



Medicine *and* Shariah

A DIALOGUE IN ISLAMIC BIOETHICS

Edited by Aasim I. Padela

Foreword by Ebrahim Moosa

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An Introduction to Islamic Bioethics

Its Producers and Consumers

A A S I M I . P A D E L A

This volume covers a topic of increasing interest in public, professional, and academic circles—Islamic bioethics. One needs only to look at the newspapers to observe the relevance of “Islamic bioethics” to current controversies. For example, the proliferation of American press reports, expert commentaries, and editorials related to the trial of Dr. Jumana Nagarwala—a Shia Muslim physician who performed a religious genital cutting procedure on children—illustrates how religious views on the body and Muslim customs can impact physicians’ practices. The case brought into focus how Islamic views and ethical notions play a role in contemporary political, legal, and ethical debates.¹ More recently, the COVID-19 crisis has also revealed the need to harmonize public health guidance and religious obligations, such as communal Friday prayers. These policy- and community-level debates have also highlighted the need for a class of

experts who can bridge the religious and the biomedical sciences in order to furnish accurate Islamic bioethical guidelines.

Interest in such perspectives is burgeoning in the health professional and academic sectors. Over the past decade in the United States, Islamic bioethics conferences have been held at Penn State, the University of Michigan, Yale, the University of Florida, and the University of Chicago. Similarly, on the global scene, the past ten years have witnessed Islamic bioethics conferences at institutions such as Haifa University in Israel, Ankara University in Turkey, Georgetown University in Qatar, the University of Hamburg in Germany, and the International Islamic University in Malaysia. Drawing upon the scholarship and interest generated by these initiatives, leading academic journals such as the *Journal of Bioethics*, the *Eubios Journal of Asian and International Bioethics*, *Theoretical Medicine and Biomedicine*, *Die Welt des Islams*, the *Journal of Religion and Health*, and *Zygon* have all published articles on thematic issues related to Islamic bioethics.² Further, the growing body of Islamic bioethics literature has spurred grant agencies to action. For example, the Qatar Foundation funded the Kennedy Institute of Ethics' initiative to develop a resource library on Islamic medical and scientific ethics, and it is also supporting plans to publish an encyclopedia of Islamic bioethics.³ These disparate ventures aim at generating a body of work that can enable further academic research and field development.

By glancing at the preceding activities a casual observer may suppose that Islamic bioethics is an established field and that a home for Islamic bioethics within the academy has been secured. One may assume that because "bioethics began in religion"⁴ and that theological perspectives, particularly Christian ones, have long been part and parcel of the academic bioethics discourse, Islamic bioethics sits alongside other faith traditions well ensconced in institutions and well represented in academic journals and books.⁵

Yet if one were to move beneath the surface to examine the literature more closely, one would find that the foundations of an academic Islamic bioethics have yet to be laid and concepts that demarcate the field remain undefined; for instance, what are the "Islamic" aspects of Islamic bioethics? Furthermore, the blueprint for the building remains incomplete, as important actors such as seminary-trained theologians and congregational *imāms* are often left out of academic forums. Consequently,

their insights into how the ethical teachings and values of Islam are to be transmitted to, and translated for, biomedical actors such as patients and clinicians are largely unknown and unexamined. A more overarching issue is that even the land on which to build an academic institution of Islamic bioethics is argued about; debates rage over whether religious perspectives on bioethical questions should be considered a part of bioethics or whether they should be relegated to the province of religious studies.⁶

Consequently, Islamic bioethics remains very much a field in and under construction. What is Islamic bioethics? What are the source materials and outputs of Islamic bioethics? Who are Islamic bioethics experts? All of these questions remain open to discussion and debate. Thus, individuals seeking out Islamic bioethical perspectives, whether they are academicians, patients, or physicians, find it difficult to locate and make sense of the diversity of Islamic bioethical writings. Similarly, those seeking to set up Islamic bioethics-related courses, certificate programs, and centers for research also struggle in their attempts to formulate pedagogical parameters and research methods.

In addressing the complexity of this developing and, as suggested earlier, potentially perplexing nexus of discourses, this introductory chapter adopts a sociological perspective. The goal is to set forth as clearly as possible the major components of the discourse. I will begin by providing a foundational definition for Islamic bioethics and a brief history of the nascent field. I will next outline major conceptual and analytic questions that impact Islamic bioethics as it develops into an academic field of inquiry. Subsequently, I will provide a typology of the principal consumers and producers of Islamic bioethics discourse, discuss their respective roles, and identify illustrative outputs. Finally, I will close by introducing the chapters and themes of the book in light of the preceding typology.

DEVELOPING AN ISLAMIC BIOETHICS

Definitions

As noted earlier, much ink is being spilled in writing on Islamic bioethics. To quantify the matter, Hasan Shanawani and Mohammad Hassan Khalil undertook a review of the Medline-indexed health literature

on the topic over a decade ago. Using the search terms “Islam” or “Muslim” or “Arab” and “Bioethics,” they uncovered 497 articles published between 1950 and 2005 on these topics, 112 of which they found to be genuinely related to Islamic bioethics.⁷ The same search string yields over three times as many articles today, suggesting a rapidly growing body of discourse. But what is Islamic bioethics, and what sort of relationship between Islam and bioethics does the conjunction refer to?

While I along with others have offered somewhat overlapping answers to these questions over the years, defining Islamic bioethics in the following way allows us to bring together these varied approaches and disparate writings. *Islamic bioethics* is a discourse that uses the Islamic tradition to address moral questions and ethical issues arising out of the biomedical sciences and allied health practice. At the center of this discourse is a discursive pairing: an individual (or institution) from the biomedical arena that seeks “Islamic” guidance and resources and an expert respondent (or group) representing the Islamic tradition. Most often this pair is a Muslim physician and an Islamic jurist. Surrounding this dyad are other scholars (biomedical scientists, health practitioners, policy experts) who provide information that clarifies the issues at hand and thereby complements the interaction. Moving further outward from this locus of question and answer are myriad scholars who use different methodologies to study and opine on the interaction(s) between Islam/Muslims and biomedicine/bioethics.

This figuration of Islamic bioethics, which is a multidisciplinary discursive enterprise, allows us not only to identify voices in the field but also to identify their outputs. For example, if the central pairing in Islamic bioethics is a seeker of a moral opinion and an Islamic scholar respondent, then *fatawā* literature becomes the principal source material for the study of Islamic bioethics.⁸ Similarly, other texts that document dialogue between solicitors and advisors are important sources; court proceedings or reports from ethics bodies that involve expert testimony/commentary from an Islamic perspective are often neglected but nonetheless important materials of the field. At the same time, *fatawā* and *fatawā*-like materials are not the only sources for studying Islamic bioethics. The writings of clinicians, social scientists, researchers, and others are also valuable. These experts may also offer Islamic bioethical perspectives, synthesize and critique the genre, or otherwise provide pertinent insights on, and for, the

developing field. It also bears mention that texts are not the only source materials for Islamic bioethics discourse. Video and audio recordings of lectures, sermons, and *fatwā* sessions may detail Islamic views on various bioethics issues. Furthermore, in many cases *fatāwā* are not written down; rather, the response is given verbally to the seeker.⁹ Similarly, ethics case consultations and committee deliberations in hospitals are not routinely recorded, although a consultation note in the patient chart might record the consensus view. Accordingly, it is important for the researcher to recognize that the discourse is broader than texts and that some sources might otherwise be inaccessible. These limitations must be accounted for when conducting research into Islamic bioethics. To guide researchers along their paths, a working typology of the consumers and producers of the discourse and illustrative outputs will be provided later in this chapter.

Before moving on to provide a brief history of Islamic bioethics discourse, I would like to distinguish Islamic bioethics from Muslim bioethics. I consider Islamic bioethics to be anchored to the ethico-legal sciences of Islam, which in turn ground the moral guidance and ethical opinions rendered. Accordingly, Islamic bioethics considers scripture and tradition, along with the associated class of scholars of both, to be sources of normativity.¹⁰ Muslim bioethics, in my view, represents the sociological and anthropological study of how Muslims act when encountering moral challenges and ethical questions related to medicine and biotechnological advances. Within Muslim bioethics the “normative” is a descriptive rather than an evaluative term. Thus the normative is what people routinely do, not what “Islam” calls upon them to do. Said another way, Islamic bioethics concerns itself with the study of Islamic scriptural texts and moral traditions along with those who produce ethico-legal guidance based on these sources. Muslim bioethics studies human actors who may or may not engage these texts, traditions, and rulings while facing bioethical dilemmas. This distinction, albeit not absolute and not without zones of overlap, can be helpful for researchers delving into the vast literature related to the encounter of Islam and Muslims with biomedicine.

History

When defined as a discourse seeking scripture-based guidance for moral issues related to biomedicine, the history of Islamic bioethics is as old

as the history of Islam.¹¹ Indeed one could credibly argue that the earliest discourse of Islamic bioethics is captured by *ḥadīth* that record statements from the Prophet Muhammad about the ontology of healing as well as his responses to individuals' querying about the permissibility of various therapies. Such reports are vast in scope and many in number and are contained within the *kitāb al-ṭibb* (chapter on medicine) sections of the canonical *ḥadīth* collections. For example, an oft-cited narration from the Prophet reads "Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful."¹² Moving beyond the Prophet's time, Islamic scholars in every succeeding epoch made moral assessments of biomedicine. Indeed, nearly every *fatwā* collection, classical or modern, contains rulings about the permissibility of various therapeutic modalities. Hence one might say that Islamic medical jurisprudence has always been part of, and has developed alongside, the tradition.

