

Globethics Repository



The need to develop a Qur'anic ethical framework for bioethics: An introductory paper

This page was generated automatically upon download from the Globethics Repository. More information on Globethics see <https://www.globethics.net>. Data and content policy of Globethics Repository see <https://repository.globethics.net/pages/policy>.

Item Type	Preprint
Authors	Panjwani, Dr. Sibtain;Panjwani, Imranali
Rights	With permission of the license/copyright holder
Download date	2026-07-13 05:08:29
Link to Item	http://hdl.handle.net/20.500.12424/182681

The need to develop a Qur'anic ethical framework for bioethics: An introductory paper¹

Dr. Sibtain Panjwani and Imranali Panjwani²

Introduction

Rapid progress in areas such as medically assisted procreation, genetic screening, and cloning among many others are raising important issues relating to human intervention in the natural process. Moreover, rapidly developing medical technologies such as life ventilators, dialysis machines, organ transplants as well as cardiopulmonary resuscitation, new drugs and surgeries have saved lives. These same technologies have not only prolonged the dying process but also, at times, given a perception that their use is doing something *to* patients instead of doing something *for* them. Furthermore, these biotechnological advances evoke high expectation for new therapies and drugs. However, they also bring about profound concerns about fundamental norms, values and beliefs. In response to these issues, bioethics as a discipline was born.³

One central concern in this field is to search for the 'good' one ought to strive for and the 'evil' one ought to avoid. To begin with, the bioethicist searches answers for fundamental questions such as this related to the essence of human existence. This is in order to define the scope in which biomedicine can take place. This is of course an ethical and philosophical exercise but it has crucial practical implications. The first is whatever boundaries are defined by the bioethicist, the question remains as to 'what should one do under a particular circumstance?' This is a decidedly contextual question concerned with the individual decision of the practitioner, the biomedical problem and the state of the patient. The second is, 'who should one be under the circumstance?' This is the domain of character i.e. is the practitioner skilled enough? Does he/she possess appropriate moral insight? What ethical and/or religious values does the practitioner hold? Finally, the last implication is 'what kind of communities are we to become through our decisions, practices, and policies?' This concerns the type of a society we wish to conceive and build for the betterment of humanity. Once these types of fundamental enquiries are completed, the bioethicist is in a position to deliberate appropriately.

Recently, however, new questions are being raised. There is recognition within governmental bodies in Western Europe of a concept of governance through partnership between citizens and the state that involves people accepting responsibility for each other. This responsibility is defined as improving social cohesion to

¹ This article was originally published in the Eubios Journal of Asian and International Bioethics, Vol. 21 (3) May 2011, ISSN 1173-2571. Reproduced here with their kind permission.

² Dr. Sibtain Panjwani is a lecturer in Islamic Ethics at The Islamic College, London and Imranali Panjwani is a PhD researcher and assistant lecturer at King's College London.

³ Bioethics came into existence in a rudimentary way in the 1950's, accelerated in the 1960's and began to assume worldwide dimension by the 1970's. By 1990's, it was a strong force in the life sciences and in general policy deliberations. Bioethics has come to refer to the broader terrain of the life sciences encompassing medicine, biology, some aspect of environment and social science, In contrast, medical ethics focuses on the professional ethics of the physician and the doctor/patient relationship. See Boyd, Kenneth et al. *The new dictionary of Medical Ethics*. London. BMJ Books. October 1997. P 1-33.

protect vulnerable, poor and excluded members of society that are affected by rapid environmental, technological and social change. The overall ethos of such a concept is to encourage civic responsibility amongst all citizens to enhance justice, awareness and stability in a given society. In order to achieve this ethos, all sections of the society will have a part to play in developing the sense of mutual responsibility and interdependence that is necessary for social cohesion. Bioethicists will also have to be cognizant of this fact of working towards a shared social goal that aims for stability, harmony and responsibility.⁴

The second challenge is in the area of moral pluralism and religious contributions to bioethics. As a discipline, bioethics is characterized by ethical relativism which reduces the scope of transcendental morality, spirituality and universal religious ethics. The notion that bioethical theories do not operate according to an overall truth or overarching theological framework according to Divine texts means bioethicists are free to determine values within a human-centric view of the world, rather than God-centric. The fact that bioethics is deliberating on central issues of human existence heightens the need to engage in dialogue with religious traditions who equally have a stake in the direction of humanity.⁵ As Andorno states,

‘The enterprise of setting common standards in the biomedical field, although difficult, is possible because international human rights law presupposes that some basic principles transcend cultural diversity. Of course, the major challenge is to identify those universal principles with regard to biomedical issues, but it is possible through promotion of an open and constructive dialogue between cultures. This would explain why international organizations, in which different cultural traditions and values are represented, seem to provide the ideal arena for the discovery of such common criteria.’⁶

As Muslims and academics working in the field of bioethics, our focus in this article is to introduce the potential of the Qur’anic ethical framework within the scope of current bioethical principles and issues. The aim of this is to further engage Islamic scholarship in bioethics as there are still very few Muslim contributions to rapidly emerging biogenetical advancements.⁷ In traditional Islamic scholarship, particularly those of seminaries, *fiqh* (jurisprudence) and *kalam* (theology) are regarded as essential subjects. Whilst they have their place as classical disciplines, there is a need to expand Islamic sciences to include bioethics because of the questions posed by contemporary developments which affect the purpose and stability of human existence. Arguably, there is a burning need to acquaint traditional scholars with such developments hence the format of this paper.⁸ The second aim of the article is to introduce the Qur’anic ethical worldview

⁴ European Committee for Social Cohesion (CDCS). *A new strategy for social cohesion* - revised strategy for social cohesion, approved by the Committee of Ministers of the Council of Europe on 31 March 2004. http://www.coe.int/t/dg3/socialpolicies/socialcohesiondev/source/RevisedStrategy_en.pdf

⁵ Dell'Oro, Roberto. *Theological Discourse and the Postmodern Condition: The Case of Bioethics*. Netherlands. Medicine, Health Care and Philosophy. 2002. 3:127-136

⁶ Andorno, Robert. *Biomedicine and international human rights law: in search of a global consensus*. Bull World Health Organ. 2002. Vol.80, no.12, p962. [http://www.who.int/bulletin/archives/80\(12\)959.pdf](http://www.who.int/bulletin/archives/80(12)959.pdf)

⁷ Arguably, the only systematic text book about Islamic bioethics is by Abdulaziz Sachedina called, ‘Islamic Biomedical Ethics: Principles and Application’ (2009, Oxford University Press).

⁸ See Motahhari, Mortaza., ‘The Fundamental Problem in the Clerical Establishment’ in Walbridge, Linda., *The Most Learned of the Shi’a: The Institution of the Marja Taqlid* (Oxford, 2001), p. 175.

of humanity to scholars from other traditions and fields to acquaint them with some foundational ethical concepts that can be a source of fruitful and mutual dialogue. Our methodological approach is introductory but interdisciplinary and schematic so as to achieve an overview of the ideas we would like to discuss and illicit initial responses for further development. The first part of our article will give an overview of current bioethical issues and the Beauchamp and Childress framework. The second part will introduce Qur'anic ethical concepts and compare them to ethical concepts currently used in bioethics.

