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5. Provide an overview of significant medical ethical issues associated with Muslims in the United Kingdom.

Introduction

Islamic medical ethics are grounded in the Shari'a (Islamic law) and not merely derived from pure medical considerations.¹ Its ethics are drawn primarily from the Qur'an (The holy book of all Muslims), the Sunnah (The Tradition of Prophet Muhammad), and Ijtihad (analogical reasoning).² Woodman, Albar and Chamsi-Pasha opined that Islamic medical ethics are in line with the four general principles of Western bioethics: (1) Autonomy, (2) Beneficence, (3) Non-maleficence, and (4) Justice proposed by Beauchamp and Childress.³ The four general principles of Western bioethics are also deeply rooted in the Shari'a (Islamic law).⁴ According to Diwan, the Muslim jurist Ibn Qayyim (d. 1350 C.E.) states this about the Islamic law:

Verily, the Shari'a; its structure and foundation are premised upon prudence and public interest and welfare in this life and the afterlife. It is an embodiment of complete justice, beneficence, welfare, and wisdom. Hence, every avenue that leads from justice to tyranny, from beneficence to maleficence, from public interest to corruption, and from prudence to idiocy is not a part of the Shari'a even if it was introduced therein by interpretation."⁵

It is with these objectives of the Shari'a and the four general principles of Western bioethics in mind that this paper seeks to provide an overview of significant medical ethical issues (healthcare disparities and concerns, matters of life and death, and organ transplant) associated with Muslims in the UK.

¹ Vardit Rispler-Chaim, 'Islamic Medical Ethics In The 20th Century', *Journal of Medical Ethics*, 15.4 (1989), 203-208 (p. 203).

² Alexander Woodman, Mohammed Ali Albar and Hassan Chamsi-Pasha, 'Introduction To Islamic Medical Ethics', *Journal of the British Islamic Medical Association*, 2.1 (2019), 1-5 (p. 3); Rispler-Chaim, 'Islamic Medical Ethics In The 20th Century', p. 203.

³ Woodman, Albar and Chamsi-Pasha, 'Introduction To Islamic Medical Ethics', p. 3.

⁴ Siddiq Diwan, *Pulling The Plug - An Islamic Perspective Of The Withdrawal Of Life-Sustaining Treatment (WLST)* (Unpublished Master's Thesis, University of Wales Trinity Saint David, 2018), p. 24-25; Woodman, Albar and Chamsi-Pasha, 'Introduction To Islamic Medical Ethics', p. 3.

⁵ Diwan, *Pulling The Plug*, p. 24-25.

Muslims as Minority in UK, Healthcare Disparities and Concerns

The 1991 United Kingdom (UK) population census registered that Muslims comprised 6 per cent of the total population.⁶ Two decades later, in 2011, the Muslim Council of Britain (MCB) reported that the Muslims population comprising 2.8 million persons is still a small minority in UK, with not much major changes from the 2001 UK nationwide census.⁷ The MCB's report concluded that "Muslim civil society needs to better appreciate 'social realities' and provide good advice on health...and social inequality."⁸ The 2001 UK census report showed that the Muslims in UK as compared to other religious groups have the "highest age-standardised rate of reported ill health...and disability with widespread poverty and deprivation."⁹ Both the 2001 UK census and the MCB 2011 census have raised health concerns related to the Muslims. Not only did the censuses highlight a lack of cultural awareness or sensitivities towards the treatment of Muslim patients, but it has also highlight healthcare disparities among the Muslim in UK.¹⁰

Gatrad also opined the medical professionals in UK need to have a basic level of cultural awareness to cater to the medical needs of the Muslims better.¹¹ For example, the National Health Service (NHS) was an institution initially meant to cater for the needs of a homogenous population of white European lineage.¹² However, with the presence of the growing non-white migrant community, namely, the Muslims for the last forty years, the NHS now have to meet the needs of Muslims patients in accordance with their religious requirement and take into consideration the Islamic medical ethics when treating Muslim patients.¹³

⁶ AR Gatrad, 'Medical Ethics And Islam: Principles And Practice', *Arch Dis Child*, 84.1 (2001), 72-75 (p. 72).