In addition to legal, or *fiqh*-related, writings on Islamic bioethics,¹³ another subgenre has deep roots within the tradition. This ethical subgenre is known as *adab* literature. This literature, in general, focuses on moral formation and goodly comportment toward God and humankind. While there are multiple definitions of *adab*, they all focus on the relationship between the inner being and the outward action. *Adab* writers seek to instill the practice of doing good works and the adoption of virtues as a means of molding an inner disposition inclined toward good action.¹⁴ Not all of their works apply to humanity in general; some are manuals aiming at specific professional virtues. These manuals focus on emulating the best exemplars of the field and on the specific virtues needed to become a "goodly" practitioner. With respect to the medical field, the treatise *Adab al-Ṭabib* (Practical Ethics of the Physician), by Ishaq ibn Ali al-Ruhawi (d. 931), a ninth-century physician residing under the Islamic caliphate in modern-day Iraq, represents the crowning achievement of this genre.¹⁵ Other prominent Muslim physicians of the classical period, such as 'Ali ibn al-'Abbas al-Majusi (d. 982–94) and Abū Al-Faraj 'Alī ibn al-Husayn ibn Hindū (d. 1019–32), also included sections on the virtues and the ethical practice of medicine in their clinical tomes.¹⁶ Such writings remain very much a part of contemporary Islamic bioethics discourse today and are reflected in the Islamic codes of medical ethics and writings on the duties of an "Islamic" physician.¹⁷

While I have shared the origins and early history of Islamic ethical discourse related to medicine and clinical practice, one could also argue that Islamic bioethics is a more recent development. Such a view considers Islamic bioethics to be part of a discourse that arose in response to predominately secular global bioethics discourses. To be sure, the story of bioethics originated in the 1970s with the term coined by Van Rensselaer Potter in his “Bioethics, the Science of Survival.” In that article Potter argues for the development of a moral philosophy that integrates biology, ecology, medicine, and human values.¹⁸ Following the publication of Potter’s article, the moral philosopher Daniel Callahan argued for the establishment of bioethics as a discipline, and thereafter he institutionalized the field by co-founding the Hastings Center.¹⁹ After the establishment of this seminal foothold, the next few decades saw bioethics become part of the fabric of American healthcare delivery and health policymaking, with clinical medical ethics centers and committees finding homes in academic medical centers and hospitals. While initially dominated by theologians and philosophers, the discourse has become a multidisciplinary one that includes lawyers, clinicians, social scientists, and others.²⁰ Furthermore, bioethics represents a global community of scholars and transnational enterprises, with bodies such as the United Nations’ Educational, Scientific and Cultural Organization forming bioethics advisory groups, and training programs and bioethics being studied in universities around the globe.

Witnessing the rise of bioethics and the rapid pace of biotechnological advancements in the so-called West, Muslim stakeholders sought to address moral questions of biomedicine in a transnational way from an Islamic vantage point. Petrodollars had already been used to establish *fiqh* academies in the Muslim World League and the Organisation of Islamic Cooperation (known at the time as the Organisation of the Islamic Conference) in the late 1960s and early 1970s. In the 1980s, Islamic jurists of these academies were increasingly tasked with questions of a bioethical nature.²¹ Prominent Muslim physicians with a religious bent and often with training in the West were thus brought in to assist with answering these questions, and an Islamic bioethics discourse, albeit a transnational and legalistic one, was born.²² These transnational *fiqh* academies were complemented by other institutions, such as the Islamic Organization for Medical Sciences, founded in 1984, which drew largely from the same jurist and physician pool but also brought in transnational healthcare stakeholders

for dialogue over an Islamic bioethics.²³ Such bodies engage bioethical questions through the process of collective *ijtihād*, which involves joint discovery of the ethical issues and collaborative moral assessment between jurists, physicians, and other biomedical scientists or healthcare stakeholders.²⁴ The outcomes of deliberation are judicial decisions, *qararāt*, which serve as a nonbinding *fatwā*. Since the 1980s this process of Islamic bioethical assessment has been undertaken, more or less, in *fiqh* academies in different organizations and countries, such as the Department of Islamic Development Malaysia (JAKIM).²⁵ One could arguably trace the scholarly origins of a multidisciplinary Islamic bioethics to these institutions and hold that the judicial decisions of such academies represent the most impactful Islamic bioethics writings. Viewed in this way, Islamic bioethics is roughly forty years old and is beginning to experience the insecurity of what might be deemed a kind of midlife crisis.

Critical Questions and Contestations

Before moving on to describe a typology of consumers and producers of Islamic bioethics discourse, I would like to outline several broad conceptual questions that affect the field's development. As with the earlier issues, scholars make different arguments not only about the history of Islamic bioethics, but also about what it comprises, its authority structures, and its boundaries. Although a scholarly consensus on these issues is untenable and may constrain healthy debate, clarity about the points of contention is useful. Indeed, as Islamic bioethics develops into a cohesive field of inquiry and academic discipline, defining the content, scope, and research methods of the field necessitates attending to the issues outlined below.

What is the “Islamic” in Islamic bioethics?

This question can be rephrased in many different ways: What is the source of the Islamic content of Islamic bioethics? What features of the discourse make it distinctly Islamic? How does one distinguish Islamic bioethics from other types of bioethics? What connection does Islamic bioethics have with the Islamic tradition? Ambiguities regarding the contours of an Islamic bioethics do not stem from the lack of a moral theology outlined by scripture or from a dearth of ethico-legal judgments pertaining to medicine and healthcare formulated by Islamic jurists.

Rather, the principal challenge has been to articulate the Islamic character of the field given that notions about moral norms, the good, and the ethical are scattered across many Islamic sciences, including moral theology (*uṣūl al-fiqh*), scholastic theology (*ilm al-kalām*), jurisprudence, and law (*fiqh*). Furthermore, these notions are conceived of differently in the genres related to spiritual and moral formation (for example, *tasawwuf* and *adab*).

As noted earlier, when invoking “Islamic” to describe a field, one is attempting to move beyond the anthropological/sociological, that is, the individual Muslim actor, to the study of the lived tradition and its source proper. In other words, by attaching the label “Islamic” one seeks to move past invoking a “purely” human construct and on to examining practices and texts that draw on revelation. While this rhetorical move might allow for classifying studies of the organ transplantation practices of Muslims in Malaysia as *Muslim bioethics*, and therefore not central to *Islamic bioethics* discourse, the dividing line is not as clear as one would like. For example, a researcher might study the transplantation attitudes of Muslims in Malaysia and find that they are heavily influenced by understandings of Islamic scriptural texts and/or Islamic juridical verdicts on the matter. Thus the so-called Muslim bioethical attitudes are informed by hermeneutical understandings and traditional Islamic authorities. Would such work belong to Muslim studies or to Islamic bioethics?

Recognizing this challenge, I conceive of such studies as straddling Muslim and Islamic bioethics and classify them as belonging to a subgenre of Islamic bioethics: applied Islamic bioethics.²⁶ Applied Islamic bioethics, in my view, refers to (1) studies of how Muslims at the ground level, that is, the end users, interpret and apply Islamic bioethics rulings and (2) how Islamic scholars derive normative values and make moral assessments based on scriptural texts and religious traditions to address bioethics questions. This is somewhat separate from Islam and bioethics as subjects of study, either where rulings are the primary sources of study (as in Islamic bioethics) or where peoples and societies are primary sources of study (as in Muslim bioethics). Some scholars, particularly those from religious studies, might argue that the bounding conditions are ambiguous and that, since religious traditions are embodied, one cannot divorce the study of the religious texts from the study of the people who interpret and live out the teachings in those texts. Indeed, the ongoing and lively debates pertaining

to the methods and sources for the study of religion in Western academies suggest that Muslim versus Islamic versus applied Islamic bioethics terminology might be similarly debated as the discourse matures.

I admit that these classifications do not fully resolve ambiguities but assert that they are useful for the developing field, and may at the least differentiate Muslim studies where “Muslim” is simply a demographic descriptor from studies where the religious tradition is under study. To return to our question at hand: What makes Islamic bioethics “Islamic”? If the Islamic in Islamic bioethics refers to something more or other than Muslim identity, what does it refer to? The forgoing discussion suggests that the Islamic refers to drawing from the scriptural sources of Islam and that the focus on revelation is a defining feature of Islamic bioethics discourse. Revelation, or *wahy*, in Islam, refers to two sources: the Qur'an and the *Sunnah*. The former refers to the revelation that is recited in prayer and the latter to the revelation that is not recited. All of the moral sciences of Islam—indeed, all of Islam—spring forth from these scriptures as they separate the Islamic message and tradition from other systems of knowledge and *weltanschauungen* (worldviews). Islamic bioethics, therefore, is tied to the revelatory texts of Islam and to the tradition that is formed on the bases of these scriptural sources. Yet, as noted earlier, there are many different moral and ethical sciences within the Islamic tradition. Some are heavily rooted in scriptural texts, for example, *fiqh*, and others less so, for instance, *adab*; and it remains to be seen how holism will emerge and how normativity will be negotiated as the discipline of Islamic bioethics is established.

Organizing the various Islamic moral sciences at play in Islamic bioethics is important because it has methodological implications for the derivation of an Islamic bioethical vision. For example, if Islamic bioethics is merely about the moral assessment of human actions based on revelatory guidance, then Islamic law is the principal science involved and the methods and devices of Islamic law are those that must be used to author Islamic bioethics perspectives. Should Islamic bioethics instead focus more on the moral formation of the agent, *adab* discourse must be generated. Alternatively, if Islamic bioethics pertains to generating theologically defined outcomes in society (that is, the generation of healing or reduction of illness among humankind), frameworks from other sciences of moral theology, such as the *maqāṣid* (the overarching objectives

of Islamic law), might need to be applied to biomedicine, and/or ideas from scholastic/dialectic theology about God, theodicy, illness, and healing might furnish theological parameters for healthcare delivery. Identifying and delineating the Islamic sciences at play is important not only for deriving Islamic bioethical guidance but also for studying the field, since different texts and authors are implicated as source material. In other words, as Islamic bioethics expands beyond law, it moves from the study of *fatāwā* and ethico-legal manuals to studying the outputs of theologians and other scholars.

What is the ethical scope of “Islamic bioethics”?

This question aims at delineating the scope and levels of analyses for the emerging field. Academic bioethics incorporates many different subfields, and contemporary bioethics discourse likewise is comprised of several different subgenres.²⁷ Medical ethics, environmental ethics, and animal ethics were all traditionally subsumed under bioethics, and more recent additions include public health ethics, genethics, and biomedical research ethics. Furthermore, courses on law and policymaking related to biomedicine are often included in bioethics training. Each of these specific areas brings into focus a particular topic and level of analysis. For example, medical ethics is primarily concerned with the clinical domain and focused on resolving ethical issues at the patient-doctor level. Public health ethics, on the other hand, focuses on the health of populations and the ethical underpinnings of public policy. Genethics and animal ethics have special topics of interest but analyze ethical questions at many different levels—individual, institutional, societal, and transnational.