Biomedical issues that dominate bioethical discussions

The first issue is the profound concern regarding the extent the individual should be allowed to control the reproduction process. This issue has arisen because of the development in reproductive technology and knowledge of assisted reproduction.⁹ Should there be unrestricted freedom for individuals to decide as to how these technologies and knowledge of assisted reproduction ought to be used? Some argue that the extent of controlling reproduction is a private matter and it is up to each individual to decide. This is an aspect of individual autonomy. Whilst others promote the idea that the state should have the right to set the extent of controlling reproduction. The challenge is to determine the balance between individual autonomy and state intervention. Bioethicists are also concerned about the extent to which we should permit human life to be created in the laboratory. An impregnated human embryo has life in it but is that embryo a person? When does a human being come into existence? Does an assemblage of cells constitute a human being? These are the questions at the heart of bioethics debates, particularly at a time when stem cell research, genetic therapy and cloning are progressing at a rapid rate. We will now provide an overview of the developments.

- a.) Stem cells can grow into any kind of tissue with the potential to cure many diseases. Scientists argue the best stem cells for research come from human embryos. These embryos are created but not needed in fertility clinics. However, scientists have also reported creating embryos solely for the purpose of harvesting stem cells for research and some are also trying to clone human embryos as sources for stem cells. The discussion is on balancing two very profound ethical imperatives. On the one hand to accord respect to our earliest biological beginnings (human embryos) and on the other hand to develop cures for those of us who are sick. Diseases, however, are not the only concern for scientists. The ability to change biological characteristics of human life based on mere individual preference is adding an aesthetical dimension to biogenetics. There are technologies available to modify life created in the laboratory through the techniques of pre-implantation diagnosis and pre-natal genetic diagnosis, sex determination for fetal selection, gene therapy and human cloning.¹⁰

⁹ The availability of assisted conception technology has enabled the individual to control the dissociation of their sexual and reproductive activities, together with the involvement of third party interventions in the reproductive and sexual acts. This has challenged established ethical, social and legal traditions.

¹⁰ Stem Cell Basics. <http://stemcells.nih.gov/info/basics/basics3.asp>

- b.) Pre-implantation genetic diagnosis (PGD) has been successfully performed to detect a variety of heritable diseases in embryos. Consequently, the couple may choose to discard transferring embryos to prevent the birth of a severely handicapped child without the need to induce abortion. A model of this pre-implantation screening is the detection of diseases such as Down's syndrome and haemophilia. Is giving the choice of pre-implantation diagnosis a good thing or not? The answer to this question depends on whether one views an embryo with an inherent autonomy and corresponding duties upon us to respect it. Some believe that genetic selection ought to be permitted because it allows parents to have healthier children.¹¹
- c.) Prenatal genetic diagnosis (PGD) has made it possible for early selection of the sex of the embryo. This poses the ethical question of the right of the mother or the couple to choose the sex of the baby. This opens up a wide debate around non-ethical discrimination against female foetuses in favour of males. Non-therapeutic fetal sex identification and its implications on reproductive self determination, gender demographics and sociological manipulation are becoming key concerns for both bioethicists and law-makers.¹²
- d.) Gene therapy is made possible because of the advances in genetic technology that has facilitated the precise diagnosis of genetic disease. More than 6000 heritable diseases have been identified in human beings.¹³ An important development is the introduction and the application of gene therapy for correcting genetic defects in the embryo before its transfer in the uterus. There are at least four well known categories of human gene therapy in the scientific literature. These are the somatic cell gene therapy, the germ line gene therapy, enhancement genetic engineering and the eugenic genetic engineering.
- e.) Somatic cell gene therapy refers to a situation when a genetic defect in the somatic cells or body cells of the patient is corrected. The germ-line gene therapy is when a genetic defect in the germ or reproductive cells of the patient; namely the egg, sperm or the early embryo are corrected so that the offspring's of the patient would not suffer from this defect. The enhancement genetic engineering is when a gene is being inserted in order to try to enhance or improve a specific characteristic such as increasing height. The fourth human gene therapy is eugenic genetic engineering when genes are inserted in order to try to alter or improve complex human traits that depend on a large number of genes as well as extensive interactions with the environment such as personality, character and intelligence. The core concern about germ line gene therapy is that changes in germ-cells would affect the descendants of patients. Genetic manipulation is, of course, desirable to remedy genetic

¹¹ Munné, Santiago et al. *Preimplantation genetic diagnosis for advanced maternal age and other indications*. Fertil Steril. August 2002. 78 (2): 234–6. <http://linkinghub.elsevier.com/retrieve/pii/S0015028202032399>.

¹² See Baruch, Susannah et al. *Genetic testing of embryos*. John Hopkins University, Washington. September 2006. <http://www.dnapolicy.org/resources/PGDSurveyReportFertilityandSterilitySeptember2006withcoverpages.pdf>

¹³ Bellenir, Karen. *Genetic disorders sourcebook*. Canada. Omnigraphics Inc. 2004. P1-10

defects. However, serious ethical questions begin to arise when genetic manipulation shifts from therapy to the creation of new human types.

- f.) Cloning came into focus when Ian Wilmut and his team of researchers announced in February 1997 from the Roslin Institute in Scotland that a cloned lamb named Dolly the Sheep had been produced. This was done by transferring the nucleus of an adult mammary cell from a sheep into an emptied-out egg cell and implanting it. This type of cloning is known as 'Nuclear Transplantation from Somatic Cells.' There is another type of cloning, which is a non-reproductive cloning not aimed at producing an animal or a person. It is limited only for laboratory use to grow a certain tissue line or an organ but not a replicate of the donor of the nucleus. Some of the therapeutic implications are to develop appropriate stem cell cultures for repairing human tissues and development of organs for transplantation. These provide insights into how to induce regeneration of damaged human tissues and for treating very severe cases of infertility. As far as human reproductive cloning is concerned, all major international organizations have totally banned it on moral, scientific, legal and religious grounds. At present, many feel that if cloning is allowed and widely practiced in its limited concept of producing a human being, it will break family ties, genetic links between parents and their offspring and allow procreation in single women. Furthermore, cloned individuals are likely to have a shorter lifespan; suffer from early ageing and have greater susceptibility to cancer. There is also a concern about whether they would be fertile or not and if so, whether they or their offspring would suffer from an abnormal rate of genetic abnormalities.¹⁴

The Beauchamp and Childress bioethical framework

In light of the aforementioned issues and more, four seminal principles have been formulated by Beauchamp and Childress as a means to offer a practical ethical framework to solve moral dilemmas in medical and biomedical practice. These are respecting:

- Autonomy (the obligation to respect the decision-making capacity of autonomous persons)
- Beneficence (the obligation to provide benefits and balance benefits against risk)
- Non-maleficence (the obligation to avoid the causation of harm) and
- Justice (the obligation of fairness in the distribution of benefits and risks)¹⁵

Respect for autonomy means self-regulation. Here, one gives oneself the 'rule' by which one chooses to live. However, it is essential to distinguish between actual or empirical autonomy and moral or normative

¹⁴ Weldon, Dave. *Why Human Cloning must be banned now*. Dignity. Spring 2002. <http://www.cbhd.org/content/why-human-cloning-must-be-banned-now>