⁷ Aisha Gani, 'Muslim Population In England And Wales Nearly Doubles In 10 Years', *The Guardian*, 11 February 2015. <<https://www.theguardian.com/world/2015/feb/11/muslim-population-england-wales-nearly-doubles-10-years>> [accessed 20 November 2021].

⁸ Ibid.

⁹ Lance D Laird and others, 'Muslim Patients And Health Disparities In The UK and The US', *Arch Dis Child*, 92:10 (2007), 922-926 (p. 922). <DOI: 10.1136/adc.2006.104364>.

¹⁰ Gatrad, 'Medical Ethics And Islam,' p. 72; Laird and others, 'Muslim Patients And Health Disparities.'

¹¹ Gatrad, 'Medical Ethics And Islam,' p. 72.

¹² Ibid, p. 72.

¹³ Ibid, p. 72.

Autonomy and Issues Concerning Matters of Life and Death

Another key medical ethical issue in Islam concerns the matter of life and death and a Muslim's autonomy to live or die or pertaining to making such decision for another person. Woodman, Albar and Chamsi-Pasha opined that autonomy in Western bioethics means self-rule.¹⁴ This means that the patient has absolute right to choose his/her treatment choice. However, when applied to the Islamic context, "absolute autonomy" is rarely the case.¹⁵ According to the Shar'ia, a Muslim does not possess the right to end one's life nor be assisted to die or assist others to die.¹⁶ Thus, the "Withdrawal of Life-Sustaining Treatment" (WLST)¹⁷ is often a hotly debated medical topic in UK.¹⁸ Diwan shared of the dilemmas that Muslims in UK faced when doctors advised on WLST for their family members who are deemed as brain dead or medically beyond cure such as a neuro-degenerative disorder.¹⁹ To a Muslim, it is not simply based on a medical prognosis of a brain-stem death that he/she has to consider when making a decision to the WLST for his/her family member. An Islamic death criterion is different from the Western medical point of view that brain-stem death means legally/clinically dead.²⁰ Gatrad opined that a Muslim must consider at which point the soul of the patient has departed, identify it and use it to make end of life decisions.²¹

The Qur'an 5:32 says, "On account of [his deed], We decreed to the Children of Israel that if anyone kills a person— unless in retribution for murder or spreading corruption in the land— it is as if he kills all mankind, while if any saves a life it is as if he saves the lives of all mankind."²² A Muslim will have to seriously consider if consenting to the WLST will be tantamount to violating what the Qur'an says in 5:32.²³ Does it mean

¹⁴ Woodman, Albar and Chamsi-Pasha, 'Introduction To Islamic Medical Ethics', p. 3.

¹⁵ Ibid, p. 3.

¹⁶ Abdulaziz Sachedina. *Islamic Biomedical Ethics*. (New York: Oxford University Press, 2009), p. 169-170; Gatrad, 'Medical Ethics And Islam,' p.74.

¹⁷ Diwan describes Life-Sustaining Treatments (LSTs) as consisting of "treatments such as Cardiopulmonary Resuscitation (CPR), mechanical ventilation, intravenous inotropes, antibiotics, renal dialysis and Clinically Assisted Nutrition and Hydration (CANH)" (See Diwan, *Pulling the plug*, p. 39).

¹⁸ Diwan, *Pulling The Plug*; Gatrad, 'Medical Ethics And Islam,'; Thomas Eich and Jonathan E. Brockopp, 'Medical Ethics and Muslim Perspectives', in *Muslim Medical Ethics: From Theory to Practice*, ed. by Jonathan E. Brockopp and Thomas Eich (Columbia: University of South Carolina Press, 2008), pp. 1-14.

¹⁹ Diwan, *Pulling The Plug*, p. 10.

²⁰ Gatrad, 'Medical Ethics And Islam,' p.74.

²¹ Ibid, p. 74.