Islamic bioethics literature is not yet vast enough, nor does Islamic bioethics have multiple academic programs dedicated to its study. Because of this, little concern has been generated about the organizational structure of the field and its potential subdisciplines/genres. Nonetheless, these are important questions. If Islamic bioethics were to mirror the structure of bioethics, certain types of literature would become mainstays for some subfields and not others. For example, health policies and laws promulgated by Muslim governments that consider Islamic law as a legal source—that is, Pakistan, Iran, and Saudi Arabia—would become sources of study for an Islamic public health ethics should such a subfield exist. Alternatively, if Islamic bioethics were constructed such that state policy was not

within its purview, such material would become unimportant. Perhaps it is more important to consider the practice of Islamic bioethics and its scope along similar boundary lines. Much of the *fatwā* literature used to discuss Islamic bioethics focuses on individual-level ethico-legal analyses. Beyond considering whether Islamic law could deem an act morally licit, jurists do not routinely comment on or consider how that act implicates the medical profession, social policy, or law. Are such rulings somehow incomplete in their exposition of an Islamic bioethical norm? In other words, should rendering an Islamic bioethical opinion necessarily involve adjudicating societal or national-level ramifications? Certainly any critical discourse involves hierarchies in which certain voices and concerns reside at the margins. As Islamic bioethics develops, delineating the orders in its discourse will become important for researchers and practitioners.

Who is an “Islamic bioethics” expert?

This question is connected with two preceding questions and transitions us to the subsequent typology of producers of Islamic bioethics material. There are several questions that relate to the question of expertise and affect the development of the field and its literature. For example, prior to developing educational training programs to certify and produce “Islamic bioethicists,” program developers must decide what the core competencies of the field are. Moving from education to resource development, when organizations convene Islamic experts to address questions of bioethics they must consider whom to invite to the deliberations based on their assessment of the various types of Islamic ethical and biomedical knowledge needed. Similarly, individuals and institutions, such as patients, doctors, and policymakers, who seek out Islamic bioethical guidance have to sort out what content expertise is needed and locate trustworthy experts.

At present, Islamic bioethics literature is primarily based on the output of Islamic jurists (*fatāwā*), with other disciplinary experts playing, at best, complementary roles. Seeing jurists as Islamic bioethics experts accords with the view that the main ethical science of Islam is law.²⁸ Following this path would lead to the view that Islamic bioethics training should consist primarily of the Islamic legal sciences. Yet Islamic law is not the only science of ethics in Islam. An Islamic bioethical vision should focus on more than the moral status of acts at the individual level, and an Islamic response to the secular, multidisciplinary field of bioethics requires

a multidisciplinary approach. Consequently, a purely legal vision does not suffice for the field. Indeed individual *fiqh* experts have recognized the limitations of their own knowledge in addressing bioethical issues; they have addressed these by convening *fiqh* academies where multiple jurists issue collective opinions and fill in each other's knowledge gaps. Some of these academies have included biomedical scientists and health policy stakeholders in order to obtain a better handle on the various biomedical and bioethical dimensions of the issue. Beyond expert testimony, some *fiqh* academies have given biomedical content experts greater roles in collective *ijtihād*, so much so that they co-author judicial decisions and offer their own Islamic ethical analyses.²⁹ Thus the practice of issuing Islamic bioethical positions is evolving to address individual limits in knowledge of the relevant biomedical and legal contexts.

This move from individual to collective and from a purely legal adjudication of ethics toward a multidisciplinary ethico-legal vision was anticipated by Tariq Ramadan. He has called for a “radical reform” in *ijtihād* where “scholars of the [scriptural] texts” and “scholars of the context” come together to provide a holistic Islamic ethico-legal vision for contemporary society.³⁰ In addition to multidisciplinarity, he also calls for reform in the process of ethical assessment so that the scriptural sciences will be placed on an equal footing with the natural and social sciences and so that natural theology informs moral theology.³¹ In his view, all of the sciences belong at the expert table, and all have (partial) Islamic bioethical expertise. Ramadan further suggests that the traditional methods of generating *fiqh* be discarded in favor of a *maqāṣid*-based approach to develop ethico-legal rulings. In his view, the *maqāṣid* (overarching objectives of Islamic law) are to be revised and better specified in light of the contemporary sciences. While this approach has both merit and shortcomings, it attends to the need to broaden conceptions of the ethical and of the expert in Islamic bioethics. As the process of Islamic bioethical assessment evolves, so too will the Islamic bioethics literature, along with the definition of Islamic bioethical expertise.

As the disciplinary parameters and methods of Islamic bioethics take shape, answering the preceding questions will help stakeholders mark the evolution of the field. The distinguishing features that make Islamic bioethics “Islamic,” the scope and levels of analyses related to the “bioethical,” and a delineation of Islamic bioethics experts and expertise will come

into clearer view. It is to be expected that leaders in the field will answer these questions differently and that paradigm shifts will occur. Observing how these questions are addressed by different scholars over time will allow for marking the field's growth.

While the preceding three questions are not the only ones that bear upon the construction of the field, they foreshadow critical epistemic concerns and impending authority crises. For example, one area of heated debate will focus on normative theorization, engaging the question of how the "what is" should inform the "what should be." In other words, what is the extent to which, and how might, realities on the ground (what is) inform the development of an Islamic bioethical philosophy for the right-ordering of society (what should be). This question is central to Islamic ethico-legal theory and has generated intense, continued debate among Islamic scholars. Islamic bioethical theoreticians will need to weigh in on this debate. And by doing so they will help organize the disciplines that inform Islamic bioethical rulings, delineate potential hierarchies among content experts, and identify research methods and source materials for the field.

Consumers of the Discourse

Islamic bioethical judgments and resources are sought out by many groups for somewhat different reasons (see table I.1). In what follows, I classify the principal consumers by type and describe their respective underlying motivations for seeking Islamic bioethics resources. While the list is neither exhaustive nor the classes described mutually exclusive, the typology allows us to appreciate different stakeholders and the broader significance of the discourse.

Muslim patients and their surrogate decisionmakers

Numerous studies have documented that Islam strongly influences the health behaviors and healthcare decisions of diverse groups of Muslims.³² Muslims may look to Islamic authorities to advise them on the moral dimensions of healthcare, which include Islamic views on the act of seeking healthcare, those pertaining to clinical therapeutics, and the manner of seeking treatment. Said another way, Muslim patients and their surrogate decisionmakers might want to know whether they are obligated to seek a certain type of treatment, which of the available

TABLE I.1 A Typology of Islamic Bioethics Consumers

<i>Consumers</i>	<i>Motivations for Seeking Islamic Bioethics Resources</i>
Muslim patients and their surrogate decisionmakers	<ul style="list-style-type: none"> • To establish concordance between medical care and Islamic values
Muslim clinicians and their professional organizations	<ul style="list-style-type: none"> • To determine what types of treatment they are morally obligated to provide and which they can conscientiously refuse to provide • To inform an “Islamic” ethos for their clinical practice
Religious leaders, <i>imāms</i> , and Muslim chaplains	<ul style="list-style-type: none"> • To ensure that their advice is theologically sound before imparting it to patients and/or providers
Hospitals and healthcare systems	<ul style="list-style-type: none"> • To understand the needs of the Muslim patient population and ensure that culturally sensitive healthcare is being provided
Health policy- and lawmakers	<ul style="list-style-type: none"> • To advocate for a more culturally accommodating healthcare system
Academicians and researchers	<ul style="list-style-type: none"> • To establish the pedagogical parameters for the field of Islamic bioethics • To study, synthesize, develop, and critique literature in the field
Islamic/Muslim bioethicists	<ul style="list-style-type: none"> • To inform their practice as ethics advisors on research and clinical ethics committees and on advisory councils • To inform their scholarship in the field

Source: Author's construction.

clinical therapies are licit, and whether certain ways of seeking healthcare are morally sanctioned. While not all Muslims incorporate Islamic bioethical guidance into their medical decisionmaking process, some do, and when confronted with life-threatening illnesses and end-of-life care choices, many seek spiritual support.

Muslim clinicians and their professional organizations

Just as Muslim patients might desire Islamic bioethical perspectives on seeking healthcare, Muslim clinicians often seek moral guidance about

delivering healthcare. As biotechnological advancements portend increased capabilities for intervening in illness and shaping the human body, clinicians desire to know if they ought to do so. At the patient-provider level, what types of treatment are Muslim clinicians morally obligated to provide, and which can they conscientiously (on the basis of religion) refuse? In addition to answering questions about matters of practice, Islamic bioethical guidance is also sought to inform ethos. What are the moral duties of a Muslim physician toward his or her patients, how should a Muslim carry him- or herself in the clinical realm, and what character virtues must be adopted and inculcated to live out an Islamic bioethics? Importantly, Muslim clinicians are often sought out by Muslim patients for guidance on patient-level religious obligations. For example, Muslim clinicians might be sought out for advice on when illnesses are severe enough that Muslim patients are exempted from fasting the month of Ramadan or when certain allowances can be made in performing ritual prayers and the like. Indeed, Islamic jurists often cede ethical authority to Muslim clinicians when it comes to matters of the severity of illnesses necessitating exemptions and allowances in matters of worship. Hence Muslim clinicians themselves seek Islamic bioethics guidance from jurists in order to be better informed about the religious rationale behind, and considerations involved in, rendering exemptions and allowances on account of illness. As noted earlier, the professional associations of Muslim clinicians have been at the forefront of jurist-physician collaboration to furnish Islamic bioethics guidance. In addition to generating resources that can be used by Muslim clinicians in practice, the Islamic bioethical understandings generated by such partnerships help these organizations set policy and issue position statements in accordance with Islam.