¹⁵ Beauchamp, Tom and Childress, James. *Principles of Biomedical Ethics*. Oxford University Press, New York. 1994, 4. See also: Gillon Robert. *Ethics needs principles – four can encompass the rest – and respect for autonomy should be 'first among equals'*. London. Journal of Medical Ethics. 2002. 29:307-12

autonomy. Actual autonomy concerns with our mental and physical capacity to act. Our actual autonomy may be impaired due to illnesses such as clinical depression, severity of pain, delirium, fatigue and existential sufferings. Respect for autonomy of patients grounds such ethical concerns as the prima facie obligations to obtain *informed consent*¹⁶ from patients before doing things to them, not to deceive patients and the obligations to maintain *confidentiality*.¹⁷ Moral autonomy, however, is rooted in the conscious and free will of human beings to choose actions based on their inherent rational dignity. When actual autonomy is not impaired in anyway, it is presumed an individual has absolute choice over his/her existence.¹⁸

Beneficence is the moral obligation ‘to do good.’ This is a positive principle and requires a healthcare worker to actively promote the well-being of patients, in terms of their health and overall life. A wide variety of prima-facie obligations stem from this obligation. These include the obligation of medical competence and the obligation to keep up to date with knowledge to produce better medical procedures in order to ensure minimum harm and provide maximum benefit to the patient. Non-maleficence, however, is the twin negative principle based on a ‘do not harm’ notion. A healthcare worker must abstain from acting in ways harmful to patients. Here, respect for non maleficence is a ‘hands off’ principle.¹⁹

Finally, justice refers to the fair and equitable treatment in light of what is due or owed to person. Within this, distributive justice refers to the appropriate distribution in society determined by justified norms that structure the terms of social cooperation. Justice is a *prima-facie* obligation which is a common feature of many moral theories but in the context of healthcare ethics, justice is important in the distribution of scarce resources to meet patients’ needs, produce beneficial health outcomes, avoiding waste, equality of patience access and ultimately, patient care.²⁰

In Beauchamp’s and Childress’ bioethical framework, there are three noteworthy characteristics. Firstly, it broadly identifies four ethical principles that are drawn predominantly from the works of major Western philosophers, in particular Immanuel Kant, John Stuart Mill and John Rawls. Secondly, each of these principles was referred to as *prima facie*. Thirdly, these principles place a particular emphasis on the good for society at large i.e the greatest good for the greatest number of people. At the same time, there is an inherent dignity of the individual which is to be respected which is exemplified through the principle of autonomy. In this respect, it contains both utilitarian and deontological dimensions. This framework has remained with us since 1979 and been presented to various international institutions on bioethics as universal

¹⁶ agreement by a patient to undergo an operation or medical treatment or take part in a clinical trial after being informed of and having understood the risks involved

¹⁷ entrusted with somebody's personal or private matters

¹⁸ Beauchamp, Tom and Childress, James. *Principles of Biomedical Ethics*. Oxford University Press, New York. 1994, 121.

¹⁹ Beauchamp, Tom and Childress, James. *Principles of Biomedical Ethics*. Oxford University Press, New York. 1994, 189.

²⁰ Beauchamp, Tom and Childress, James. *Principles of Biomedical Ethics*. Oxford University Press, New York. 1994, 327.

principles applicable to any culture and society. In other words, these principles could be used in a pluralistic, multi-cultural society where no one's ethics should be imposed on others.

No doubt, these principles deserve our appreciation in laying a practical ethical framework to determine medical and biomedical dilemmas. However, 30 years on, one needs to ask whether its application in a range of circumstances have provided satisfactory outcomes.²¹ Some reject the four principles as culturally exclusive and claim that they are limited in scope.²² Others argue that they are largely unhelpful even within the culture in which they were formulated precisely because they are too broad.²³ Our specific question is whether these principles have chimed a chord with our inner feelings regarding our purpose in life and what essentially makes us happy as human beings. This is, of course, a deeply metaphysical, philosophical and moral question but one which is practically relevant because any working ethical principle must produce an outcome that human beings are normatively satisfied with. If there is no normative goal in an ethical principle, it can become procedural and leave room for subjectivity.

There are several examples of the subjectivity in applying these principles which has led to decisions that exclude the sanctity of life itself. This is evidenced by the high rates of abortion worldwide and increasing efforts in many countries to legalize euthanasia.²⁴ We also find a commercial dimension to the concept of life with women selling eggs to couples that cannot conceive children. This is in order to pay debts, student loans and living expenses.²⁵ Interestingly, the converse development that life itself is considered to be the highest value and must be sustained at all costs is also of concern. It medicalises the dying process and plays into the hands of the technological imperative i.e if we have the technology, we must use it. As a consequence of this widespread notion, we may observe a more dramatically reshaping of the way we care for the dying.²⁶

²¹ The basic contention is that respect for persons, justice, and beneficence are fundamental principles in a formal sense. How we view these principles in practice will depend on our particular culture and experience and the kinds of meta-ethical criteria we use for interpreting, applying, and justifying these principles and others we may derive from them. See Thompson, Ian. *Fundamental ethical principles in health care*. London. British Medical Journal. December 1987. Vol: 295, 1465.

²² See Wulff, HR. *Against the four principles: a Nordic view*. 1994. Cited in Gillon, Robert. *Principles of healthcare ethics*. Chichester: John Wiley & Sons. 1994, 277-86.

²³ See Harris, John. *In praise of unprincipled ethics*. London. Journal of Medical Ethics. 2003. 29 (5):303-6.

²⁴ The European perspective includes quite different laws on euthanasia and PAS (Physician assisted suicide), and most states uphold a ban despite the fact that in 2002, euthanasia and PAS were legalised in the Netherlands and euthanasia was legalised in Belgium. In 2003, the Council of Europe issued a controversial report on euthanasia in the light of Article 2 (which concerns 'right to life') of the European Convention on Human Rights. In the UK, a House of Lords Select Committee recently reviewed the evidence that has been submitted following a private bill on assisted dying for the terminally ill that would legalise both euthanasia and PAS, providing certain criteria were met. In November 2005, an amended Bill was introduced to allow PAS only. It is worth noting that in June 2005 the British Medical Association dropped its long-standing opposition to euthanasia and PAS, and adopted a neutral position. There is mounting pressure towards legalization in other European countries too. See - Materstvedt, Lars. *The EAPC Ethics Task Force on Palliative Care and Euthanasia*. European Journal of Palliative Care. 2006: 13(5)

²⁵ See the article reported by Dominiczak, Peter. *Woman advertises her eggs on internet to pay student debt*. London Evening Standard. 4th May 2010. <http://www.thisislondon.co.uk/standard/article-23830313-woman-advertises-her-eggs-on-internet-to-pay-student-debt.do>

²⁶ G Bosshard et al, *A role for doctors in assisted dying? An analysis of legal regulations and medical professional positions in six European countries - Law, ethics and medicine*. "if people know that death on request is permissible, they will come to think that they have not only a right but a *duty to die*, and this would be an intolerable outcome.

The central moral issue in both removing life and prolonging life is the disproportionate emphasis on individual rights. When we say human beings are autonomous, this is not just related to the capacity of the individual to act. It also relates to the social life of that individual, his/her family, friends and community. If we are to be fully autonomous, therefore, we must also be socially autonomous and free from the consequences our actions have on other people. This is practically impossible because human beings cannot live without each other. One wonders if individual rights are as powerful as they appear to be.

Realizing our limitations also has a reflective dimension which transcends our social life. Death is a fact of life and our lives are marked by joy and suffering, pain and pleasure, disease and disability. Within these constantly changing aspects of our lives, we acquire the means to our growth and deeper understanding of who we are, what we see as our purpose and what gives us contentment. However, we will never fully appreciate the breadth of our existence when life itself is regarded as a utility. The fact that two opposite developments take place in the medical world, removing and prolonging life, points to the lack of inherent direction to the ethical principles we are using. What precisely is it that drives us to prolong or take away life? If we want to cure diseases, then to what end? Is our existence grounded in anything more fundamental than autonomy and justice?

