PAPER

Adab and its significance for an Islamic medical ethics

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Received 3 June 2014
Revised 28 January 2015
Accepted 2 April 2015
Published Online First
1 May 2015

ABSTRACT

Discussions of Islamic medical ethics tend to focus on *Sharī'ah*-based, or obligation-based, ethics. However, limiting Islamic medical ethics discourse to the derivation of religious duties ignores discussions about moulding an inner disposition that inclines towards adherence to the *Sharī'ah*. In classical Islamic intellectual thought, such writings are the concern of *adab* literature. In this paper, we call for a renewal of *adabi* discourse as part of Islamic medical ethics. We argue that *adab* complements *Sharī'ah*-based writings to generate a more holistic vision of Islamic medical ethics by supplementing an obligation-based approach with a virtue-based approach. While *Sharī'ah*-based medical ethics focuses primarily on the moral status of actions, *adab* literature adds to this genre by addressing the moral formation of the agent. By complementing *Sharī'ah*-based approaches with *adab*-focused writings, Islamic medical ethics discourse can describe the relationship between the agent and the action, within a moral universe informed by the Islamic intellectual tradition.

Discussions of Islamic medical ethics tend to focus on *Sharī'ah*-based, or obligation-based, ethics.[i] Often translated as 'Islamic law,' the term *Sharī'ah* lexically denotes a way or path to the water (which symbolises salvation), but represents an ethicolegal canon that permeates all aspects of human life, "pertain[ing] to the total welfare of [the] human being" (p. 272).[1] If Islamic moral theology is grounded in norms gleaned from scripture and focused on an individual's attempt to act in accordance with the will of God, then the *Sharī'ah*, as a sacred law that sets out one's obligations towards God and humanity, is the bedrock for all Islamic ethicolegal frameworks.[ii]

Yet, restricting the scope and content of Islamic medical ethics to a discussion of religious obligations (in Islamic law) overlooks an essential aspect of ethics: moral formation. *Adab* literature, as part of the intellectual tradition of Islam, focuses on this dimension of ethics. It emphasises one's habituation towards virtuous deeds and cultivates an inner disposition that inclines towards the good. In other words, *adab* can be described as the outward moulding (through the practice of virtues) of an inner disposition (virtuous character) that supports adherence to the *Sharī'ah*; as one inclines towards performing good deeds, an inner disposition towards the good results such that one acts in accordance with *Sharī'ah* rulings. Accordingly, *adab* is a means and an end—as the concept encompasses the ultimate goal of virtue as well as the inculcation of that virtue—representing a cyclical relationship between ethical performance and character.

It is this cyclical relationship which is left out by using only an obligation-based approach to Islamic medical ethics. Ethical challenges in medicine are faced by a large number of actors—including the clinician, patient, family members, health policy makers and others—and each of these actors has responsibilities that emerge from *Sharī'ah*-based and *adab*-based medical ethics frameworks. Focusing only on a *Sharī'ah*-based, or obligation-based, approach to medical ethics results in an incomplete picture of medical ethics and morality, ignoring the reciprocal relationship between the actor and his or her actions. A dichotomy is often presented between obligation-based and virtue-based approaches; likewise, a distinction is sometimes made between 'producing good' and 'being good'.[5 6] However, this presents a false dichotomy, as the one producing good is necessarily being good as well. This separation of moral agents from their moral actions cannot be maintained in any comprehensive approach to ethics. This concern with uniting obligation-based and virtue-based approaches to medical ethics can also be seen in Western medical ethics discourse, most famously in the work of Pellegrino and Thomasma;[iii] this paper explores the parallel reconciliation of these two approaches within the Islamic medical ethics tradition.

In this paper, we describe how *adab* complements a *Sharī'ah*-based approach to provide a more complete characterisation of 'Islamic' medical ethics. *Adab*-based ethical behaviour supplements (but does not replace) *Sharī'ah*-based actions, because practicing *adab* allows physicians and patients to demonstrate virtuous behaviour while living out actions deemed obligatory by the

[i]We use the term 'Islamic medical ethics' in this paper to refer to the medical ethics discourse grounded in the Islamic intellectual tradition, as opposed to 'Muslim medical ethics' which describes the broad range of practical ethics followed by Muslim clinicians, patients, states, and all Muslims participating in health care.