Religious leaders, imāms, and Muslim chaplains

When confronting ethical challenges in medicine, patients and providers alike often turn to local religious leaders, *imāms*, and chaplains for advice. Often these religious advisors are tasked not only with providing spiritual support but also with informing clinicians, patients, families, and others about Islamic bioethical rulings that pertain to a clinical situation at hand. Indeed, as Islamic bioethics “experts,” local religious leaders are sometimes invited by clinical care teams and hospital ethics committees

to participate in family meetings (upon the advice and permission of Muslims patients and families). Given these roles, local religious leaders, *imāms*, and Muslim chaplains, in turn, seek Islamic bioethics literature to secure their knowledge bases.

Hospitals and healthcare systems

Modern healthcare delivery is increasingly moving toward being more responsive to and respectful of patient needs and values. To illustrate, movements toward patient-centered and culturally sensitive healthcare are championed by stakeholders across the board and motivate hospital and healthcare system leaders to learn about the beliefs, values, norms, and healthcare needs of the patient populations they serve. After obtaining such knowledge, healthcare administrators and policymakers must decide what patient needs ought to be accommodated and how to do so. Against this backdrop, hospital and healthcare system leaders seek out Islamic bioethical guidance in order to understand the norms, values, and needs of Muslim patients. Moreover, many hospitals and healthcare systems desire to operate out of an Islamic vision for healthcare and therefore take Islamic bioethical guidelines into consideration as they design and structure their healthcare services. These institutions are therefore also consumers of Islamic bioethics.

Health policy- and lawmakers

Policies and laws help to ensure the functioning of society and ideally reflect the values of its citizens. As politicians and lawmakers structure healthcare delivery and set the health laws of the areas they already represent or hope to, the religion-related attitudes, norms, and values of Muslim communities in society become important to them. Policies and laws regulate the boundaries of the biomedical enterprise, and Islamic bioethical assessments of permitted forms of health services delivery and biomedical research provide data that can help legislators set boundaries that meet the needs of society and minimize conflict. Islamic bioethical determinations obviously become more important as the numbers of Muslims in a given society grow, and these are, of course, of the utmost importance to policy- and lawmakers in Muslim-majority nations where Islam is a legislative source.

Academicians and researchers

Every academic field is built on research activities and a growing body of literature. As Islamic bioethics comes into its own, the field will be followed by academicians who set out its pedagogical parameters as well as researchers who study, synthesize, develop, and critique its literature. There are many motivations underlying current research on Islamic bioethics, from intellectual curiosity about how Islamic moral traditions engage with modern biomedical science and practice, to interest in collating material for the consumers noted earlier. Some are drawn to Islamic bioethics because they want to reform Islamic ethical thinking and the production of sacred law; others desire to map out the growth of religious bioethics in different faith traditions; and still others desire to furnish common morality-based universalist frameworks for global bioethics that also align with Islamic morality.³³ All of the groups require material to work with and thus seek out Islamic bioethics-related materials with which to conduct their academic work.

Islamic/Muslim bioethicists

For the sake of completeness it is worth mentioning the emergence of a class of experts who represent both consumers and producers of the discourse. Just as secular bioethicists are a diverse group, individuals within this group include individuals with clinical, Islamic studies, legal, and other backgrounds. These are Muslim physicians, lawyers, philosophers, and social scientists who are working as practicing ethicists and doing research and writing on Islamic bioethics. Since there are relatively few institutions that offer coursework in Islamic bioethics, and perhaps a handful of certificate or graduate programs on Islamic bioethics,³⁴ the expertise and core competencies of members of this group are far from uniform. For example, individuals who obtain graduate degrees in bioethics can be included in this group, as can individuals who obtain formal training in Islamic law. Their consumer role is tied to their professional activities. Individuals from this group who serve on clinical and research ethics committees or in bioethics advisory groups seek literature on Islamic bioethics in order to offer expert guidance to the larger group from an Islamic lens. Those who work primarily as researchers and educators study the literature to inform their scholarship.

Producers of the Discourse

Although there remains definitional ambiguity regarding Islamic bioethics and critical questions for the field remain unaddressed, there are a great number of “producers” of material on Islamic bioethics (see table I.2). In what follows I outline the principal producers of Islamic bioethics literature, discuss their primary role(s) in the field, and provide examples of their respective outputs or of writings about their outputs.

TABLE I.2 A Typology of Islamic Bioethics Producers

<i>Producers</i>	<i>Primary Roles</i>	<i>Textual Outputs</i>
Islamic jurists	<ul style="list-style-type: none"> To serve Muslims by enabling their continued adherence to the faith 	<ul style="list-style-type: none"> <i>Fatāwā</i> Judicial opinions (<i>qararāt</i>)
Muslim clinicians	<ul style="list-style-type: none"> To serve as biomedical experts helping jurists understand the biomedical science and context that surround bioethical questions To serve as conduits of Islamic bioethical knowledge to patients who might ask for religiously informed opinions on medical treatments and decisions 	<ul style="list-style-type: none"> Peer-reviewed journal articles
Academic Islamic/religious studies experts	<ul style="list-style-type: none"> To study and address dialectics between Islam and biomedicine by analyzing the literature and drawing on aspects of the Islamic tradition 	<ul style="list-style-type: none"> Normative essays Books and book chapters Peer-reviewed journal articles
Social scientists	<ul style="list-style-type: none"> To describe how Muslims engage with bioethical questions To focus on the negotiation of Islamic values and identities in healthcare systems and within individual societies 	<ul style="list-style-type: none"> Books Peer-reviewed journal articles Policy reports and briefs

(continues)

TABLE 1.2 *Continued*

<i>Producers</i>	<i>Primary Roles</i>	<i>Textual Outputs</i>
Islamic/Muslim bioethicists	<ul style="list-style-type: none"> • To serve on clinical and research ethics committees, as well as bioethics advisory groups, offering Islamic and Muslim ethical insights • To author scholarly articles and papers to advance the field of Islamic bioethics 	<ul style="list-style-type: none"> • Books • Peer-reviewed journal articles • Normative essays
Muslim health professional organizations	<ul style="list-style-type: none"> • To convene scholars to deliberate about bioethical questions • To generate bioethics primers and policies 	<ul style="list-style-type: none"> • Books • Articles • Judicial opinions (<i>qararāt</i>)
Juridical academies	<ul style="list-style-type: none"> • To bring jurists together to render Islamic ethico-legal opinions 	<ul style="list-style-type: none"> • Books • <i>Fatāwā</i> • Judicial opinions (<i>qararāt</i>)
State authorities	<ul style="list-style-type: none"> • To use Islamic ethics and law as sources in crafting policies and laws 	<ul style="list-style-type: none"> • Policies • Laws

Source: Author's construction.

Islamic jurists

Islamic jurists are individuals with advanced training in Islamic law whose primary concern is to serve Muslims by enabling their continued adherence to the faith. They are formally authorized *muftis* or those with comparable credentials who draw on Islamic jurisprudential frameworks to render *fatāwā*. This is a heterogeneous group of scholars in that they are variably trained through Islamic seminaries and colleges and render judgments based on different schools of law and ethico-legal approaches. Their service to the community is likewise diverse, as some serve in mosques or community-based colleges, others have leadership roles on regional or national juridical councils, and others have formal governmental positions. They are united by their engagement in the dialogical *muftī : mustaftī* (religious advisor : seeker of religious law opinion) relationship to render Islamic opinions. The ethico-legal opinions of these

scholars are issued verbally in person or via public media, online in virtual forums, or in public media or books. The output of jurists is thus a key to and rich resource for the study of Islamic bioethics. For example, Vardit Rispler-Chaim was arguably the first scholar to carry out systematic *fatawā* research for the purpose of understanding Islamic bioethics. Based on the *fatawā* of Egyptian scholars, she authored *Islamic Medical Ethics in the Twentieth Century*.³⁵ With respect to online *fatawā*, Stef Van den Branden and Bert Broeckaert have conducted multiple studies on the bioethical rulings of jurists issuing verdicts on internet forums (e-fatwās) to better understand Islamic positions on organ donation, euthanasia, and other critical questions.³⁶ *Fatawā* research remains very much a cornerstone of Islamic bioethics research today, even though it has significant methodological limitations.³⁷

Muslim clinicians

As noted earlier, Muslim clinicians play multiple roles in the field. They serve as biomedical experts who help jurists understand the biomedical science and clinical context of a bioethical question, and they often serve as conduits of Islamic bioethical knowledge to patients who ask for a religiously informed opinions on medical treatments and decisions. In addition, they might render their own Islamic bioethical opinions. The Islamic bioethics-related outputs of Muslim clinicians are consequently diverse. As source material for the field, certain types of writings stand out. Muslim clinicians often speak to their profession through peer-reviewed journal articles and in this medium deliver Islamic bioethical guidance. Such works transmit and collate extant *fatawā* on a particular issue (or critique them), or they might make Islamic bioethical arguments *de novo*. Medline is a particularly rich database for researching the Islamic bioethics outputs of Muslim clinicians because it is the largest bibliographic database for the life sciences and is globally accessible to both clinicians and researchers. In addition, the journals indexed by Medline are the main venue of publication for academic clinicians and health researchers.³⁸ Illustrating the importance of Muslim clinician outputs for the field of Islamic bioethics, Hasan Shanawani and Mohamed Hasan Khalil, as referenced at the opening of this chapter, reviewed all Islamic bioethics-related papers in Medline from 1950 to 2005 in order to characterize the authors of this genre and examine their expertise.³⁹

Academic Islamic/religious studies experts

This diverse group is marked by their normative research into Islamic bioethics. Using a variety of methods from religious studies and comparative ethics, they analyze writings at the intersection of Islam and biomedicine, such as *fatāwā*, or draw on other aspects of Islamic tradition, such as theology, to study and address dialectics between Islam and biomedicine. Their focus can be historical or contemporary, their research descriptive or analytic, and their interests broad or topical. Vardit Rispler-Chaim can be classified as part of this group, as can Abdulaziz Sachedina. In his book *Islamic Biomedical Ethics: Principles and Application*, Sachedina takes a theological ethics approach to outlining a form of moral reasoning that is related to, but different from, the traditional legal approach to generating Islamic bioethical rulings.⁴⁰

Social scientists

Given the preceding distinction between Islamic and Muslim bioethics, I separate out social scientists as producers of Islamic bioethics from religious studies experts, as the former focus primarily on describing how Muslims engage with bioethical questions. They focus on the negotiation of Islamic values and identities in healthcare systems and in individual societies. These are generally anthropologists, sociologists, scholars of policy (economics, political science), and others who rely on empirical data obtained from and/or about Muslims. This group is increasingly invited to Islamic bioethical deliberations to inform jurists about the societal ramifications and the particular contexts that generate bioethical dilemmas. In this way “thick” descriptive analyses can, variably, facilitate normative theorization (moving from what is to what ought to be). The distinguishing feature of scholars who work on Islamic bioethics and those who are content with describing Muslim bioethical decisionmaking is the analytic interest of the former in the relationship between scriptural understandings and lived reality. Examples from this group of producers include Sherine Hamdy and Farhat Moazam. Both scholars take an ethnographic approach to studying the lives of individuals confronting ethical challenges related to organ donation and transplantation in Muslim countries.⁴¹ Notably, both scholars interrogate the self-understandings of their study participants as to what Islam calls them to do and investigate how jurists reason about the ethico-legal permissibility of organ donation and transplantation.