Of course, the mere mention of transcendence, religion, revelation and God in the field of science raises eyebrows because there is an apparently deep-rooted contradiction in making revelation-based claims in the empirical subject of science. Many pages can be written on this debate from scientific realities that are present within the Qur'an, definitions of science and revelation and recent discoveries by scientists that were relayed by Prophet Muhammad in Arabia fourteen centuries ago.²⁷ Our aim, however, is not proselytize nor to engage in this issue because it requires another paper. Our goal is to show how religion and specifically, the Qur'an, is an important source of ethical concepts that need to be part of the bioethical dialogue taking place today. Without considering what revelation (from all traditions) has to offer, we would be discarding a source of knowledge that continues to give inspiration to millions of believers around the world and which contains their 'ethical principles' of life.

The Qur'anic ethical worldview of humanity

In Islam, principles and actions come from two foundational sources. One is scriptural – the Qur'an embodying the message revealed by God to Prophet Muhammad. The second is the extension and

It is argued, however, that to request death and receive assistance to die from a sense of duty is not something to be abhorred. It may be a genuinely desired *good death* for someone who has lived his life, partly at least, seeking *the interest of others*." See - Mary Warnock, *A duty to die?* OMSORG 4/2008

²⁷ Interestingly, in 2009, the British Science Council redefined the field of science. It stated that, 'science is the pursuit of knowledge and understanding of the natural and social world following a systematic methodology based on evidence.' Contrary to many definitions which only emphasise the role of empiricism and observation, this definition brings the natural and social world closer together and includes a broader notion of evidence. One could interpret 'evidence' to possibly include historical and philosophical deliberations, as long as they are systematic. See <http://www.sciencecouncil.org/DefiningScience.php>.

interpretation of that message by the Prophet's actions and sayings, collectively called the *sunnah*. For Shi'a Muslims, the *sunnah* extends beyond the Prophet to the Twelve Imams, starting with 'Ali ibn Abi Talib, the Prophet's cousin and son-in-law, 1st Shi'a Imam and fourth Rightly-Guided caliph. For all Muslims however, episodes of the Prophet's life, his words, actions and habits represents an enduring model to emulate in their daily lives. For Islamic scholars, it has assumed an authoritative role in explaining and complimenting the Qur'an. Therefore, the message of the Qur'an and the example of the Prophet's life remain inseparable paradigms for proper ethical behaviour.

In the Qur'anic ethical worldview, Allah stands at the very centre of the world of being. All other things, human and non-human are His creatures or creation. This is clearly reflected in the vocabulary of the Quran where the literary focus is on the attributes of Allah which empower and guide everything. Whilst ontologically the Qur'anic world is theocentric, the practical preoccupation of messages in the Qur'an is directed to humankind, its nature, conduct, psychology, duties and destiny. Therefore, one may argue that the Qur'an is primarily concerned with the salvation of humanity through an enduring relationship between God and human beings.²⁸ Fundamentally, it is the consequences and the realization of this relationship which gives birth to a *muttaqi* (pious) community that responds willingly to the call of One God and shows thankfulness to Gods favours. This is the Qur'anic concept of *tawhid* (the Oneness of God) which is inculcated within the human spirit and manifested outwardly both individually and collectively through moral and spiritual conduct.

At least three layers of ethical discourse are distinguished in the Qur'an:

1. A layer that describes the ethical nature of God
2. A layer that describes various aspects of fundamental attitude of man towards God
3. A layer that refers to rules of conduct that regulate the ethical relations among individual human beings

The first layer encompasses God's attributes such as Benevolence (*rahman*), Merciful (*rahim*), Forgiving (*gafur*) and Just (*'adil*) which describes His ethical nature. These are known as the names of Allah which are 99 in total and form the basis of Divine ethics. It is perhaps aptly reflected in the verse which Muslims recite daily, 'In the name of Allah, the Beneficent and Merciful.' The second layer defines the basic ethical relationship of man to God. God responds to man in an ethical way through His attributes and man in turn is expected to respond in kind. This is exemplified by the following verse, 'And when My servants ask you concerning Me, then surely I am very near; I answer the prayer of the suppliant when he calls on Me, so they should answer My call and believe in Me that they may walk in the right way.'²⁹ The third layer relates to the moral attitude of man to his/her fellow human beings. An individual must reflect on the Divine attributes

²⁸ See Izutsu, Toshihiko. *God and Man in the Quran*. Islamic Book Trust. August 2002. 75-79

²⁹ The Qur'an, 2:186

which he/she sees in His Creator and which has been manifested in the *fitrah* (natural inclination towards God and morality) of human beings, towards all members of his/her community. This is reflected by the verse, ‘O you men! Surely We have created you of a male and a female, and made you tribes and families that you may know each other; surely the most honourable of you with Allah is the one among you most careful (of his duty); surely Allah is Knowing, Aware.’³⁰

The Qur’anic ethical worldview, therefore, expects the actions of an individual to achieve unison between all three layers which are rooted in acknowledging the will and guidance of God. In this sense, human ethics depends wholly on the ethical nature of the Divine being which is reflected by the verse, ‘Those among you, who are bountiful and persons of means, should not swear on oath that they would withhold their help from their relatives, the indigent and those who have left their homes for the cause of Allah: they should forgive and forbear. Do you not wish that Allah should forgive you? And Allah is Forgiving and Merciful.’³¹

The ethical multidimensionality of human beings in the Qur’an

According to the Quran, a human being is a multidimensional creature possessing spiritual, rational, moral, aesthetic and physical aspects to his/her existence. The story of Prophet Adam, the first human being, is instructive in order for us to comprehend this multidimensionality. Adam is distinguished from the angels, who are asked to bow down to him. God addresses the angels, 'And when I have formed him fully and breathed into him of My spirit, fall you down before him in prostration.'³² Here we can observe that the material and spiritual elements of creation are combined together which is further substantiated by the verse, 'and then He shaped him and breathed into him of His spirit, and He endowed you with hearing, sight, and hearts: What little thanks do you return?'³³ The first dimension that presents itself, therefore, is a human being's spiritual and transcendental trait which gives him/her a point of origin and enduring connection with his/her creator.

Secondly, the rational dimension is observed by virtue of Prophet Adam's divinely endowed knowledge of the 'names' which is not accessible to the angels: 'And when your Lord said to the angels: I am establishing upon the earth a successor. They replied: will You put there one who will do corruption and shed blood, while we are going swimmingly and gratefully to Your desire and are in dedication to You. He said: assuredly I know what you do not know. And He taught Adam the names, all of them; then He presented them unto the angels and said: now tell me the names of these, if you speak truly.'³⁴

Thirdly, the very setting in which this episode takes place, the garden, provides the aesthetic and beautifying qualities of human beings: “We said, ‘O Adam, dwell with your mate in the Garden, and eat thereof freely

³⁰ 49:13

³¹ 24:22

³² 15:29

³³ 32:9

³⁴ 2:30-33

whencesoever you wish; but do not approach this tree, lest you should be among the wrongdoers.’³⁵ The ability to experience beauty but also to be lured by it is part of a human being’s composition. There is a need to direct the aesthetic dimension to what is moral so that beauty is not corrupted.

