Religious and cultural legitimacy of bioethics: lessons from Islamic bioethics

Ayman Shabana

Abstract Islamic religious norms are important for Islamic bioethical deliberations. In Muslim societies religious and cultural norms are sometimes confused but only the former are considered inviolable. I argue that respect for Islamic religious norms is essential for the legitimacy of bioethical standards in the Muslim context. I attribute the legitimating power of these norms, in addition to their purely religious and spiritual underpinnings, to their moral, legal, and communal dimensions. Although diversity within the Islamic ethical tradition defies any reductionist or essentialist reconstruction, legitimacy is secured mainly by approximation of Islamic ethical ideals believed to be inherent in the scriptural texts, rather than by the adoption of particular dogmatic or creedal views. With these characteristics, Islamic (bio) ethics may provide useful insights for comparative ethics and global bioethics.

Keywords Islamic bioethics · Global bioethics · Islamic law and ethics · Moral universalism · Religious bioethics

Ethicists disagree on the extent to which bioethics should be culturally and religiously informed or sensitive. Should bioethics stem from some form of universal principles that should apply to people worldwide, or should it instead be formulated in consonance with local moral cultures? This question is at the center of a debate between advocates of moral universalism on the one hand and advocates of cultural diversity in bioethics on the other. For example, should physicians give more preference to individual autonomy or to collective familial authority? Does such decision have to consider the cultural context in which it is taken, or should it apply universally regardless of the context? Moral universalists appeal to shared human experiences and phenomena regardless of the cultural context, and emphasize the normative role that bioethics should play. On the other hand, the advocates of respect for cultural diversity emphasize the role of culture in the development of the norms and values that shape and govern these experiences and phenomena. The debate revolves around the human moral capacity and the proper sources of moral judgment. More particularly, it concerns the extent to which morality is culturally constructed. This debate is not unique to bioethics because it relates to other issues and disciplines of cross-cultural or global ethical concern such as human rights and scientific research methods, especially in the humanities and social sciences.

Recently the debate over respect for cultural diversity in bioethics has been rekindled in several contributions to this journal.[1] For example, Tomislav Bracanovic launched a severe attack against the 'cultural turn' in bioethics and argued that this tendency is not only problematic but is also "untenable and misleading" (Bracanovic 2011, 229). Bracanovic's approach is accused of cultural insensitivity (Chattopadhyay and De Vries 2012), a charge that he does not deny or regret since he places more emphasis on the normative and applied dimensions of bioethics. Bracanovic draws a distinction between non-moral cultural facts and moral values and argues that most inter-cultural moral disagreements boil down to disagreement over non-moral facts

A. Shabana (✉)
Georgetown University's School of Foreign Service in Qatar,
Education City, PO BOX 23689, Doha, Qatar
e-mail: as2432@georgetown.edu

[1] See also a similar debate in the December 2012 issue of *The American Journal of Bioethics* on the role of religion in bioethics triggered by Timothy Murphy's argument against the involvement of religion in bioethics (Murphy 2012, 3–10).

(e.g. while parricide and infanticide are contested, respect and love for elders and infants are not). As for bioethical disputes involving different moral views, it will be impossible, he thinks, for bioethics to resolve such disputes since it will be unrealistic to entertain two diametrically opposing moral views. In such cases, the solution should appeal to "reason and logic, rather than … sentiments and traditions" (Bracanovic 2011, 234). This statement automatically opens the door for the charge of the hegemonic and ethno-centric tendencies in modern (Western) bioethics discourses since any invocation of reason and logic is usually used to confirm Western rational and philosophical superiority (Chattopadhyay and De Vries 2012). It is also used to neutralize the role of religion in bioethics, public policy, and the public sphere in general (Guinn 2006, 2–16).

The question of the proper approach to bioethics touches on other important questions such as the nature of bioethics as a discipline, its scope, and also its objectives. For example, is/should bioethics (be) an interdisciplinary field that draws on many other fields in the sciences and humanities or is/should it (be) an independent field with a distinct character and method? Does/should it aim to make normative or non-normative arguments? Is/should it (be) prescriptive or descriptive? To what extent does/should it involve philosophical/religious reasoning or social scientific methods? (Hedgecoe 2004) It is in light of these questions that some speak, rather cynically, of a methodological crisis that threatens the demise of the field, should these questions fail to find satisfactory answers (Macklin 2010).