Islamic/Muslim bioethicists

As mentioned earlier, this somewhat ambiguous and relatively new class of experts are both consumers and producers of the discourse. They can come from almost any disciplinary background yet are distinguished by their formal training in bioethics or in Islamic ethics and law. In other words, this group includes individuals who have pursued advanced training (master's and/or doctoral degrees or postgraduate fellowships) in bioethics or, alternatively, have pursued certificates and degrees in Islamic ethics and law with a focus on bioethical issues. They are either professional bioethicists conducting research and teaching in the field or practicing ethicists on clinical, research, governmental, and hospital committees. Thus their writings can appear in the peer-reviewed press, in public media, or in policy and position papers. To my knowledge, there has been no formal research into the formation of such experts, nor has there been in-depth study of how this group's writings compare to those of other producers. Such work will be invaluable to establishing the field of Islamic bioethics and its experts.

Muslim health professional organizations

Muslim health professional organizations are important contributors to Islamic bioethics because they convene scholars to deliberate over bioethical questions and thereby generate primers and policies. They may also provide Islamic bioethics education to their membership and interface with other organizations (healthcare institutions, policymakers, pharma representatives, and others) to advocate on behalf of Islam and Muslims. Examples include the Islamic Organization for Medical Sciences (IOMS) in Kuwait, which has convened deliberative Islamic bioethics meetings with jurists, health policy stakeholders, and biomedical scientists for decades. Their conference proceedings and consensus-based juridical verdicts are found in book form. Another prominent organization is the Federation of Islamic Medical Associations (FIMA), which comprises more than thirty-five different organizations located throughout the world. Part of FIMA's vision is to serve the Islamic ethics needs of Muslim clinicians and providers. To this end, they publish books dedicated to Islamic bioethics.⁴² Similarly, one of the constituent members of FIMA, the Islamic Medical Association of North America, has laid out its own Islamic views on bioethical issues.⁴³ The output of such organizations

provides insight into their conceptions of Islamic ethics and how they can go about motivating policymakers and the broader public to support various health policies.⁴⁴

Juridical academies

This group is represented by transnational Islamic *fiqh* councils such as the *fiqh* academies belonging to the Organisation of Islamic Cooperation (OIC), the Muslim World League (MWL), and the European Council for Fatwā and Research (ECFR); national bodies such as the Islamic *Fiqh* Academy of India, the Majlis Ulama of South Africa, or the Department of Islamic Development Malaysia (JAKIM); and similar local bodies. These organizations aggregate jurists to produce Islamic ethico-legal opinions on a variety of matters, and they use different deliberative methodologies. Some operate on the basis of specific schools of law, some align themselves with state authorities, and others allow nonjurists to participate in deliberation. Their outputs, like those of jurists themselves, can be found online or in book form. In the extant Islamic bioethics literature, the *fiqh* academies of the OIC and MWL and, more recently, the JAKIM are prominently featured. These councils are expansive in scope and use innovative multidisciplinary methods to generate their positions. For example, Mohammed Ghaly studied the proceedings of the *fiqh* academies of the OIC and MWL and concluded that instead of using traditional methods for collective *ijtihād* where clinicians provide expert testimony, these academies gave Muslim clinicians greater latitude to the extent that they could be considered “co-*muftis*,” authoring and generating Islamic bioethical positions alongside traditional jurists.⁴⁵

State authorities

A final group of Islamic bioethics producers are Muslim state authorities who consider Islam a legislative source. For example, ministries of health in Pakistan, Iran, and Saudi Arabia routinely craft health policies with reference to Islam. These materials also provide insight into Islamic bioethical determinations and how Islamic ethical values can generate public policy. Given the complicated relationship between Islamic ethics, state policy, and law, it can sometimes be a challenge to tease out what Islamic norms are being advanced and why. Yet research such as that conducted by Mehrunisha Suleman illustrates the promise of such

materials for the study of Islamic bioethics. She analyzed biomedical research policies in several Muslim countries to assess whether and how Islam influences research ethics.⁴⁶

Like any descriptive typology, the preceding lists of consumers and producers of Islamic bioethics are not exhaustive, and there may be overlap between the various roles delineated. Nonetheless, after identifying the principal voices in the discourse, along with their respective textual outputs, I hope scholars will be better equipped to engage the field and fill in gaps in the literature.

THE BOOK CHAPTERS

In subsequent chapters of this book the authors analyze the interplay between biomedical and Islamic concepts, discuss the forms of interactions between jurists and physicians in the production of Islamic bioethics, and comment on frameworks that can be used to develop a multidisciplinary Islamic bioethics.

The first chapter, “The Relationship between Medicine and Religion: Insights from the *Fatwā* Literature,” is authored by an Islamic studies expert and leading figure in *fatwā*-based Islamic bioethical analyses, Professor Vardit Rispler-Chaim. She conducts a *fatwā* review in order to delineate how jurists analyze the theological implications of biomedical science. She records how the jurists’ techno-scientific imaginations inform their assessments of the morality of biomedical practices. Surely the ways in which jurists resolve the perceived conflicts between scriptural knowledge and theological doctrines, on one side, and biomedical science and medical practice, on the other, have implications for their advice to practitioners and patients. Professor Rispler-Chaim’s work sheds light on Islamic jurists’ biomedical imaginations.

The second chapter, “The Islamic Juridical Principle of Dire Necessity (*al-darūra*) and Its Application to the Field of Biomedical Interventions,” details the scriptural basis of the ethico-legal construct of dire necessity. *Darūra* is an oft-cited device in Islamic bioethics writings, as it is widely used by jurists and clinicians to justify the permissibility of controversial therapeutics and practices.⁴⁷ *Darūra* is an incredibly important construct in the Islamic ethico-legal sciences; it has many legal maxims (*qawāid*)

associated with it, an entire category of *magāsid* (the overarching objectives of Islamic law) are categorized as necessities (*darūri*), and within *uṣūl al-fiqh* the construct translates the lived reality of dire need into an ethico-legal tool. In this chapter Professor Abul Fadl Mohsin Ebrahim, an Islamic studies expert with both academic and seminary training, and I offer further operative insight into how the construct can assist with Islamic bioethical decisionmaking about the use of vaccines and abortion.

The third chapter, “A Jurisprudential (*Uṣūlī*) Framework for Cooperation between Muslim Jurists and Physicians and Its Application to the Determination of Death,” is authored by two Islamic scholars, Muhammed Volkan Stodolsky and Mohammed Amin Kholwadia. Dr. Stodolsky is an Islamic studies expert who has studied Islam in both the academy and the seminary, while Shaykh Kholwadia is a traditionally trained Islamic theologian and jurist. In their chapter they present a framework by which jurists and clinicians can collaborate to generate Islamic bioethical verdicts. Drawing on the model of *ijtihād* described by the thirteenth-century Maliki jurist Abu Ishaq al-Shāṭibī, they identify the respective roles of jurists and biomedical scientists and illustrate how such a process would work. They also critically (re)evaluate the permissibility of using brain death as the standard for legal death in Islamic law. In their view, the *fiqh* academies—for example, the Islamic Organization for Medical Sciences (IOMS) and the Organisation of the Islamic Conferences’ Islamic *Fiqh* Academy (OIC-IFA)—erred in their ethico-legal assessment of brain death because clinicians overstepped by speaking on matters of Islamic law rather than simply on medical “fact.”

The fourth chapter, “Considering Being and Knowing in an Age of Techno-Science,” also uses an Islamic lens to evaluate the moral significance of the brain-dead state. In this chapter, Ebrahim Moosa, a professor of Islamic Studies at the University of Notre Dame, muses on relationships between epistemology and ontology and argues that juridical writings on the permissibility or impermissibility of declaring someone legally dead by neurological criteria miss the mark because of an inattention to such relationships in both the classical and the modern eras. He takes a historical-analytic approach by sifting through the writings of Muslim theologians who wrestled with questions of being and knowing and personhood. After revisiting various classical views on these relationships, he suggests that an Islamic literacy that is more complete and sophisticated

than contemporary juridical analyses can inform physicians, patients, families, and religious counselors on the personhood of a medically irreparably damaged person and the ethical duties owed to the “brain-dead.”

The fifth chapter, “Exploring the Role of Mental Status and Expert Testimony in the Islamic Judicial Process,” is a qualitative study. Hooman Keshavarzi (a clinical psychologist) and Bilal Ali (an Islamic seminarian) report on findings from twelve semi-structured interviews with Islamic jurists. These interviews aimed at exploring participants’ views on the relationship between clinical advice about mental status and the final ethico-legal verdict on moral culpability, as well as their views on how jurists should engage with other disciplinary experts in making determinations about mental status. Using a grounded theory approach to qualitative content analysis, they describe the categories of mental status in Islamic law and the scope of expert testimony their participants discuss and also offer a best-practice judicial process model for the assessment of mental capacity.