Fourth, the physical dimension is exemplified through Adam’s punishment in transitioning to earth and engaging in physical struggle. Human beings have physical bodies that are suited to survive in the earthly environment. When Adam and Hawwa are ordered ‘to get down’, the entire humanity commences its descent towards the physical-spatial-temporal stage of existence on earth. This is accompanied by a pointed caveat ‘being enemies of one another’ which means that life in this physical world will be a struggle: ‘Then Satan caused them to stumble from it, and he dislodged them from what they were in; and We said, ‘Get down, being enemies of one another! On the earth shall be your abode and sustenance for a time.’³⁶

Fifth, the moral dimension presents itself through Adam being seduced by Satan. The aforementioned verse clearly warns us that the creative capacity within us carries with it an obligation not to exceed set limits. Satan in the Qur’an exemplifies conduct beyond limits since he disobeys God’s command to honour and bow before Adam. In time, Adam too fails to live within the limits set by God, loses his honourable status, which he must attempt to recover subsequently by struggling with and overcoming his propensities on earth, the arena that allows for choice and action. Islam views Adam as recovering his former status by attesting to the capacity to return to the right course of action through understanding his failure and by repentance. Those who struggle and follow His guidelines shall have no fear: ‘We said, ‘Get down from it, all together! Yet, should any guidance come to you from Me, those who follow My guidance shall have no fear, nor shall they grieve.’³⁷

From the above verses, one may argue that human ethical personality functions in spiritual, rational, aesthetical, physical and moral dimensions. For it to grow and give effect to its full potential, all five dimensions need to be pursued in a balanced manner, grounded in the reality of Tawhid. Under Tawhid, an individual’s basic function is to worship the One God as His vicegerent and as a fully integrated being that is harnessing these dimensions to create a *muttaqi* community. Vicegerency is arguably ethical and creative empowerment by God to human beings. They are entrusted to look after the earth just as God is looking after them: ‘Lo! We offered the trust unto the heavens and the earth and the hills, but they shrank from bearing it and were afraid of it. And man assumed it. Lo! He hath proved a tyrant and a fool.’³⁸ At the disposal of human beings is the whole of creation that is in the heavens and earth so that he/she utilizes these blessings responsibly and completes his/her growth towards his/her own Godly perfection: ‘It is God who has made the sea subservient to you, so that ships might sail through it at His behest, and that you may seek to obtain

³⁵ 2:35

³⁶ 2:36

³⁷ 2:38

³⁸ 33:73

[what you need] of His bounty and that you might have cause to be grateful. And He has made subservient to you, all that is in the heavens and on earth. Surely in that, there are signs for a people who think.’³⁹

In the Qur’anic ethical worldview, therefore, the aim is to create ‘a community of the middle way’ that ‘witnesses to humankind, just as the Messenger (Muhammad) is a witness for you.’⁴⁰ This community’s function is to actively promote piety and justice. This process begins with one’s self through an internalized *jihad* (struggle) to morally purify oneself in order to become more Godly. The outward manifestations of one’s highest behaviour then radiates onto others living in the community which becomes the basis upon which to command the right and prevent wrong. This is where the fruits of one’s moral struggle can be realised as an individual’s good behaviour touches others to equally awaken the goodness in them. Through this reciprocity, a human being’s ethical multidimensionality becomes balanced and grows for the betterment of society.

Having outlined the Qur’anic ethical worldview, we would like to compare autonomy, beneficence, non-maleficence and justice to corresponding ethical principles in the Qur’an. The aim is to offer a contrasting perspective from revelation to these ethical principles (at a theoretical level) as well as comment on the uniqueness that revelation can offer in bioethical deliberation. Our comparative approach is decidedly conceptual and linguistic in the style of an overview for two reasons. The first is given the limit of the word count of a journal paper, it would be unfair to give a detailed assessment that fails to cover each and every aspect of these principles. The second reason is to provide a basic insight into what drives the bioethical and Qur’anic ethical principles in order to initiate a framework for the future, rather than provide one here.

Given the Islamic ethos described above, one may get the impression that concepts such as autonomy are alien to the Qur’an. The reality, however, is that once one gets past the differing use of language and paradigms, one would be able to see not only a clear semblance between Qur’anic ethics and bioethical concepts but also the potential for a distinct contribution stemming from revelation.

Comparing autonomy, beneficence, non-maleficence and justice with corresponding Qur’anic ethical concepts

a.) Autonomy

Autonomy literally means self-rule. This means that one has the capacity for self-rule and others must respect it. When we come to examine autonomy as an ethical concept, we find it is fundamentally rooted in the concept of human dignity.⁴¹ Although there is no agreed definition of human dignity⁴², it indicates on the

³⁹ 45:12-13

⁴⁰ 2:143

⁴¹ See UNESCO. *Universal declaration on the human genome and human rights*. Available from: URL: <http://www.unesco.org/ethics> and *Council of Europe Convention on human rights and biomedicine*. Available from: URL: http://www.legal.coe.int/bioethics/gb/html/txt_adopt.htm

innate self-worth of human beings which manifests itself through the faculties of rationality, moral agency and free-will. Autonomy is directly connected to the dignity of an individual because it presumes that an individual's right to self-determination and decision-making must be respected. Each of us are rational agents in our own respect and apart from being entitled to our own thoughts and actions, we also have a duty to respect the very same entitlement in others.

In healthcare, the prime issue is how to determine the autonomy and agency of the patient. Whilst in sane and relatively healthy patients this is not a problem, it becomes a huge concern in the case of children, elderly and mentally ill patients. Coupled with this is the increasing knowledge and access to knowledge that patients have about medical problems. Since the 1990's, patients are less willing to accept the prescription given to them by their doctors. There is a growing tendency towards a more 'horizontal' relationship between the healthcare practitioner and patient, where power and information have to be evenly shared.⁴³

Bioethics is no different. In fact, it is crucial that as gene technologies develop, the amount of knowledge patients have about such 'beneficial' technologies or the authority a healthcare practitioner can exercise over the patient, becomes an increasing concern. Autonomy and knowledge become fused in determining the right biomedical procedures. More than this, human dignity needs further discussion as according to Kantian thought, we may very well question whether human beings are being used as ends in themselves or as a means to an end. As Adorno comments,

"Perhaps the two most distinctive features of international instruments relating to biomedicine are the very central role given to the notion of "human dignity" and the integration of the common standards that are adopted into a human rights framework. This is not surprising if we consider that human dignity is one of the few common values in our world of philosophical pluralism. Moreover, in our time, a widespread assumption is that the "inherent dignity ... of all members of the human family" is the ground of human rights and democracy. It is indeed difficult, if not impossible, to provide a justification of human rights without making some reference, at least implicitly, to the idea of human dignity. This notion is usually associated with supreme importance, fundamental value and inviolability of the human person. In the words of Kant, dignity means that people must always be treated as an end in themselves and never only as a means. Of course, attempts to explain and justify human dignity will encounter enormous theoretical difficulties in our post-modern world. However, it seems that, at least for practical reasons, we desperately need this notion if we want to ensure a civilized social life. As Dworkin argues, anyone who professes to take rights seriously must accept "the vague but powerful idea of human dignity."⁴⁴

⁴² See The President's Council on Bioethics. *Human Dignity and Bioethics*. Washington DC. March 2008.