[ii]For more details on *fiqh* (jurisprudence) and the relationship of *Sharī'ah* to Islamic bioethics.[2 3] Also see ref. 4 for an introduction to the sources of Islamic bioethics, including theological and philosophical sources.

[iii]Jennifer Jackson's *Ethics in Medicine* in particular deals with this false dichotomy between obligation-based and virtue-based approaches, and between agent and action.[7–10]

To cite: Sartell E, Padela AI. *J Med Ethics* 2015;**41**:756–761.

Sharī'ah, as well as those that are judged to be simply permissible. *Adab* beautifies actions by clothing them with virtue, allowing healthcare participants to more fully address the question of quality of care.

At the outset of our paper, we would like to call attention to the fact that the *telos* of an 'Islamic' medical ethics is fixed upon helping the faith community achieve salvation by following God's injunctions dutifully and comporting themselves righteously. Consequently, in contrast to secular philosophical approaches to medical ethics that focus on the physician's obligations towards his or her patient—'doing right by the patient', an 'Islamic' approach to medical ethics understands the physician's duties towards the patient to emerge from his or her obligations towards God (God, in turn, describing one's duties to humanity). This doubling back to God gives certain gravity to Islamic medical ethics. An *adab*-based approach assists in developing inner dispositions that take stock of this 'weightiness' of *Sharī'ah* rulings regarding biomedicine, while at the same time cultivating habits that are godly.

SHARĪ'AH AND ISLAMIC MEDICAL ETHICS

Prominent scholars argue that "the first and most important level of Muslim response to contemporary bioethics comes... from the deliberations of the jurists whose (*Sharī'ah*-based) legal rulings on these matters…provide [the Muslim community] with the right code of conduct" (p. 178).[iv] [11] As the "concrete embodiment of the Divine will", *Sharī'ah* encompass all aspects of human life: public, social and religious (p. 176).[11] The term *fiqh* (jurisprudence) describes the human interpretation and application of *Sharī'ah*. To arrive at *Sharī'ah* rulings—to determine the moral status (legitimacy) of actions and the conditions that make actions obligatory, permitted or prohibited—Islamic jurists use the science of *uṣūl al-fiqh* ('principles of jurisprudence'), which describes the conventional methodology and tools for deriving normative values and making ethicolegal assessments from Islamic scripture. As a divine law, jurists derive *Sharī'ah* content from the textual sources of Islam (including the Qur'an and the *Sunnah*[v]) and deploy formal methods such as analogical reasoning, methodological devices such as the consideration of public benefit, and other methods in order to issue *fatāwā* (juridical responses, often to specific questions). The *Sharī'ah* in its broader sense, then, encompasses all of the opinions and discussions of these jurists.[vi]

While there are differences among juridical traditions in the ways they approach the textual sources and apply the tools of ethicolegal reasoning, the main components of *uṣūl al-fiqh* are shared across the extant schools of Islamic law. It should be noted that these methodological rules "produce accountability and not uniformity"; although the sources and methodological rules are standard, the interpretations and legal responses generated can vary greatly (p. 47).[15] There are several main schools of Islamic law, including the Hanafī, Mālikī, Shāfi'ī, Hanbalī and Ja'farī schools.[vii] With these various legal schools come differences in interpretation of the divine law; disagreement in this interpretation is part of an ethicolegal pluralism that is expected and encouraged. The highly regarded jurist Mālik ibn Anas asserted that "no one jurist or juristic tradition may have an exclusive claim over the divine truth", as they are deemed to be equivalent expressions of the sacred moral code.[15] Notably, this pluralism within Islamic law cannot be neglected when discussing Islamic medical ethics. Perspectives that present a univocal and singular 'Islamic response' to bioethical dilemmas disregard the diversity among Islamic jurists and the pluralism embedded within the science of *uṣūl al-fiqh*, and should be viewed with caution.[viii]