In this paper I approach the issue from a non-absolutist stand point. Rather than focusing on the question whether religion (or culture) should be involved in bioethics, I explore the ways in which religious (or cultural) norms do, in reality, impact bioethics. I concentrate on Islamic bioethics as an illustrative example to point out the importance of religious norms in bioethical discussions, and the extent to which such norms inform, influence, or are somehow associated with the Islamic cultural context. I use the term *Islamic bioethics* to refer primarily to Islamic normative pronouncements that appeal to Islamic religious authority. In particular I highlight their ethical, legal, and communal dimensions, which may explain the legitimating power of these pronouncements. This discussion is important not only for comparative or global (bio) ethics but also for discussions concerning the scope of Islamic law and ethics in general, particularly within the modern context.

This is not an attempt to defend or justify religious approaches to bioethics per se but rather to illustrate the importance of religious faith for bioethics on the one hand, and to point out the importance of empirical research for bioethical decision-making on the other. For Muslim populations, religious normative principles are no less authoritative than any form of secular or professional standards (Hamdy 2009;

Padela et al. 2008; Ahmad et al. 2010; Van Den Branden and Broeckaert 2009). Nor is this an argument for a relativist view of bioethics. In this increasingly globalized world, bioethicists have every reason to emphasize basic moral principles and argue for their universal validity. The challenge, however, remains how to ground these principles and endow them with solid cross-cultural legitimacy. The central question therefore is not whether Universalist or culturally-sensitive approaches to bioethics are more accurate or useful, but rather how to establish universal principles on firmer grounds, which will ensure wider global acceptability for these principles. In order for this cross-cultural legitimacy to materialize, these universal principles have to be debated and defended first within each culture or religion. A more culturally and religiously informed bioethics may, therefore, be an important step towards the achievement of another universal bioethics. Only after serious deliberations both within and across religions/cultures, it will be feasible to speak about universal or global consensus in bioethics.

The challenges that new scientific and biomedical technology pose are not specific to any particular race, culture, or group and that is why bioethics was envisioned from the beginning as a science of survival for the entire human species. In the article that coined the term *bioethics*, Van Rensselaer Potter defines bioethics as a combination of life sciences, particularly biology, and humanities, particularly ethics (Potter 1970; Ten Have 2012, 59). Potter argues that the study of ethics needs to be in light of new biological knowledge, and the pursuit of biological research needs to be coupled with humility. His attitude towards religion can be characterized as neutral at best as this passage indicates: "Whether a belief in a deity is required is less important to me than the question of whether we proceed with humility or with arrogance, whether we respect the forces of nature or whether we assume that science can do anything, whether we look at our ethical heritage or whether we ignore it" (Potter 1970, 138). The question that he left unanswered, however, is how such humility can be developed. Since morality is closely tied to both culture and religion, bioethics must have room for the role of the cultural and religious contexts within which bioethics is constructed and implemented. This is clearly reflected in article 12 of the UNESCO's Universal Declaration on Bioethics and Human Rights, which although highlights the important role of culture for bioethics, it also captures the difficulty of balancing this with the demand for universal consensus in this area. It, therefore, emphasizes respect for cultural diversity in a manner that does not detract from commitment to international standards. To insist on a completely neutral bioethics, would seriously undermine the legitimacy of such bioethics and isolate it from its context.

Before I proceed, however, two reservations are in order. First I realize the difficulty that faces any attempt to define

either religion or culture, or to account for their interrelationship (Hecht and Biondo 2012, vii–xxi). While it is true that religion and culture are often equated, this does not do justice to the fine distinctions between these two domains. Therefore, conflating religion and culture (Bracanovic 2011, 230) would only sustain and perpetuate rather than clarify the confusion between these two loaded and admittedly complex categories. While it is possible for a culture to have multiple religious communities, it is also possible for a religious community to develop several distinct cultures. The primary concern here is the extent to which culture or religion provides foundations for moral or normative judgment. The main distinction I make between religious and cultural norms is appeal to ultimate or transcendent reality, which is to be found more in the former than the latter. In this sense culture can be seen as the larger context within which religion operates and within which religion is understood and interpreted. Also, religion can be seen as one of, if not, the main resource of value systems within cultures and therefore an exploration of the role of Islamic normative pronouncements in bioethics will have to account more for the role of Islam as a religion than it is as a culture.
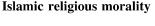
The second reservation concerns the treatment of culture, or religion, as fixed or static entities that are not susceptible to constant mutation and change (Bracanovic 2011, 231). While it is true that both religions and cultures are subject to constant change and mutation, it is also possible to speak about certain religions and cultures in terms of fundamental features and characteristics that enable and facilitate continuity over time. On this point, Talal Asad offers this insight: "The essence of each religion is thus not something unchanging and unchangeable but something that is at once to be preserved and defended as well as argued over and reformed in the changing historical circumstances that the tradition inhabits. And people are religious to the extent that they belong actively to developing religious traditions, preserving or reformulating them" (Asad 2001, 208). Respect for cultural or religious values does not necessarily impute an exaggerated sense of stability or fixity to them but can rather be seen as a way of recognizing certain features that are seen by adherents or members as fundamental to or constitutive of a certain culture or religion. An important distinction is, therefore, made within a culture or religion between time-bound cultural practices and timeless moral principles.