⁴³ Kennedy, Ian. *Patients, doctors and human rights in Human Rights for the 1990s - Legal, Political and Ethical Issues*. London. Mansell publishing. 1991. 85.

⁴⁴ Andorno, Robert. *Biomedicine and international human rights law: in search of a global consensus*. Bull World Health Organ. 2002. Vol.80, no.12, p960. [http://www.who.int/bulletin/archives/80\(12\)959.pdf](http://www.who.int/bulletin/archives/80(12)959.pdf)

By contrast, in the Qur'anic language, autonomy is referred to as *hurriyah* (freedom), which is ultimately rooted in the concept of vicegerency of God (*khilafa*). In comparison to the Western ethos described above, human dignity does not stem from human beings but from God Himself. Just as God created Adam as His vicegerent on earth, so are we vicegerents that obtain dignity through the characteristics and dimensions God has granted us. In the Qur'an, human beings are the noblest beings (*ashraful makhluqat*) granted with free-will and moral consciousness as a trust from God: 'We have honoured the children of Adam and We carry them in the land and the sea, and We have given them of the good things, and We have made them to excel by an appropriate excellence over most of those whom We have created.'⁴⁵ However, with this autonomy and excellence, comes the duty to choose an action with '*ilm* (knowledge).

Knowledge is in fact an imperative for Muslims. In a famous *hadith* (narration), Prophet Muhammad states, 'To acquire knowledge is obligatory on every Muslim. Lo! Allah loves those who have longing for knowledge.'⁴⁶ Not only is knowledge cited as a part of the creation of human beings but it is a principle that God reminds human beings of through the various derivatives and symbols of the word '*ilm*. For example, the word *alim* (the knower) has occurred in 140 places, while *al-'ilm* in 27.⁴⁷ Even symbols of knowledge are used such as book (*kitab*) and pen (*qalam*). *Qalam* occurs in two places⁴⁸, *al-kitab* in 230 verses, among which *al-kitab* for Qur'an occurs in 81 verses.⁴⁹ Therefore, in Islam one's decision ought to be respected if it is taken autonomously with '*ilm*'. However, the effect of this freedom is that he/she should accept the consequences of his/her autonomous decisions.

The ethical perspective of the Quran places responsibility squarely on the individual making choices and carrying out the decision. The reason for this is twofold. Firstly, this ability to make a choice, like all our abilities, is given to human beings as a trust (*amanah*). Secondly, the goal of our *amanah* is to serve God as vicegerent (*khalifah*). Hence, we are here for God's purposes and not for our own self interest or ends. Human beings are to exercise their autonomy in a constructive manner, working with and developing the world, protecting the harmony between existence and humanity, reaping the bounties of the Earth and Heavens for the benefit of humanity, trying to raise the hue and flavour of life to a more humane level within the framework of the Creator's orders and rules. This is the true nature of a vicegerency and human dignity in the Qur'an.

For a conscientious vicegerent, therefore, autonomy is not only a question of controlling the immense power that he/she has but rather how that power can be used to respond to God. This provides the basis for establishing 'responsible autonomy' as a substantive universal principle that incorporates *taqwa* (piety or God-consciousness) as a basis upon which one's conduct is based. At a conceptual level, one may observe

⁴⁵ 17:70

⁴⁶ Kulayni, Mohammed. *Al-Kafi*. World Organisation for Islamic Services. Qum. 1978, Vol 1, Part 1, p73.

⁴⁷ Ruhani, Mohammed. *Mu'jam Al-Ihsaai Al-Faadh Al-Qur'an Al-Karim*. Mashhad. 1987, letter 'Ayn.

⁴⁸ Ibid, letter Qaf.

⁴⁹ Ibid.

that the Qur'an accepts the innate self-worth of human beings and the notion that human beings should exercise their autonomy according to their rational and moral agency. The difference is that their agency has its origins in God, reflects His attributes and exists to serve Him.

b.) Beneficence and non-maleficence

The principle of beneficence guides us to do what is good. Specifically, it suggests acts of altruism such as mercy, kindness and all such acts that promote the well-being of others. When used as a principle to define the moral content of an action it becomes a moral obligation; it becomes a duty, code of conduct and practice. However, the root of beneficence is benevolence, which is the uncompelled and selfless ability to act for the benefit of others. This is a virtuous act known as benevolence. At the same time, non-maleficence is the twin principle 'to do no harm.' If a human being cannot show benevolence, the least he/she can do is not to cause harm to others. It may be better to do nothing in a given situation than to do something that risks causing more harm than good.

In bioethics and healthcare in general, both beneficence and non-maleficence remind the healthcare practitioner and other health care providers that they must consider the possible harm that any intervention might do and beyond this, the possible good they can achieve. As can be observed, benevolence is a different concept from beneficence which is the primary moral obligation in healthcare. It is far easier to do good for others if one feels benevolent towards them and therefore, benevolence towards patient is a highly desirable attribute. However, the obligation upon a healthcare worker to provide care and benefit for the patients exist independent of whether he/she feels benevolent towards them and applies equally to all as a matter of virtue. It may at times be easier to simply show non-maleficence because one is absolved of the virtue to be benevolent and undertake the responsibility of the well-being of the individual. Non-maleficence is of course a duty that still takes into account the condition of the patient and reminds the healthcare practitioner not to make the patient's condition worse. However, non-maleficence can equally be considered as a principle that reduces the responsibility owed to the patient thus reducing patient care. A brief comment on three influential Western philosophers would highlight the tension in mediating between the two principles.

Beneficence has been a central notion in various ethical theories, particularly through benevolence. For example, David Hume defends benevolence as an original feature of human nature. He uses the term benevolence to designate goodwill, generosity, and love directed at others and manifested as friendship, charity and compassion. Principally, he sees human nature in the domain of moral conduct as a mixture of benevolence and self-love motivated by a variety of passions, both generous and ungenerous which vary from person to person.⁵⁰

⁵⁰ See Beauchamp, Tom et al. *Enquiry concerning the Principles of Morals*. Oxford University Press. 1998.

In contrast, John Stuart Mill argues for a single standard of beneficence that allows one to decide objectively what is right and wrong. He declares that the principle of utility or the ‘greatest happiness principle’ is the basic foundation of morals. The principle of utility states that actions are right in proportion to their promotion of happiness and wrong if they produce the opposite. The action is right if it leads to the greatest possible balance of beneficial consequences or to the least possible balance of bad consequences. He also holds that the concepts of duty, obligation, and right are determined by that which maximizes benefits and minimizes harm. For him, beneficence is translated as maximising happiness but this is within the framework of utility, not necessarily human motivation.⁵¹

Immanuel Kant rejects Mill’s understanding of promoting morality through utility. He develops his ethical theory based on universally valid principles of duty. For him, a motive of benevolence based on mere utility or sentiment is morally unworthy unless the motive of benevolent action is a motive of duty. Everyone has a duty to be beneficent, i.e. to be helpful to others according to one’s means, and without hoping for any form of personal gain. To what extent such duty applies to conflicting situations is not clear but he makes a point that while we are obligated to some extent to sacrifice some part of our welfare to benefit others without any expectation of recompense, it is nonetheless impossible to fix a definite limit on how far this duty extends. We can only say that every single person has a duty to be beneficent, according to that person’s means.⁵²

What the above shows is the acceptance of beneficence as fundamental principles for human care, development and stability. Any reduction of beneficence is not in humanity’s interest because it is against our nature to be harmful, it does not benefit the overall good of society and we would gradually fail in performing our duty to the best of our ability for the sake of others.