Through the application of *uṣūl al-fiqh*, jurists interpret divine law by placing actions into ethicolegal categories, which are differentiated from one another on the basis of a posited afterlife ramification to the action.[15] [18] Actions fall into one of the following five categories: obligatory, recommended, indifferent, reprehensible and prohibited.[ix] *Wājib* or *farḍ* duties are obligatory; one is rewarded for fulfilling them, and punished in the afterlife for failing to fulfil them. *Mandūb* or *mustaḥabb*, recommended actions, lead to reward when they are performed, but carry no punishment if they are not performed. *Mubāḥ* denotes that which is permitted or allowed; this is an 'indifferent' category of actions in which one is neither rewarded nor punished for performing or abstaining from the action. *Makrūh* actions are reprehensible or discouraged; one is rewarded for abstaining from these actions, but is not punished for performing them. All four of these aforementioned categories are considered *ḥalāl*, or permitted. Finally, *ḥarām* actions are prohibited. One is rewarded for abstaining from prohibited actions, and is punished for committing them.[6] [15]

Given the importance of *Sharī'ah*, and its vast scope encompassing the whole of human life, an Islamic medical ethics cannot be deemed 'Islamic' without reference to the ethicolegal permissibility of human actions; no legitimate account of Islamic medical ethics can neglect the field of Islamic law. Consequently, some of the most prominent organisations propounding Islamic perspectives on medical ethics are the International *Fiqh* Academies of the Organization of Islamic Conferences and the Muslim World League where medical

[iv]For further examples of medical ethics issues centered on *fiqh*, see: ref. 12 (esp. chapters by Hassan Bella and Sherine Hamdy).[13] [14]

[v]The Qur'an, the Muslim scripture revealed to the prophet Muhammad, contains about 500 verses which directly address religious duties and ritual practices, as well as numerous verses which express ethical principles and describe moral behaviors. The *Sunnah* complements and clarifies the Qur'an. *Sunnah* literally means "the way or course or conduct of life"; in Islamic law, it encompasses the example of the Prophet Muhammad by his words, actions, and tacit approvals, as recorded in *ḥadīth*.[13] [15]

[vi]For greater details on *uṣūl al-fiqh* and the moral reasoning procedures of the Islamic ethicolegal tradition, the reader is directed elsewhere.[16] [17]

[vii]To these five, one may add other influential schools, such as Zaydī, Ibāḍī, and Ismā'īlī, as well as many extinct schools which are part of the classical Islamic legal tradition.[15]

[viii]Abou El Fadl believes that this type of authoritarian claim (in which a single interpretation is given as a complete and true meaning of the Qur'an and Islam) usurps the role of the Qur'an and presumes a perfect unity between the knowledge and will of the interpreter and the knowledge and will of God; this is an affront to Muslim beliefs in the supreme knowledge of the Divine.[15] It has been noted that some reports of 'Islamic Bioethics' are written by and for medical physicians and professionals, who (due to the demands of their specialization) may not be proficient in Islamic theology or jurisprudence; this may lead to oversimplified presentations of 'Islamic responses' to medical ethical issues. For an assessment of authors reporting on Islamic medical ethics, and how articles deal with religious and legal diversity within Islam, see Hasan Shanawani and Mohammad Hassan Khalil, "Reporting on 'Islamic Bioethics' in the Medical Literature: Where are the Experts?," in ref. 12.

[ix]The Hanafī school of law distinguishes between *wājib* and *farḍ*, and also divides *makrūh* into two categories (*makrūh tanzīhī* and *makrūh taḥrīmī*), bringing the total number of ethicolegal categories to seven. For more details.[15] [16]

scientists and Islamic jurists look to the Islamic legal tradition as they address contemporary bioethical issues.[12]

However, while *Sharī'ah*-based discourse is central to Islamic medical ethics, ethics is more than just an intellectual exercise seeking to demarcate zones of religious obligation.[x] *Adabi* discourse enhances *fiqhi* assessments by presenting a virtue-based approach to Islamic medical ethics. *Adab* offers a way to augment the *Sharī'ah*-based approach to Islamic medical ethics and informs the broader implications of Islamic medical ethics through a recognition of the reciprocal relationship between obligation-based ethical theory and virtue-based ethical theory.

AIMS OF ADAB

The Arabic term *adab* conveys a variety of meanings, including virtue, moral conduct, ethics, proper manners, etiquette, and praiseworthy qualities and dispositions. Arabic lexicographers commonly derive the word '*adab*' from the root '*a-d-b*', the act of inviting (hospitality), or a marvellous thing; thus, *adab* relates to calling or inviting people to something good. *Adab* is conceptualised as virtues and the process of inculcating them, thereby representing the end goal and the means of achieving it.