In the sixth chapter, “Muslim Perspectives on the American Healthcare System: The Discursive Framing of ‘Islamic’ Bioethical Discourse,”⁴⁸ I hone in on the differing ways in which Islamic bioethics producers conceive of, construct, and speak about Islamic morality. In the context of public policy debates about US healthcare reform that took place in the late 2000s, I compare the discursive outputs of American Muslim health organizations—reports, sermon guides, and press releases—in support of reform with the *fatāwā* of US-based jurists on the permissibility of health insurance. My analysis focuses on the moral arguments used by these producers and also the types of external discourses present in, as well as absent from, their textual outputs. Press releases and reports in support of healthcare reform and *fatāwā* providing religious guidance about health insurance may appear to be sufficiently dissimilar as discursive genres to render a comparative examination of their “Islamic” nature and bioethical framing methodologically contestable. However, the materials are conceptually linked in multiple ways. Both types of producers make “Islamic” moral assessments of the prevailing American healthcare system and seek to motivate Muslim behavior by means of their arguments. Aside from Muslims, both sets of Islamic bioethics producers have disseminated their material in such a way as to engage multiple publics and represent the “Islamic” to broader society. Consequently, examining these respective outputs provides both data on the connections and disconnections between

different Islamic bioethics producers and also insight into the social forces that shape the outputs of the field.

In the seventh chapter, “Muslim Doctors and Islamic Bioethics: Insights from a National Survey of Muslim Physicians in the United States,” I describe the ways in which Muslim physicians engage with Islamic bioethics resources. I further discuss and analyze their understandings of brain death and the concept of *darūra*. The chapter situates arguments presented by other chapter contributors in light of data from Muslim clinicians.

In the concluding chapter, “Jurists, Physicians, and Other Experts in Dialogue: A Multidisciplinary Vision for Islamic Bioethical Deliberation,” I present a schematic model for Islamic bioethics deliberation and describe the various disciplines that need to come together for a more holistic ethical evaluation of biomedicine. This multidisciplinary approach attends to the knowledge gaps and shortcomings of jurists and clinicians working in isolation, and indeed even when combining forces, to furnish Islamic bioethics guidance.

NOTES

1. Tresa Baldas, “Report: Girl’s Genital Mutilation Injury Worse than Doctor Claims,” *USA Today*, April 27, 2017; Alyza Zavala-Offman, “Penalties Worsen as More Female Genital Mutilation Victims Are Suspected,” *Detroit Metro Times*, June 9, 2017; Janice Williams, “Nearly 100 Girls May Have Had Genitals Cut by Doctors in Michigan, Prosecutor Says,” *Newsweek*, June 6, 2017; Samantha Schmidt, “Detroit-Area Doctors Indicted in ‘Brutal’ Genital Mutilation Case,” *Washington Post*, April 28, 2017; A. I. Padela and R. Duivenbode, “Medicine, Morals, and Female Genital Cutting,” Hastings Center, <https://www.thehastingscenter.org/medicine-morals-female-genital-cutting/>.
2. Mustafa Ahmed, “Muslims and Medical Ethics: Time to Move Forward by Going Back,” *Journal of Religion and Health* 55, no. 2 (2016); Morgan Clarke, Thomas Eich, and Jenny Schreiber, “The Social Politics of Islamic Bioethics,” *Die Welt des Islams* 55, no. 3–4 (2015); Mohammed Ghaly, “Islamic Bioethics in the Twenty-First Century,” *Zygon* 48, no. 3 (2013); “Islamic Bioethics: The Inevitable Interplay of ‘Texts’ and ‘Contexts,’” *Bioethics* 28, no. 2 (2014); A. I. Padela, “Islamic Bioethics: Between Sacred Law, Lived Experiences, and State Authority,” *Theoretical Medicine and Bioethics*, April 16, 2013.
3. Islamic Bioethics Project, “Encyclopedia of Islamic Bioethics (EIB),” <http://ibp.georgetown.domains/en/encyclopedia/>; Kennedy Institute of Ethics, *Islamic*

Medical and Scientific Ethics (Doha, Qatar: Georgetown University Press), <https://bioethics.georgetown.edu/library-materials/bioethics-research-library-databases/islamic-medical-and-scientific-ethics/>.

4. A. R. Jonsen, "A History of Religion and Bioethics," in *Handbook of Bioethics and Religion*, ed. David E. Guinn (Oxford: Oxford University Press, 2006), 23.

5. Although this volume does not contain chapters that compare Islamic bioethical perspectives with Christian, Jewish, or other religious views, such work enriches our understandings of the moral values at stake. There are several institutes dedicated to inter-religious bioethics dialogue and many noteworthy articles and books that take this approach. Some important works in the area include E. D. Pellegrino and A. I. Faden, *Jewish and Catholic Bioethics: An Ecumenical Dialogue* (Doha, Qatar: Georgetown University Press, 1999); M. Cherry, *Religious Perspectives on Bioethics* (London: Taylor and Francis, 2013); J. Tham, K. M. Kwan, and A. Garcia, *Religious Perspectives on Bioethics and Human Rights* (Cham, India: Springer International, 2017). Additionally, if the reader is interested in Christian and Jewish bioethics primers, the following texts may be useful: F. Rosner, J. D. Bleich, and M. M. Brayer, *Jewish Bioethics* (Brooklyn, NY: KTAV Publishing House, 2000); D. F. Kelly, G. Magill, and H. Have, *Contemporary Catholic Health Care Ethics*, 2nd ed. (Doha, Qatar: Georgetown University Press, 2013); H. T. Engelhardt, *The Foundations of Christian Bioethics* (Engelhardt-Lisse, Netherlands: Swets and Zeitlinger, 2000); C. B. Mitchell and D. J. Riley, *Christian Bioethics: A Guide for Pastors, Health Care Professionals, and Families* (Nashville, TN: B&H Publishing Group, 2014).

6. Udo Schuklenk, "On the Role of Religion in Articles This Journal Seeks to Publish," *Developing World Bioethics* 18, no. 3 (2018); Judah Goldberg and Alan Jotkowitz, "In Defense of Religious Bioethics," *American Journal of Bioethics* 12, no. 12 (2012): 32–34; Timothy F. Murphy, "In Defense of Irreligious Bioethics," *American Journal of Bioethics* 12, no. 12 (2012): 3–10; William E. Stempsey, "Bioethics Needs Religion," *American Journal of Bioethics* 12, no. 12 (2012): 17–18; Audrey Chapman, "In Defense of the Role of a Religiously Informed Bioethics," *American Journal of Bioethics* 12, no. 12 (2012): 26–28; J. Cayenne Claassen-Lüttner, "How Religious Ethics Can Be Intelligible and Compatible with Bioethics," *American Journal of Bioethics* 12, no. 12 (2012): 30–31; R. De Vries, "Good without God: Bioethics and the Sacred," *Society* 52, no. 5 (2015).

7. Hasan Shanawani and Mohammad Hassan Khalil, "Reporting on 'Islamic Bioethics' in the Medical Literature," in *Muslim Medical Ethics: From Theory to Practice*, ed. Jonathan Brockopp and Thomas Eich (Columbia: University of South Carolina Press, 2008).

8. Typically *fatāwā* (singular *fatwā*) are nonbinding ethico-legal opinions about the moral status of actions that are issued by a trained Islamic scholar (jurist or *mufti*). These opinions are derived from values found in the Qur'an and *Sunnah* using conventional methodologies of *uṣūl al-fiqh*. For more details on the various

types of *fatāwā*, see Jakob Skovgaard-Petersen’s “A Typology of Fatwas,” *Die Welt des Islams* 55, nos. 3–4 (2015): 278–85.

9. For a discussion of how “unwritten” *fatāwā* contribute to methodological limitations in Islamic bioethics research, see A. I. Padela et al., “Using Fatawa within Islamic and Muslim Bioethical Discourse: The Role of Doctrinal and Theological Considerations—a Case Study of Surrogate Motherhood,” in *Islam and Bioethics*, ed. B. Arda and V. Rispler-Chaim (Ankara: Ankara University Press, 2011).
10. A. I. Padela, H. Shanawani, and A. Arozullah, “Medical Experts and Islamic Scholars Deliberating over Brain Death: Gaps in the Applied Islamic Bioethics Discourse,” *Muslim World* 101, no. 1 (2011); A. I. Padela et al., “Dire Necessity and Transformation: Entry-Points for Modern Science in Islamic Bioethical Assessment of Porcine Products in Vaccines,” *Bioethics* 28, no. 2 (2014).
11. For the purposes of this academic chapter, the historical event marking the “birth” of Islam is the conferral of Prophethood upon Muhammad when the first portion of the Qur'an was revealed to him. Devotional audiences may argue that Islam as a tradition originated with the first human and Prophet, Adam. For the purposes of this chapter, this latter historical lineage is not critically important.
12. Abu Dawud Sulayman ibn al-Ash'ath as-Sijistani, “Sunan Abi Dawud 3874,” Book 29, Hadith 20 (English translation: Book 28, Hadith 3865), <https://sunnah.com/abudawud/29/20>.
13. *Fiqh*, literally “understanding or discerning,” refers to Islamic jurisprudence or law in general. *Fiqh* spans both moral theology and jurisprudence, as the objects of *fiqh* (as understanding) are either religious values or sources of law. *Fiqh* as law represents the formulated legal ruling on a subject matter and/or the moral value assigned to a particular action.
14. E. Sartell and A. I. Padela, “Adab and Its Significance for an Islamic Medical Ethics,” *Journal of Medical Ethics* 41, no. 9 (2015).
15. M. Levey, “Medical Ethics of Medieval Islam with Special Reference to Al-Ruhawi's ‘Practical Ethics of the Physician,’” *Transactions of the American Philosophical Society* 57, no. 3 (1967).
16. “Advice to a Physician, Advice of Haly Abbas (Ahwazi) [Tenth Century A.D.]”, in *Encyclopedia of Bioethics*, revised edition, vol. 5, ed. W.T. Reich (New York: Simon and Schuster Macmillan, 1995); Abu al-Faraj 'Ali ibn al-Husayn ibn Hindu, *Key to Medicine and a Guide for Students (The Great Books of Islamic Civilization)*, trans. Aida Tibi (Reading, UK: Garnet Publishing, 2011).
17. Thalia A. Arawi, “The Muslim Physician and the Ethics of Medicine,” *Journal of the Islamic Medical Association of North America* 42, no. 3 (2010); International Organization of Islamic Medicine, *Islamic Code of Medical Ethics: Kuwait Document* (Kuwait City: Islamic Organization for Medical Sciences, 1981).
18. Van Rensselaer Potter, “Bioethics, the Science of Survival,” *Perspectives in Biology and Medicine* 14, no. 1 (1970).