²² *The Qur'an: A New Translation* by M. A. S. Abdel Haleem, (Oxford & New York: Oxford University Press, 2004).

he/she has violated the sovereignty of God and exercise self-rule and as a result committed “murder” when the patient’s death is hastened because of his/her decision to the WLST? Furthermore, when a Muslim objects to WLST as recommended by the medical professionals, the matter can then escalate and become a legal matter to be decided by the court of law.²⁴ Thus, with regards to WLST, it is medically, religiously, and emotionally complicated and challenging for the Muslims and the healthcare professionals in UK.

Beneficence, Non-maleficence, and Issues Concerning Organ Transplant

Organ transplant is another key medical ethical issue in UK with regards to the Muslims. In the European and UK context, there have been specific fatwas²⁵ that were issued concerning organ transplant. In general, organ transplant is now an acceptable medical procedure and has been considered by most Arab countries as a charitable act.²⁶ In the UK context the late Zaki Badawi, Chairman of the Muslim Law (Shariah) Council UK issued a UK fatwa on 26 August 1995 on organ transplant.²⁷ However, the fatwa ruled that when an organ transplant is being carried out, the benefit must outweigh the harm for both the donor and the recipient.²⁸ Subsequently, in 2003, the UK Transplant quoting Badawi published a pamphlet on “Islam and organ donation” and emphasized on organ donation as “an act of merit” and in “certain circumstances an obligation.”²⁹ The principle of “No Harm” is most common principle adhered to in Islamic medical ethics.³⁰ First and foremost, organ transplant must not endanger the donor’s life in order to save the life of the recipient. As for the sale of organs, it is strictly prohibited in Islam.³¹

²⁴ Diwan, *Pulling The Plug*, p. 9-11.

²⁵ In the Europe context, three fatwas have been issued by the European council for fatwa and research between 1995-2006 while in UK a fatwa was issued by the Muslim Law (Shariah) Council UK on 26 August 1995 on organ donation (See Mohammad Ghaly, ‘Religio-ethical Discussions On Organ Donation Among Muslims in Europe: An Example Of Transnational Islamic Bioethics’, *Medicine, Health care, and Philosophy* 15.2 (2012), 207-220. <DOI: 10.1007/s11019-011-9352-x>.)

²⁶ Eich and Brockopp, ‘Medical Ethics And Muslim Perspectives,’ p. 5; Gatrad, ‘Medical Ethics And Islam,’ p. 75; Ghaly, ‘Religio-ethical Discussions,’ p. 212.

²⁷ Ghaly, ‘Religio-ethical Discussions,’ p. 213.

²⁸ Eich and Brockopp, ‘Medical Ethics And Muslim Perspectives,’ p. 5; Ghaly, ‘Religio-ethical Discussions,’ p. 214-215; Sachedina, *Islamic Biomedical Ethics*, p. 185.

²⁹ Ghaly, ‘Religio-ethical Discussions,’ p. 213.

³⁰ Sachedina, *Islamic Biomedical Ethics*, p. 185.

³¹ Gatrad, ‘Medical Ethics And Islam,’ p. 75; Ghaly, ‘Religio-ethical Discussions,’ p. 212.

Despite the UK fatwa being issued in 1995, it remains a challenge today for Muslims in UK to be willing donors because of their deeply rooted religious belief that one's body must be intact after death.³² Ghaly opined that as the majority of the Muslims in UK came from a South Asian background, they could be influenced through the influence of Indo-Pakistani Islamic scholars who are strongly against organ donation.³³ In Perera and Mamode's study, there is a glaring disparity between the large number of South Asian patients, many who are Muslims, waiting for an organ transplant (13.6%) versus the small number of South Asian donors (less than 2%).³⁴ Not only does the study show the continued reluctance in the mindset of the Muslims towards donating their organs because of their religious beliefs, but it also showed how this shortage in South Asian donors has created a "donor crisis" in terms of "histocompatibility and ABO blood group matching for organ transplant."³⁵ Besides religious beliefs, another factor contributing to the small number of South Asian organ donors is the low trust level of the Muslims towards the medical community in UK. This is due to the issue of the equity of organ allocation to the ethnic minorities and racial discrimination and cultural insensitivities that the Muslims have faced in the healthcare service system in UK.³⁶