The Qur’an equally emphasises the continual duty to think and act benevolently. It contains a number of concepts in its vocabulary that signify ‘doing good.’ Three ethical concepts can be identified here: ‘*khayr*’, ‘*ishan*’ and ‘*salih*.’ All of these signify goodness and are used within the scope of ethical action: ‘I swear by the time, Most surely man is in loss, Except those who believe and do good, and enjoin on each other truth, and enjoin on each other patience.’⁵³ Let us look at each of these words so as to understand their significance.

‘*Khayr*’ is a comprehensive practical term meaning valuable, beneficial, useful and desirable actions, work or conduct: ‘(Rest assured that) Allah has full power over everything: establish the Salat and pay the Zakat. you will find with Allah whatever good (*khayr*) you send forward for your future; Allah is watching everything you do.’⁵⁴ In another verse, God states, ‘...instead, (He gave each of you a Law and a way of life) in order to test you by what He gave you. Vie, then, one with another in good works (*khayrat*). Unto Allah is the return of all of you; and He will then make you understand the truth concerning the matters on which you

⁵¹ See Mill, John Stuart. *Utilitarianism*. Chicago, IL: University of Chicago Press. 1906.

⁵² See Kant, Immanuel. *Grounding for the Metaphysics of Morals*. Hackett Publishing. 1993.

⁵³ 103:1-3

⁵⁴ 2:110

disagreed.⁵⁵ From the above verses, one can ascertain that '*khayr*' has wide applications which the Qur'an gives examples of such as charity, being good to one's parents, guiding others and helping the sick.⁵⁶

Ihsan is a key ethical term in the Qur'an which means inner perfection and beautifying things. It is related to the beauty of one's character and the purity of one's intention. One whose character is the exemplar of beauty is one whose intentions are beautiful. He is called *muhsin*: 'They said: Are you indeed Yusuf? He said: I am Yusuf and this is my brother; Allah has indeed been gracious to us; surely he who guards (against evil) and is patient (is rewarded) for surely Allah does not waste the reward of those who do good (*muhsineen*). (12:90) As Ayoub puts it, 'from the preceding discussion it should be clear that not every Muslim is a man or woman of faith (*mu'min*), but every person of faith is a Muslim. Furthermore, a Muslim who believes in all the principles of Islam may not necessarily be a righteous person, a doer of good (*muhsin*), but a truly good and righteous person is both a Muslim and a true person of faith.'⁵⁷

Finally, the word '*salih*' means 'righteous.' Apart from *salih* being the name of a Prophet, it refers to the culmination of virtuous intentions, character and deeds of an individual. It is a deeper concept than *khayr* because it relates to the inner motivations, heart and soul of the believer. It encompasses *ihsan* because one can only be a righteous person with sincere intentions. In particular, *salih* has a close relationship with faith (*iman*). One of the most frequently used examples found in the Quran is the expression 'those who have faith and do good work.'⁵⁸ When the Quran uses two *iman* and *salih* in such a close relationship, it signifies that one's faith can only have value if it is accompanied by good deeds. Theoretical knowledge (*al-nadhari*) must be accompanied with practical knowledge (*al-amali*).

What we find the above verses is the dimensions of good and specifically, beneficence. Since human beings are to reflect the beneficence of God in their actions, they must understand how to develop pure intentions, implementation of those intentions and practical situations in which these intentions can be realised. The principle of beneficence, at least in Qur'anic language, is firmly present but a major difference in its framework is the emphasis on the intention of the individual. Acting beneficent is secondary to the intention and the ultimate aim is to produce a *salih* individual – in the actor and recipient. The constant focus on exerting beyond one's capacity through *jihad* (struggle) to become a *salih* individual minimises the concept of non-maleficence in the Qur'an. This provides us a door into formulating the principle of duty of care from Qur'anic ethical concepts.

⁵⁵ 5:48

⁵⁶ See 2:83

⁵⁷ Ayoub, Mahmoud. *Islam: Faith and History*. Oneworld publishing, London. 2005. p. 54

⁵⁸ 103:1-3, 2:62, 2:82 and many others.

c.) Justice

Justice and fairness are closely related terms that are often used interchangeably. There have, however, also been more distinct understandings of the two terms. While justice usually has been used with reference to a standard of rightness, fairness often has been used with regard to an ability to judge without reference to one's feelings or interests. In *Justice as Fairness*, John Rawls said,

‘[Suppose that a group lets] each person propose the principles upon which he wishes his complaints to be tried with the understanding that, if acknowledged, the complaints of others will be similarly tried, and that no complaints will be heard at all until everyone is roughly of one mind as to how the complaints are to be judged.... [E]ach person will propose principles of a general kind which will, to a large degree, gain their sense from the various applications to be made of them, the particular circumstances of which being as yet unknown.’⁵⁹

Rawls regards justice as the first virtue of social institutions and so justice as a virtue is actually ambiguous as between individual and social applications. This is where we must make a distinction between fairness and justice. Fairness is associated with the procedural ability to judge, apply, distribute and operate according to a consistent set of principles which at the least, accords with a basic sense of human justice.

Justice, however, is a comprehensive term related to the virtue of a human being and society. It means giving each person what he or she deserves or, in more traditional terms, giving each person his or her due. Plato in the *Republic* treats justice as an overarching virtue of individuals (and of societies), meaning that almost every issue he (or we) would regard as ethical comes is under the notion of justice. In this sense, justice is about self-improvement, deeds, harmony between individuals and the moral elevation of society.

In bioethics and healthcare in general, obligations of justice are subdivided into three categories: fair distribution of scarce resources (distributive justice), respect for people's rights (rights-based justice) and respect for morally acceptable laws (legal justice). Here, justice is interpreted as fair, equitable and appropriate treatment in the light of what is due or owed to persons. In this regard, the emphasis on justice is in a procedural capacity rather than virtue-based capacity.

From the Qur’anic perspective, two ethical values underpin all human conduct in all its dimensions: *taqwa* (piety) and *adl* (justice): ‘O you who believe! be patient and excel in patience and remain steadfast, and be careful of (your duty to) Allah, that you may be successful.’⁶⁰ According to ‘Ali ibn Abi Talib, the success of individuals and society as a whole rests on these twin values: ‘No individual is lost and no nation is refused prosperity and success if the foundations of their thoughts and actions rest upon piety and godliness

⁵⁹ Rawls, John. *Justice as Fairness*. Philosophical Review. April 1958. 67 (2): 171-2.

⁶⁰ 3:100

and upon truth and justice.⁶¹ The term *taqwa* occurs over two hundred times in the Qur'an.⁶² It represents, on the one hand, the moral grounding of human action, while on the other, it envelops human consciousness in the presence of God. It literally means 'God-consciousness.' In a wider social context, *taqwa* becomes the universal moral mark of a human community which is seen as the instrument through which Qur'anic ideals and commands are translated at the social level. In other words, the community is the custodian through which the covenantal relationship with God is sustained. Individuals within it become trustees through whom a moral and spiritual vision is fulfilled in personal life. Each individual is accountable to God, the community and oneself.