19. D. Callahan, "Bioethics as a Discipline," *Hastings Center Studies* 1, no. 1 (1973).
20. Albert R. Jonsen, *A Short History of Medical Ethics* (New York: Oxford University Press, 2000); H. Brody and A. Macdonald, "Religion and Bioethics: Toward an Expanded Understanding," *Theoretical Medicine and Bioethics* 34, no. 2 (2013).
21. J. Grundmann, "Shari'ah, Brain Death and Organ Transplantation: The Context and Effect of Two Islamic Legal Decisions in the Near and Middle East," *American Journal of Islamic Social Sciences* 22, no. 4 (2005).
22. Mohammed Ghaly, "Biomedical Scientists as Co-Muftis: Their Contribution to Contemporary Islamic Bioethics," *Die Welt des Islams* 55, nos. 3–4 (2015).
23. Ibid.; Grundmann, "Shari'ah, Brain Death and Organ Transplantation"; Ole Martin Bøe Stokke, "The Construction of Modern Islamic Authority: Analyzing the Medical Ethics of the Islamic Organization for Medical Sciences," PhD dissertation, University of Oslo, Oslo, 2014. <https://www.duo.uio.no/handle/10852/41451>.
24. Collective *ijtihād, ijtihād jamā'i*, brings together groups of scholars to issue *fīqh* rulings via joint deliberation. Such joint forums are increasingly being used in the Muslim world because of growing scientific and social complexities that are critical to the rendering of juridical verdicts. The methodology for such deliberation remains unsettled. For an overview of the history and methodology of collective *ijtihād*, see Aznan Hasan's "An Introduction to Collective Ijtihad (Ijtihad Jamai): Concept and Applications." *American Journal of Islamic Social Sciences* 20, no. 2 (2003): 26–49.
25. Shaikh Mohd Saifuddeen Bin Shaikh Mohd and Kuala Lumpur Salleh, "The Role of Diverse Stakeholders in Malaysian Bioethical Discourse," paper presented at an international conference in 2013: Health Related Issues and Islamic Normativity, hosted by the University of Hamburg and organized by the Department of Islamic Studies and South East Asian Studies at the Asia Africa Institute of the University of Hamburg and funded by the German Federal Ministry of Health and the Koerber Foundation.
26. Padela, Shanawani, and Arozullah, "Medical Experts and Islamic Scholars Deliberating over Brain Death"; A. I. Padela, A. Arozullah, and E. Moosa, "Brain Death in Islamic Ethico-Legal Deliberation: Challenges for Applied Islamic Bioethics," *Bioethics* 27, no. 3 (March 2013).
27. John-Stewart Gordon, "Bioethics," in *Internet Encyclopedia of Philosophy*, ed. James Fieser and Bradley Dowden. <https://iep.utm.edu/bioethic/>.
28. A. K. Reinhart, "Islamic Law as Islamic Ethics," *Journal of Religious Ethics* 11, no. 2 (1983).
29. Ghaly, "Biomedical Scientists as Co-Muftis."
30. Tariq Ramadan, *Radical Reform: Islamic Ethics and Liberation* (Oxford and New York: Oxford University Press, 2009).

31. Ibid.
32. A. Padela and F. Curlin, "Religion and Disparities: Considering the Influences of Islam on the Health of American Muslims," *Journal of Religion Health*, June 1, 2012; Aasim I. Padela and Afrah Raza, "American Muslim Health Disparities: The State of the Medline Literature," *Journal of Health Disparities Research and Practice* 8, no. 1 (2015).
33. A. Sachedina, *Islamic Biomedical Ethics: Principles and Application* (Oxford and New York: Oxford University Press, 2009); Ramadan, *Radical Reform*; T. Ramadan, "The Challenges and Future of Applied Islamic Ethics Discourse: A Radical Reform?," *Theoretical Medicine and Bioethics* 34, no. 2 (April 2013); Jonsen, "A History of Religion and Bioethics."
34. The Markfield Institute of Higher Education in the United Kingdom previously offered a certificate program in Islamic bioethics. I have heard that a similar graduate program is being launched in Saudi Arabia under the guidance of Dr. Abdullah Al-Joudi.
35. Vardit Rispler-Chaim, *Islamic Medical Ethics in the Twentieth Century* (Leiden, Netherlands: E. J. Brill, 1993).
36. Stef Van den Branden and Bert Broeckaert, "The Ongoing Charity of Organ Donation: Contemporary English Sunni Fatwas on Organ Donation and Blood Transfusion," *Bioethics* 25, no. 3 (2011); Stef Van den Branden and Bert Broeckaert, "Living in the Hands of God: English Sunni E-Fatwas on (Non-)Voluntary Euthanasia and Assisted Suicide," *Medicine, Health Care and Philosophy* 14, no. 1 (2011).
37. Padela et al., "Using Fatawa within Islamic and Muslim Bioethical Discourse."
38. M. E. Falagas et al., "Comparison of Pubmed, Scopus, Web of Science, and Google Scholar: Strengths and Weaknesses," *Federation of American Societies for Experimental Biology Journal* 22 (2008).
39. Shanawani and Khalil, "Reporting on 'Islamic Bioethics' in the Medical Literature."
40. Sachedina, *Islamic Biomedical Ethics*.
41. S. F. Hamdy, *Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt* (Berkeley: University of California Press, 2012); F. Moazam, "Sharia Law and Organ Transplantation: Through the Lens of Muslim Jurists," *Asian Bioethics Review* 3, no. 4 (2011).
42. Federation of Islamic Medical Associations, *Encyclopedia of Islamic Medical Ethics*, part I, ed. H. E. Fadel et al. (Amman, Jordan: Jordan Society for Islamic Medical Sciences, 2013).
43. Islamic Medical Association of North America (IMANA) Ethics Committee, ed., "Medical Ethics: The IMANA Perspective" (Lombard, IL, 2005).
44. Asim I. Padela, "Muslim Perspectives on the American Healthcare System: The Discursive Framing of 'Islamic' Bioethical Discourse," *Die Welt des Islams* 55, nos. 3–4 (2015).

45. Ghaly, "Biomedical Scientists as Co-Muftis."
46. Mehrunisha Suleman, "Contributions and Ambiguities in Islamic Research Ethics and Research Conducted in Muslim Contexts: A Thematic Review of the Literature," *Journal of Health and Culture* 1, no. 1 (2016); Mehrunisha Suleman, "Biomedical Research Ethics in the Islamic Context: Reflections on and Challenges for Islamic Bioethics," *Islamic Bioethics: Current Issues and Challenges* 2 (2017).
47. Padela et al., "Dire Necessity and Transformation"; N. M. Isa, "Darurah (Necessity) and Its Application in Islamic Ethical Assessment of Medical Applications: A Review on Malaysian Fatwa," *Science and Engineering Ethics* 22, no. 5 (2015).
48. Padela, "Muslim Perspectives on the American Healthcare System"; Isa, "Darurah (Necessity) and Its Application in Islamic Ethical Assessment of Medical Applications."

REFERENCES

- "Advice to a Physician, Advice of Haly Abbas (Ahwazi) [Tenth Century A.D.]." In *Encyclopedia of Bioethics*, rev. ed., vol. 5, ed. W. T. Reich. New York: Simon and Schuster Macmillan, 1995.
- Ahmed, Mustafa. "Muslims and Medical Ethics: Time to Move Forward by Going Back." *Journal of Religion and Health* 55, no. 2 (2016): 367–68.
- Arawi, Thalia A. "The Muslim Physician and the Ethics of Medicine." *Journal of the Islamic Medical Association of North America* 42, no. 3 (2010): 111–16.
- Baldas, Tresa. "Report: Girl's Genital Mutilation Injury Worse Than Doctor Claims." *USA Today*, April 27, 2017.
- Brody, H., and A. Macdonald. "Religion and Bioethics: Toward an Expanded Understanding." *Theoretical Medicine and Bioethics* 34, no. 2 (April 2013): 133–45.
- Callahan, D. "Bioethics as a Discipline." *Studies of the Hastings Center* 1, no. 1 (1973): 66–73.
- Chapman, Audrey. "In Defense of the Role of a Religiously Informed Bioethics." *American Journal of Bioethics* 12, no. 12 (2012): 3.
- Cherry, M. *Religious Perspectives on Bioethics*. London: Taylor and Francis, 2013.
- Claassen-Lüttner, J. Cayenne. "How Religious Ethics Can Be Intelligible and Compatible with Bioethics." *American Journal of Bioethics* 12, no. 12 (2012).
- Clarke, Morgan, Thomas Eich, and Jenny Schreiber. "The Social Politics of Islamic Bioethics." *Die Welt des Islams* 55, nos. 3–4 (2015): 265–77.
- De Vries, R. "Good without God: Bioethics and the Sacred." *Society* 52, no. 5 (2015): 438–47.
- Engelhardt, H. T. *The Foundations of Christian Bioethics*. Amsterdam: Swets and Zeitlinger Publishers, 2000.