Conclusion

As UK is now a more diverse and multicultural society, Perera and Mamode opined that the national healthcare system must respond to this diversity with equity in healthcare services regardless of race or religion.³⁷ Laird, Amer and Barnes also opined that "faith-blind" or "religion-blind" health policies in UK will not be helpful towards the Muslims and their "access to culturally appropriate care" remains a challenge.³⁸ The UK medical community must seriously consider the Islamic medical ethics and religio-socio-cultural practices when treating Muslim patients. Lastly, trust and a clear line of cross-cultural communication need to be established between the Muslim community and the medical community in UK. This will help to address the

³² Ghaly, 'Religio-ethical Discussions,' p. 215; Sean Perera and Nizam Mamode, 'South Asian Patients Awaiting Organ Transplantation In The UK', *Nephrol Dial Transplant* 26.4 (2011), 1380-1384 (p. 1381). < <https://doi.org/10.1093/ndt/gfq581>>.

³³ Ghaly, 'Religio-ethical Discussions,' p. 213.

³⁴ Perera and Mamode, 'South Asian Patients Awaiting Organ Transplantation,' p. 1380.

³⁵ Ibid, p. 1380

³⁶ Ibid, p. 1381, p. 1384.

³⁷ Ibid, p. 1384.

³⁸ Laird and others, 'Muslim Patients And Health Disparities.' p. 924.

ongoing medical ethical issues in a most cultural appropriate and sensitive manner towards the Muslims.

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Bibliography

- Diwan, Siddiq, *Pulling The Plug - An Islamic Perspective Of The Withdrawal Of Life-Sustaining Treatment (WLST)* (Unpublished Master's Thesis, University of Wales Trinity Saint David, 2018).
- Eich, Thomas and Jonathan E. Brockopp, 'Medical Ethics and Muslim Perspectives', in *Muslim Medical Ethics: From Theory to Practice*, ed. by Jonathan E. Brockopp and Thomas Eich (Columbia: University of South Carolina Press, 2008), pp. 1-14.
- Gani, Aisha, 'Muslim Population in England and Wales Nearly Doubles In 10 Years', *The Guardian*, 11 February 2015.
<<https://www.theguardian.com/world/2015/feb/11/muslim-population-england-wales-nearly-doubles-10-years>> [accessed 20 November 2021].
- Gatrad, AR, 'Medical Ethics And Islam: Principles And Practice', *Arch Dis Child*, 84.1 (2001), 72-75.
- Ghaly, Mohammad, 'Religio-ethical Discussions On Organ Donation Among Muslims in Europe: An Example Of Transnational Islamic Bioethics', *Medicine, Health care, and Philosophy* 15.2 (2012), 207-220 <DOI: 10.1007/s11019-011-9352-x>.
- Laird, Lance D. and others, 'Muslim Patients And Health Disparities In The UK and The US', *Arch Dis Child*, 92.10 (2007), 922-926 <DOI: 10.1136/adc.2006.104364>.
- Perera, Sean and Nizam Mamode, 'South Asian Patients Awaiting Organ Transplantation In The UK', *Nephrol Dial Transplant* 26.4 (2011), 1380-1384 <<https://doi.org/10.1093/ndt/gfq581>>.
- Rispler-Chaim, Vardit, 'Islamic Medical Ethics In The 20th Century', *Journal of Medical Ethics*, 15.4 (1989), 203-208.
- Sachedina, Abdulaziz, *Islamic Biomedical Ethics*. (New York: Oxford University Press, 2009).
- The Qur'an: a new translation by M. A. S. Abdel Haleem*, (Oxford & New York: Oxford University Press, 2004)
- Woodman, Alexander, Mohammed Ali Albar and Hassan Chamsi-Pasha, 'Introduction to Islamic Medical Ethics', *Journal of the British Islamic Medical Association*, 2.1 (2019), 1-5.