we now possess. A vast world if mankind could learn to exist and co-exist, but Man uses his technology to destroy every minute. There is no peace, stability or contentment in this world unless Man returns to the teaching of our Creator, the God of this world and the hereafter. It is the Creater, who created the soul and gave it both its sinfulness and its piety, it is Him along that could bring peace to man's tormented soul in this day and age. This picture may seem, as Dr. Bryant pointed out, to imply some pessimism, but optimism in Islam is the basis of life. A Muslim should not be pessimistic of his life, as he always depends on Allah, as has learnt that Allah is the source of his livelihood, that Allah is his Creator and determiner of his life. How do we then move from these values, without which Man has no value, as Dr. Bankowski asked this morning, to matters that we can implement in our health

policies. A policy that considers health authorities a business providing a service, and the consumer of that service is mankind everywhere. We find that Islamic values impose on Man chastity, piety, avoidance of sin and evil acts, to be forgiving and loving, and avoid all harmful practices such as alcohol and drugs, performacnce of prayers to worship his Maker, eating healthy good food and avoiding evil. These Islamic qualities or values will form for us the indiviidual who can protect himslef. Despite the scientific, technological and information advance in medical science, Man is still the basis. We see now how evil and wrongdoing is leading Man to his destruction. There are diseases for which there is no cure except through protecting the individual with morals and values and the avoidance of sinful acts.

The second issue here is the individual who provides the health service, namely the physician and other workers in the medical profession If we are also capable of preparing these individuals in a humane manner, in a way that makes them give, love the weak, provide aid an assistance, dedication in providing such a service and the saving of lives. If we can prepare and educate the physician and the workers in the medical profession, then we can build the second part of our health policy. If we can agree on the goals and concepts of preparation of workers in the medical professions, then after that we need major decisions taken by the highest authorities. Through such concepts we can attain an integrated health policy, that enhances the awareness of the individual, educates the physician and directs his work in the feild of health. Central policy making bodies can, through such policies, direct activities in the health sector in accordance with these concepts and teachings. We have heard Dr. Badraan saying this morning that the Edinburgh declaration for medical practice calls upon physicians to be human beings first, and to learn that they are dealing with human beings and not just sick patients, but rather a human being who has health and social problems. If we can now educate and prepare the physician we will find how much we need such learning and teaching. And if the physician after all this believes that he is responsible before God if he does not do his utmost and go through hardship and difficulties, and if they know to what extent they are held responsible before God if they make a mistake or an error, then they might have though of changing their profession before they took it up. It is a very demanding profession, the burden and the responsiblity falling on the physician's shoulders are tremendous. The physician however must be capable of bearing his responsibilty and without this commitment he will not be able to put into effect the message of God which calls upon us to be just, to do good and to call for doing good.

This is the conclusion I wanted to say at the end of our sessions and I hope that this has been conveyed fully in English. I am certain that the interpreters have done their best to convey what I have just said. I hope they excuse me because yesterday I was upset because the technology to communicate failed to perform its job. Nevertheless, I thank them for facing up to the problems that they confronted since the proceedings in this room were at a very high level and it was not easy to foresee that before the fact. I hope that we were able to communicate our feelings to the participants who do not speak Arabic, as it is difficult to communicate feelings in a language other than one's own, so I hope that the interpreters were able to convey these feelings. It is enough to bring about such understanding for it is the mark of a happier world and we can work together to bring about man's happiness.

This is what I wanted to say at the end of this conference and I would like to extend my thanks to all those who have helped in organizing this seminar, on my left Dr. Francisco the president of CIOMS, Dr. John Bryant, Dr. Bankowski who is the powerhouse behind the scene in collaboration with Dr. Ahmed al-Jindi and Dr. Hasan Hathout. I know that they had long discussions and arguments but finally they chose the elite participants to build bridges between different concepts and this is the most important thing in such deliberations. I would also like to thank all my other colleagues on the committee on health policies and participants from among the scholars and personnel in the Islamic Organization for Medical Sciences. I also would like to thank my colleague Dr. Ali Youssef al-Seif and the members of the board of directors of the Organization for their contribution to the holding of this seminar. I would also like to thank our colleagues the personnel of the Egyptian MInistry of Health who worked hard to bring about this meeting. I would also on such occasions like to thank sincerely all those working behind the scenes to record our deliberations and to make our work here possible. I would have liked to have my colleague the Egyptian Minister of Health here today but his many engagements and responsiblities have made this impossible, so I would like to thank him for his patronage and the patronage of the Egyptian government which supported this meeting and this dialogue. The dailogue of friendship and understanding seeking to bring good to all people. I wish you all success in your endeavors and I hope that we can meet once again to resume our deliberations on such important issues which affect the life of Man and which mankind as a whole desperately needs.

I thank you all once again and I wish you success in all your endeavors.

Peace and blessings of Allah be unto you.

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