Adab encompasses a vast genre of literature with several subsections, such as *adab* as *belles-lettres*, *adab* as *sunnah*, or *adab* as Aristotelian virtue.[xi] Although all of these genres may be relevant to contemporary medical ethics, we concentrate on the concept of *adab* as presented by the renowned theologian and jurist Abu Hamid al-Ghazali. Al-Ghazali (1058–1111 CE), often referred to by the honorific *ḥujjat al-Islam* (the 'proof' of Islam), uniquely draws upon Islamic philosophical, mystical, theological and ethicolegal concepts to paint a comprehensive conceptualisation of Islamic ethics. Al-Ghazali's concept of *adab*, a unique synthesis of these varied sources, follows the focus of Sufi[xii] *adabi* literature on inner dispositions and *adab* as a training discipline for the soul. He views *adab* as a path of self-refinement towards spiritual perfection and closeness to God.

Al-Ghazali writes in his *Bidāyat al-Hidāyah* (*Beginning of Guidance*), that while the beginning of guidance (meaning, the path to salvation) is the outward practice of God-consciousness (through acting in accordance with *Sharī'ah* rules), the end-goal of such practices is the internal reality of God-consciousness. Complete God-consciousness (outer and inner) is the means by which one attains ultimate bliss in this life and salvation in the hereafter. Accordingly *adab*, with its focus on inculcating an internal disposition towards virtue, is indispensable for the one seeking complete God-consciousness. He further notes that while one may attain heaven through the performance of obligatory deeds "voluntary acts are the profit by which are attained the high levels of success" (p. 24).[24] These voluntary acts encompass *adab*. This statement is particularly relevant to our discussion of Islamic medical ethics because it suggests that physicians who follow the *Sharī'ah* still have room to adorn their practice of medicine and enhance their God-consciousness by moulding their internal dispositions towards (and through) *adab*.

Furthermore, al-Ghazali reminds the reader that God sees one's inner and outer actions and cautions the reader to "cultivate a deep courtesy with the Divine in your outer self as well as in your inner self, the courtesy and bearing of a humble, erring slave in the presence of his Supreme, All-Powerful Master" (p. 26).[24] While *Sharī'ah* rules focus on external actions, *adab* encompasses the reciprocal relationship between outer and inner actions. Practicing *adab* outwardly in all actions, including small or seemingly insignificant acts, inculcates inner *adab* or virtue, thus cultivating one's outer and inner self towards God-consciousness.[xiii] Al-Ghazali cautions the reader to "take [him]self to account in [his] relationship with" other human beings, and his "companionship with them in this life" (p. 126)[24] He emphasises the value of *adab* in social interactions, for these form the basis of one's interactions with God:

> These etiquette [*adab*], all of them, should constitute your distinguishing emblem, in all your nights and days. They are the spiritual courtesies of companionship with a Friend [meaning, God] who never leaves your side, even as every one of creation will part company with you at one time or another (p. 130).[24]

Accordingly, one's relationship with other human beings is a reflection of one's spiritual relationship with the divine.

In another of al-Ghazali's works, *Iḥyā 'Ulūm al-Dīn* (*Revival of the Religious Sciences*), he presents a similar picture of moral formation, showing that proper *adab* is necessary for the purification of the soul through the acquisition of virtues. In this work, al-Ghazali links *Sharī'ah* and *adab* in Islamic ethics by asserting that *Sharī'ah*-based action, virtuous behaviour, and knowledge are all necessary for the salvation of the soul, and that the three are intimately interrelated. He explains that one must perform good deeds (actions in accordance to the *Sharī'ah*) and maintain a proper *adab* to establish a virtuous inner disposition—which, in turn, governs one's choice of future actions. This connection between inner virtues and actions links *adab* with *Sharī'ah* and supports the argument for *adab* literature to complement *Sharī'ah*-based writings for a more holistic representation of Islamic medical ethics.