Adl is the twin ethical value that human beings are exhorted to constantly strive for in their lives. 'Ali ibn Abi Talib defines justice as 'putting each thing in its proper place.'⁶³ In the Divine reality, the principle of justice implies that God has created and guided everything to where it should be. In order to translate this Divine conception of justice into a human context, we have to make an effort in the human plane to put everything in its proper place – to make our society reflect the perfection with which God has created all things. This is why in his famous letter to his governor, Malik al-Ashtar, 'Ali bin Abi Talib states the first act of justice is towards yourself: 'Remember that the best way to do justice to your inner self and to keep it out of harm is to restrain it from vice and from things which the 'self' inordinately and irrationally desires.'⁶⁴ Then an individual must be just to all the relationships he/she forms in society: 'So far as your own affairs or those of your relatives and friends are concerned take care that you do not violate the duties laid down upon you by Allah and do not usurp the rights of mankind, be impartial and do justice to them because if you give up equity and justice then you will certainly be a tyrant and an oppressor.'⁶⁵ Justice, therefore, is a relationship which operates verticality and horizontality.

These two fundamental ethical principles of the Qur'an are imbibed universally within all practical concepts espoused in Islam. For instance, the duty of *zakat* (to purify, grow and increase) is emphasized in the Quran as a corresponding obligation with *salaat* (prayer).⁶⁶ In time, *zakat* became an act of charity and ultimately, an act of *taqwa* to the extent that it became a fundamental pillar of Islam, along with prayers, fasting and pilgrimage. An individual, therefore, must accompany prayers and meditation with spending his/her wealth on relatives, orphans, the homeless, slaves and the poor. The act of *zakat* defines a Muslim's responsibility to develop a social conscience and to share individual and communal resources with the less privileged. By underpinning *taqwa* and '*adl* through practical actions such as *zakat*, the Qur'an sought to abolish usury and commercial self-interest in the mercantile community of Makkah and Madinah: 'O you who have faith! Be

⁶¹ Sermon 21. Radhi, Sharif. *Nahj Al-Balaagha (Peak of Eloquence): Sermons of the Commander of the Faithful, Imām 'Ali b. Abi Talib*. Tahrik Tarsile Qur'an Inc. 1986. <http://al-islam.org/nahj/>

⁶² Ruhani, Mohammed. *Mu'jam Al-Ihsaai Al-Faadh Al-Qur'an Al-Karim*. Mashhad. 1987, letter Taa.

⁶³ Letter 53. Radhi, Sharif. *Nahj Al-Balaagha (Peak of Eloquence): Sermons of the Commander of the Faithful, Imām 'Ali b. Abi Talib*. Tahrik Tarsile Qur'an Inc. 1986. <http://al-islam.org/nahj/>

⁶⁴ Ibid

⁶⁵ Ibid

⁶⁶ See 19:31, 73:20, amongst many others.

maintainers of justice and witnesses for the sake of Allah, even if it should be against yourselves or (your) parents and near relatives and whether it be someone rich or poor, for Allah has a greater right over them. So do not follow your desires lest you should be unfair...'⁶⁷

Another example of the practical influence of both concepts in creating a moral community is the elevation of women's rights. It became unjust to treat women as objects and perform female infanticide. More than that, women began to have inheritance, ownership and marital rights with polygamy being restricted to four wives. Taqwa and adl, therefore, were not exclusive for men or a particular group in society. Everyone was expected to act pious and just and actively elevate the status of society from a base existence to a Godly one. Perhaps the best example of this elevation is Prophet Muhammad's attitude to different faiths and cultures. As the Muslim polity took shape, Jews and Christians who are referred to as the 'People of the Book' (*ahl al-kitab*) were granted a protected status. They were to be subject to a poll tax and their private and religious property, law, and religious practices were to be protected. The Qur'an recognises the particularity of all religious communities, favouring common moral goals over mutually divisive and antagonistic attitudes when possible: "For each community, we have granted a Law and a Code of Conduct. If God wished, He could have made you one community, but he wishes rather to test you through that which has been given to you. So vie with each other to excel in goodness and moral virtue."⁶⁸

Therefore, the concept of justice in the Qur'an is coupled with God-consciousness. Although the end result is to translate justice on the social plane through practical actions, institutions and procedure, it is driven by the covenantal relationship with God. The whole idea is not just to elevate policies and methods but to elevate the consciences behind those strategies. Hence, when we refer to the discipline of bioethics, we can make an interesting comparison with the social harmony that it discusses as new technologies emerge. Social harmony is driven by equity and appropriate distribution of resources. However, who or what is the purpose behind this distribution in the mind and heart of the individual? The Qur'an puts emphasis on this latter question in its formulation of justice.

Conclusion

This paper has sought to provide, briefly, the Qur'anic ethical worldview of humanity. It has also given an insight into corresponding notions of autonomy, beneficence, non-maleficence and justice. At the least, the discipline of bioethics can engage in fruitful dialogue with ethical principles from the Qur'an not just because of their semblance but also because of the transcendental, reflective and spiritual dimension they offer. Given that we live in multi-faith communities, there is a need to incorporate transcendental notions of these concepts. If bioethics is deprived of effective contributions from the Qur'an or other religious texts, bioethics would be less rich and less aware of concepts and views stemming from religious scholars.

⁶⁷ 4:135

⁶⁸ 5:48

The general approach to issues within Western bioethics is ethical deliberation within a pluralist paradigm that places emphasis on human dignity (to varying degrees) and rational agency of both the practitioner and patient. Islamic bioethics, if we can call it such a term yet, is mainly juristic with emphasis on providing legal opinions in the form of permissibility and impermissibility. The demand of today, however, is to develop interdisciplinary Islamic scholarship on bioethics, allowing respectful debate amongst a diverse group of Muslim scholars as well as scholars from other traditions.

We believe that this interdisciplinary attitude can provide a far richer understanding of the complexities of the issues from which to then craft appropriate guidance from the Qur'an and *sunnah*. Beyond the scope of the Qur'an, the concept of revelation can remind scientists of the metaphysical dimension of life that are often ignored in biogenetical issues. It might call for an examination of the assumption that we must pursue every avenue available to us in the great desire to relieve pain and suffering or develop humanity for the sake of scientific advancement.

Ultimately, the Qur'an can be a resourceful tool to engage in ethical dialogue with fellow bioethicists and to reduce the gap between religious and science. After all, according to the Islamic tradition, the Qur'an was an intellectual miracle for human beings to reflect over. It cannot be categorised as a theological, legal or scientific book but a book that inspires concepts through its literary, intellectual and aesthetic arrangement. 'Ali ibn Abi Talib interestingly states, 'The Qur'an consists of a book inscribed, between two covers; it speaks not with a tongue, it cannot do without an interpreter'⁶⁹ and 'the prophet of a man is the interpreter of his intellect.'⁷⁰ He also says, 'the intellect is the messenger of the Real.'⁷¹ What these narrations show is the explicit connection between a human being's intellect and Divine revelation but more than that, there must be a dialectical and creative movement in interpreting the revelation. Perhaps this is the real value of the Qur'an in inspiring Muslim scholars to innovate Islamic sciences and engage with scholars from other disciplines and traditions.

⁶⁹ Sermon 125. Radhi, Sharif. *Nahj Al-Balaagha (Peak of Eloquence): Sermons of the Commander of the Faithful, Imām 'Ali b. Abi Talib*. Tahrik Tarsile Qur'an Inc. 1986. <http://al-islam.org/nahj/>

⁷⁰ Tamimi, Wahid (n.d.), *Ghurur al-Hikam*. Dar al-Murtada: Lebanon. Vol 1, p595, no.2

⁷¹ Ibid, vol 2, p954, no.33.