- Falagas, M. E., E. I. Pitsouni, G. A. Malietzis, and G. Pappas. "Comparison of Pubmed, Scopus, Web of Science, and Google Scholar: Strengths and Weaknesses." *Federation of American Societies for Experimental Biology Journal* 22 (2008): 338–42.
- Federation of Islamic Medical Associations. *Encyclopedia of Islamic Medical Ethics*, part I, ed. H. E. Fadel, A. A. Mish'a'l, A. F. M. Ebrahim, and M. M. Nordin, 129. Amman, Jordan: Jordan Society for Islamic Medical Sciences, 2013.
- Ghaly, Mohammed. "Biomedical Scientists as Co-Muftis: Their Contribution to Contemporary Islamic Bioethics." *Die Welt des Islams* 55, nos. 3–4 (2015): 286–311.
- . "Islamic Bioethics: The Inevitable Interplay of 'Texts' and 'Contexts.'" *Bioethics* 28, no. 2 (2014): ii–v.
- . "Islamic Bioethics in the Twenty-First Century." *Zygon* 48, no. 3 (2013): 592–99.
- Goldberg, Judah, and Alan Jotkowitz. "In Defense of Religious Bioethics." *American Journal of Bioethics* 12, no. 12 (2012).
- Gordon, John-Stewart. "Bioethics." In *Internet Encyclopedia of Philosophy*, ed. James Fieser and Bradley Dowden. <https://iep.utm.edu/bioethic/>.
- Grundmann, J. "Shari'ah, Brain Death and Organ Transplantation: The Context and Effect of Two Islamic Legal Decisions in the Near and Middle East." *American Journal of Islamic Social Sciences* 22, no. 4 (2005): 1–25.
- Hamdy, S. F. *Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt*. Berkeley: University of California Press, 2012.
- Hasan, Aznan. "An Introduction to Collective Ijtihad (Ijtihad Jamai): Concept and Applications." *American Journal of Islamic Social Sciences* 20, no. 2 (2003): 26–49.
- Hindu, Abu al-Fara'j Ali ibn al-Husayn ibn. *Key to Medicine and a Guide for Students (The Great Books of Islamic Civilization)*. Trans. Aida Tibi. Reading, UK: Garnet Publishing, 2011.
- ibn al-Ash'ath as-Sijistani, Abu Dawud Sulayman. "Sunan Abi Dawud 3874." Book 29, Hadith 20 (English translation: Book 28, Hadith 3865). <https://sunnah.com/abudawud/29/20>.
- International Organization of Islamic Medicine. *Islamic Code of Medical Ethics: Kuwait Document*. Kuwait City: Islamic Organization for Medical Sciences, 1981.
- Isa, N. M. "Darurah (Necessity) and Its Application in Islamic Ethical Assessment of Medical Applications: A Review on Malaysian Fatwa." *Science and Engineering Ethics* 22, no. 5 (2015): 1319–32.
- Islamic Bioethics Project. "Encyclopedia of Islamic Bioethics (EIB)." <http://ibp.georgetown.domains/en/encyclopedia/>.
- Islamic Medical Association of North America (IMANA) Ethics Committee, ed. "Medical Ethics: The IMANA Perspective." Lombard, IL: IMANA, 2005.
- Jonsen, A. R. "A History of Religion and Bioethics." In *Handbook of Bioethics and Religion*, ed. David E. Guinn, 23–36. Oxford: Oxford University Press, 2006.

- Jonsen, Albert R. *A Short History of Medical Ethics*. New York: Oxford University Press, 2000.
- Kelly, D. F., G. Magill, and H. Have. *Contemporary Catholic Health Care Ethics*. 2nd ed. Doha, Qatar: Georgetown University Press, 2013.
- Kennedy Institute of Ethics. "Islamic Medical and Scientific Ethics." Doha, Qatar: Georgetown University Press. <https://bioethics.georgetown.edu/library-materials/bioethics-research-library-databases/islamic-medical-and-scientific-ethics/>.
- Levey, M. "Medical Ethics of Medieval Islam with Special Reference to Al-Ruhawi's 'Practical Ethics of the Physician.'" *Transactions of the American Philosophical Society* 57, no. 3 (1967): 1–100.
- Mitchell, C. B., and D. J. Riley. *Christian Bioethics: A Guide for Pastors, Health Care Professionals, and Families*. Nashville, TN: B&H Publishing Group, 2014.
- Moazam, F. "Sharia Law and Organ Transplantation: Through the Lens of Muslim Jurists." *Asian Bioethics Review* 3, no. 4 (2011): 316–32.
- Mohd, Shaikh Mohd Saifuddeen Bin Shaikh, and Kuala Lumpur Salleh. "The Role of Diverse Stakeholders in Malaysian Bioethical Discourse." Paper presented at an international conference in 2013: Health Related Issues and Islamic Normativity, hosted by the University of Hamburg and organized by the Department of Islamic Studies and South East Asian Studies at the Asia Africa Institute of the University of Hamburg and funded by the German Federal Ministry of Health and the Koerber Foundation.
- Murphy, Timothy F. "In Defense of Irreligious Bioethics." *American Journal of Bioethics* 12, no. 12 (2012): 3–10.
- Padela, A., and F. Curlin. "Religion and Disparities: Considering the Influences of Islam on the Health of American Muslims." *Journal of Religion Health*, June 1, 2012.
- Padela, A. I. "Islamic Bioethics: Between Sacred Law, Lived Experiences, and State Authority." *Theoretical Medicine and Bioethics*, April 16, 2013.
- Padela, A. I., A. Arozullah, and E. Moosa. "Brain Death in Islamic Ethico-Legal Deliberation: Challenges for Applied Islamic Bioethics." *Bioethics* 27, no. 3 (March 2013): 132–39.
- Padela, A. I., and R. Duivenbode. "Medicine, Morals, and Female Genital Cutting." Hastings Center. <https://www.thehastingscenter.org/medicine-morals-female-genital-cutting/>.
- Padela, A. I., S. W. Furber, M. A. Kholwadia, and E. Moosa. "Dire Necessity and Transformation: Entry-Points for Modern Science in Islamic Bioethical Assessment of Porcine Products in Vaccines." *Bioethics* 28, no. 2 (February 2014): 59–66.
- Padela, A. I., H. Shanawani, and A. Arozullah. "Medical Experts and Islamic Scholars Deliberating over Brain Death: Gaps in the Applied Islamic Bioethics Discourse." *Muslim World* 101, no. 1 (2011): 53–72.
- Padela, A. I., H. Shanawani, M. A. Kholwadia, and A. Arozullah. "Using Fatawa within Islamic and Muslim Bioethical Discourse: The Role of Doctrinal and

- Theological Considerations—a Case Study of Surrogate Motherhood.” In *Islam and Bioethics*, ed. Berna Arda and Vardit Rispler-Chaim. Ankara: Ankara University Press, 2011.
- Padela, Aasim I. “Muslim Perspectives on the American Healthcare System: The Discursive Framing of ‘Islamic’ Bioethical Discourse.” *Die Welt des Islams* 55, nos. 3–4 (2015): 413–47.
- Padela, Aasim I., and Afrah Raza. “American Muslim Health Disparities: The State of the Medline Literature.” *Journal of Health Disparities Research and Practice* 8, no. 1 (2015): 1–9.
- Pellegrino, E. D., and A. I. Faden. *Jewish and Catholic Bioethics: An Ecumenical Dialogue*. Doha, Qatar: Georgetown University Press, 1999.
- Potter, Van Rensselaer. “Bioethics, the Science of Survival.” *Perspectives in Biology and Medicine* 14, no. 1 (1970): 127–53.
- Ramadan, T. “The Challenges and Future of Applied Islamic Ethics Discourse: A Radical Reform?” *Theoretical Medicine and Bioethics* 34, no. 2 (April 2013): 105–15.
- Ramadan, Tariq. *Radical Reform: Islamic Ethics and Liberation*. Oxford and New York: Oxford University Press, 2009.
- Reinhart, A. K. “Islamic Law as Islamic Ethics.” *Journal of Religious Ethics* 11, no. 2 (1983): 186–203.
- Rispler-Chaim, Vardit. *Islamic Medical Ethics in the Twentieth Century*. Leiden, Netherlands: E. J. Brill, 1993.
- Rosner, F., J. D. Bleich, and M. M. Brayer. *Jewish Bioethics*. Brooklyn, NY: KTAV Publishing House, 2000.
- Sachedina, A. *Islamic Biomedical Ethics: Principles and Application*. Oxford and New York: Oxford University Press, 2009.
- Sartell, E., and A. I. Padela. “Adab and Its Significance for an Islamic Medical Ethics.” *Journal of Medical Ethics* 41, no. 9 (September 2015): 756–61.
- Schmidt, Samantha. “Detroit-Area Doctors Indicted in ‘Brutal’ Genital Mutilation Case.” *Washington Post*, April 27, 2017.
- Schuklenk, Udo. “On the Role of Religion in Articles This Journal Seeks to Publish.” *Developing World Bioethics* 18, no. 3 (2018): 207.
- Shanawani, Hasan, and Mohammad Hassan Khalil. “Reporting on ‘Islamic Bioethics’ in the Medical Literature.” In *Muslim Medical Ethics: From Theory to Practice*, ed. Jonathan Brockopp and Thomas Eich, 213–28. Columbia: University of South Carolina Press, 2008.
- Skovgaard-Petersen, Jakob. “A Typology of Fatwas.” *Die Welt des Islams* 55, nos. 3–4 (2015).
- Stempsey, William E. “Bioethics Needs Religion.” *American Journal of Bioethics* 12, no. 12 (2012).
- Stokke, Ole Martin Bøe. “The Construction of Modern Islamic Authority: Analyzing the Medical Ethics of the Islamic Organization for Medical Sciences.”

- PhD dissertation, University of Oslo, Oslo, 2014. <https://www.duo.uio.no/handle/10852/41451>.
- Suleman, Mehrunisha. "Biomedical Research Ethics in the Islamic Context: Reflections on and Challenges for Islamic Bioethics." *Islamic Bioethics: Current Issues and Challenges* 2 (2017): 197.
- . "Contributions and Ambiguities in Islamic Research Ethics and Research Conducted in Muslim Contexts: A Thematic Review of the Literature." *Journal of Health and Culture* 1, no. 1 (2016): 46–57.
- Tham, J., K. M. Kwan, and A. Garcia. *Religious Perspectives on Bioethics and Human Rights*. Cham, Switzerland: Springer International, 2017.
- Van den Branden, Stef, and Bert Broeckaert. "Living in the Hands of God: English Sunni E-Fatwas on (Non-)Voluntary Euthanasia and Assisted Suicide." *Medicine, Health Care and Philosophy* 14, no. 1 (2011): 29–41.
- . "The Ongoing Charity of Organ Donation: Contemporary English Sunni Fatwas on Organ Donation and Blood Transfusion." *Bioethics* 25, no. 3 (2011).
- Williams, Janice. "Nearly 100 Girls May Have Had Genitals Cut by Doctors in Michigan, Prosecutor Says." *Newsweek*, June 6, 2017.
- Zavala-Offman, Alyza. "Penalties Worsen as More Female Genital Mutilation Victims Are Suspected." *Detroit Metro Times*, June 9, 2017.