Other Sufi scholars build upon al-Ghazali's ideas, asserting that the *Sharī'ah* must be more than a set of legal codes. 'Abū Hafs 'Umar al-Suhrawardi (1145–1234 CE), for example, writes that the *Sharī'ah* is "a divine path that leads the individual back to the Creator" (p. 465).[25] Proper outer moral conduct—which in turn orients one's inner moral disposition—is the basis for adhering to the law, and thus is one of the fundamental requirements for being a Muslim. Al-Suhrawardi believes that compliance with *adab* requires an observance of social structures and a familiarity with *Sharī'ah*, the Qur'an and *Sunnah*. Al-Suhrawardi emphasises the importance of training to perfect one's inner and outer *adab*, writing:

> The Prophet stated that God had taught him good etiquette. *Ẓāhir* (outer) and *bāṭin* (inner) etiquette [*adab*] is needed for a

[x]For a basic introduction to the importance of virtue ethics for the Muslim physician.[19 20]

[xi]'Abd al-Ḥamīd al-Kātib (d. 750 CE) and Ibn al-Muqaffa' (d. 756 CE) are considered the founders of *adab* as an ethical discipline, and the goals of *adab* literature often follow their aims.

[xii]The term 'Sufism' broadly refers to Islamic mysticism, and encompasses a range of mystical practices and experiences through which the adherent seeks divine love and insight into the divine reality. There are many varied dimensions of Sufism; al-Ghazali's writings follow pietistic Sufi tendencies. For more information on Sufism.[21–23]

[xiii]Interestingly, *adab* literature often centers on trivial actions. Al-Ghazali begins his treatise with the *adab* of waking from sleep, and throughout the *Beginning of Guidance* discusses the proper *adab* of all daily actions and every use of the limbs. He further addresses the *adab* of many occupations, including the scholar and the student, as well as the *adab* of relationships such as being a child or sibling. Although this *adab* may seem trivial, it is the practice of this strict *adab* of every small part of one's day that cultivates the inner *adabi* virtue necessary for closeness to God.

> civilized world. If people embrace *ẓāhir*, then they will learn to be a Sufi with etiquette, *adab*...God has shown His majesty to humankind through these virtues [*adab*]. These virtues are from personal training, to light the flints to set a fire to a pure and virtuous life… (p. 250,[26] quoted in ref. 25, pp. 469,471)

Thus *adab*, at its core, mirrors the Prophet's example, upholds Qur'anic norms, and follows the *Sharī'ah*. *Adab* and its discipline inculcate the virtues and moral character necessary to uphold the *Sharī'ah* and to seek religious knowledge. For al-Suhrawardi and al-Ghazali, *adab* trains a disciple to be the ideal Muslim; *adab* "begins and ends with good deeds, for they are [both] the ultimate goals and the basic means to the perfection of the soul" (p. 57).[27]

ADAB AL-TABĪB

As a spiritual path of self-refinement, *adab* offers unique insights into medical ethics even while its goal remains the same as that of *Sharī'ah*-based approaches to medical ethics: salvation and closeness to God. By practicing *adab* in the context of the medical profession, one sets his or her goal on being the 'good' physician, or the best possible physician, in demeanour and comportment. This notion holds true for other healthcare participants as well; for example, Muslim patients would strive to become the best possible patients in comportment and virtue by practicing *adab*. In other words, the ultimate goal is to achieve the most spiritually virtuous state (the state closest to God) through the practice of patient-specific or physician-specific *adab*.

This importance of *adab* was recognised in the classical work *Adab al-Ṭabīb* (*Adab of the Physician*), by Ishāq ibn 'Alī al-Ruhāwī, a 9th century CE Arab physician.[28] [xiv] His preface to *Adab al-Ṭabīb* states that the aim of the work is to "collect material about the ethics [*al-adab*] which the physician must cultivate [*yuwaddub*, the verb form of *adab* referring to becoming well-disciplined and well-mannered], and the manner in which the physician must strengthen his moral character" (p. 18).[xv] [29]

Al-Ruhāwī writes that it is necessary to "train your soul and accustom it to these three good qualities, that is, reason, respect, and self-restraint, to be virtuous, ethical, and to cleanse and improve your soul" (p. 46).[29] These virtues are inculcated through the *adab* of daily life of the physician. Al-Ruhāwī's book of *adab* focuses on seemingly inconsequential actions which build an inner virtuous character; these include, for example, the etiquettes of sleep and personal health in addition to the *adab* of visiting, diagnosing and treating patients (pp. 53–55).[29] As seen in al-Ghazali's works, although each of these simple outer *adab* tasks may seem insignificant by itself, it is through such a routine that one inculcates inner *adab*, or inner virtue.

RENEWING *ADAB* WITHIN ISLAMIC MEDICAL ETHICS DISCOURSE

Adab occupies the space within Islamic ethics for virtue that is demarcated in the well-known *hadith* of Gabriel. The reported tradition recounts the story of the angel Gabriel appearing before Muhammad and asking him questions about Islam, *imān* (faith), and *iḥsan* (excellence). Describing *iḥsan*, the Prophet Muhammad replies that it represents a state where one "worship[s] God as if you are seeing Him, for though you don't see Him, He, verily, sees you" (p. 136).[30] Islamic theologians and jurists have taken this reply as evidence that Islamic morality places great importance upon virtues, with 'excellence' referring to one's comportment before God at all times, or "the way in which one ought to do that which ought to be done" (p.138).[30] Thus *iḥsan* is linked to *adab*; while *iḥsan* refers to comportment, *adab* encompasses one's relationship with God, which, as we have seen through al-Ghazali and others, includes one's comportment towards others. *Adab* thus embraces the virtues implied in *iḥsan* as well as the ultimate reason for them (perfecting one's relationship with God) and the ultimate path towards them (*adab* training).

How does *adab*, as a virtue-based ethical concept, map onto Islamic medical ethics? In the *Sharī'ah*-based approach to Islamic medical ethics, the focus remains on the actor's obligations towards God. However, al-Ghazali reminds us that one's interactions with other human beings are the bases for one's relationship with the divine. In doing so, his conceptualisation of *adab*, building upon the basis of *iḥsan* in Islamic thought, allows for broadening the content and scope of Islamic medical ethics. The Muslim physician's or patient's focus on attaining salvation through his or her relationship with God gains an added dimension of cultivating an *adabi* inner disposition.

As we have suggested, *adab*, when applied to the medical realm, inculcates virtues, which in turn provide the physician the ability to discern and perform good deeds, and thus to provide better quality of care.[xvi] As a complement to *Sharī'ah* rules, *adab*-based practices bolster physicians' abilities to uphold the ethicolegal injunctions of the *Sharī'ah,* guide one to follow the practices of the *Sunnah*, and adorn obligatory and voluntary actions with virtue.[xvii] This state of excellence, in which a person is good and also does good works, is the path of moral perfection.

Medical *adab* addresses the comportment of the physician, as well as the way to fulfil his or her religious obligations. As we

[xiv] Unfortunately, not much is known about al-Ruhāwī's life; he most likely practiced in the city of Ruhā, located in present-day northwestern Iraq. He was probably born Christian, and may have converted to Islam. Authors such as Martin Levey and Azim Nanji write that al-Ruhāwī was Christian; Sharif al-Ghazal believes he converted to Islam, and a more recent article by Sahin Aksoy contends that al-Ruhāwī's writings prove that he was a Muslim. Regardless of al-Ruhāwī's religious affiliation, his work is heavily influenced by the Islamic environment in which he lived, wrote, and practiced medicine. Nanji writes that al-Ruhāwī's work "reflects the vocabulary of Islam and of a heritage of prophetic religion integrated within a moral framework attributed to Galen and the ancient philosophers... [his work is an example of] the integration of ancient medical ethics into Muslim culture." (p. 265).[2] Furthermore, the religious overtones of the work are plain; al-Ruhāwī begins his work with the familiar Islamic opening *bismillah al-rahman al-rahim* (In the name of God, the Gracious, the Compassionate), and his first chapter asserts that faith in one Creator, devotion to God, and belief in God's messengers and scriptures are prerequisites for being a physician.

[xv] We have elected to use the English translations by Martin Levey; however, we have referenced the Arabic text in reading this work, and have included the important Arabic words to note to Levey's translations (as in this particular quote).

[xvi] By 'good,' we refer to virtuous or praiseworthy actions which are rewarded by God (in addition to those actions deemed obligatory).

[xvii] *Sharī'ah*-based ethics and *adab*-based ethics not only complement and complete one another in contemporary Islamic medical ethics, but also developed congruently. Nanji notes that "the Islamic message acted as a frame of reference for *Sharī'ah* (Law), where norms for the believing community came to be articulated in legal terms developed through the science of *fiqh* (jurisprudence). Parallel to this established legal framework, there also emerged a set of cultural and moral assumptions that articulated an ethical set of values, rooted in a more philosophical and speculative conception of human conduct. *Adab* was a product of such a conception." (p. 263).[31]

have seen, the physician's virtuous inner disposition and relationship towards patients reflect the physician's morality and relationship with the divine. *Adab* addresses the Muslim physician's religious responsibilities by linking virtue theory with obligation theory, emphasising that the physician must be "habitually disposed towards the good" (p. 13).[7] Towards this end, using *adab* to complement the *Sharī'ah*-based approach to Islamic medical ethics resonances the sentiments of Pellegrino and Thomasma:

> Virtue-based ethics is not, by itself, a sufficient foundation for medical ethics, given the complexities of this subject today. But neither is it expendable, since the character of the physician (and, of course, of the patient) is still at the heart of moral choice and action. It is the agent who interprets principles, selects the ones to apply or ignore, puts them in an order of priority, and shapes them in accord with his life history and current life situations. This reality has been too often ignored in past biomedical and clinical ethics explorations. A proper balance must be struck between rule-based and virtue-based ethics for the health of both (p. 19).[7]

Obligation-based and virtue-based ethics are incomplete without the other. An *adab*-based ethics by itself cannot provide the foundation for Islamic medical ethics because it does not fully address what is owed to God; therefore a *Sharī'ah*-based approach to ethics that delineates obligated actions is necessary for an authentic 'Islamic' medical ethics discourse. The *Sharī'ah*-based approach, on the other hand, does not satisfactorily address the 'inner' life nor clarify how best to perform obligated actions. In this realm, *adab* fills the gap by inculcating the virtues necessary for the physician to make moral choices and describing the comportments that would enhance obligatory actions.

Furthermore, *adab* also addresses virtues which are not intrinsically tied to religious obligations, such as how one might approach the patient-physician relationship and which virtues are vital for the physician in his or her medical practice. For example, one might argue that a good physician should be compassionate. An unsympathetic physician may well be able to fulfil his or her medical-specific religious duties, but would perhaps fall short of being an excellent physician. Thus, *adab* takes us beyond the act-based obligations of the physician to the patient as defined by the *Sharī'ah* and into the realm of the character traits a physician should embody. In light of *adab*-based ethics, how does a physician act? Decision-making at the bedside must first involve consideration of whether a course of action falls within the realm of permissible, obligatory or prohibited (the *Sharī'ah*-based assessment of the action), and next proceed to considering how a specific action or behaviour should be lived out. In other words, once the physician knows if an action 'can' be performed, he then turns to the question of whether, or how, that action 'should' be done. As al-Ghazali demonstrates, the physician's concern with his or her obligations towards God (as outlined in the *Sharī'ah*) does not exclude concerns regarding his or her relationships with other human beings (upon which his or her relationship with God is predicted).

This comprehensive approach emphasises the mutual relationship between the agent and the action. The action is perhaps best addressed by *Sharī'ah*-based medical ethics, but *adab* provides a way to evaluate the moral status of the agent. The agent-action dichotomy mirrors the distinction between 'producing good' and 'being good.' The duties and obligations laid out in the *Sharī'ah* address the question of *producing* good, or how to act in certain situations; however, *adab* addresses the issue of *being* good, or how to behave in particular situations. However, we have seen that these distinctions create a false dichotomy; an action necessarily entails an agent who decides whether and how to perform that action. It is difficult (if not impossible) to separate moral actions from moral agents.

It is precisely this difficulty of separation, however, that supports the assertion that Islamic medical ethics cannot be properly conceived of without incorporating both *Sharī'ah* and *adab*. *Adab* and its corresponding virtues focus on moral agents and 'being good,' complementing a *Sharī'ah*-based approach which emphasises moral actions and 'producing good.' Neither can exist without the other; scholars working at the interface of Islam and medicine must consider *Sharī'ah* and *adab* as part of the holistic vision that the Islamic intellectual tradition sets out for ethics.

Acknowledgements The authors thank Dr Daniel Sulmasy, (Director, Program on Medicine and Religion, University of Chicago) for his suggestions on a previous version of this paper. Dr Aasim Padela's contribution to this project was partially supported by the University of Chicago's Program on Medicine and Religion Faculty Scholars Program, funded by the John Templeton Foundation.

Competing interests None declared.

Provenance and peer review Not commissioned; externally peer reviewed.

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