Religious morality, bioethics, and Islam

No matter how forceful the argument for a culturally or religiously-neutral bioethics, the fact remains that the only way for many people to deliberate and resolve serious bioethical problems is by appeal to religion. Religion is the domain of the encounter between individuals and their ultimate or transcendental concerns and therefore it is important for ultimate meaning and ultimate moral claims. Although the involvement of religion, as the main source of dogmatic belief, may detract from the normative role that bioethics as an applied field should play (Bracanovic 2011, 236), its exclusion, as an important source of morality, risks defeating some of the important objectives of bioethics as a field that seeks to deliberate and resolve important questions, many of them deal with ultimate meaning of life and death. Moreover, this attitude presupposes and enforces a certain view of bioethics as a secular discipline beyond any particularistic or religious commitments. This view of bioethics is not uncontested. For example, in a recent review of the history of the young field of bioethics, Albert Jonsen takes issue with the undisputed secular history and identity of bioethics and shows that many of the founding fathers of bioethics had systematic religious training (Jonsen 2006). Jonsen was a member of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research that wrote the Belmont Report, which is considered one of the founding documents of bioethics. He also takes issue with the view that "bioethics began in religion, but religion has faded from bioethics" (Jonsen 2006, 33). According to Jonsen, early bioethicists shed their religious garbs and used secular language and method in order to reach wider audience. In fact the immense volume of publications that address religious perspectives in bioethical debates reveals that interest in religion for bioethical deliberations has never dissipated. This is clearly illustrated in debates on polarizing issues such as abortion, cloning, and stem cell research (Childress 1997). Courtney Campbell refers to religious perspectives in bioethical debates as representation of the Prophetic voice in bioethics that "witnesses to the values that are already embedded in a society's practices and ideology, which may be compromised or in need of interpretation in the context of scientific developments." What is interesting to note regarding religious contributions to such debates is that, contrary to conventional perceptions, interreligious consensus on basic moral principles does not seem far-fetched. Campbell suggests that part of the Prophetic task of religious traditions in bioethical discussions is to "enable the *discovery* of values that seem shared across the pluralism of a society's diverse moral traditions, and to participate in the *retrieval*, *selection*, and *interpretation* of such values as a basis for moral discourse among citizens" (Campbell 1997, 16, emphasis in the original). The fact that religion is well-represented in bioethical literature is not in question, but what is in question, however, is the representation of particular religions, especially Islam, in mainstream (Western) bioethical literature and forums (Shanawani and Khalil 2008).

In most Muslim-majority countries, the dominant bio-ethical frame can be characterized as mainly religious. This is in light of important actors and references in bioethical surveys of Muslim-majority countries (Rispler-Chaim 1989, 1993). The debate in Islamic bioethics literature is not on whether Islam or Islamic culture is important for bioethics in the Muslim world, but rather on whether the primary focus should be on normative Islamic authority or the lived experience of Muslims (Brockopp and Eich 2008, 7). In other words, the question is not whether what Islam has to say about bioethics is important but rather on how and where this Islamic component is to be located: in Islamic norms or in the cultural contexts inspired, shaped, or somehow associated with those norms (Hamdy 2012). This does not mean that mainstream dominant Western approaches to bioethics, such as principalism, are not used. They are often invoked in academic and specialized literature, especially those published in Western languages, but mostly in comparison with normative Islamic principles (Aksoy and Elmali 2002; Aramesh 2008; Serour 1994). This does not necessarily mean that such comparison is without merit or value but it shows that Islamic justification is necessary for the legitimacy of these Western principles and models. Probably characteristic of this attitude are statements such as: "Whereas I am a believer in universal moral values that have application across cultures, human conditions in specific social and political culture demand searching for principles and rules that provide cultural-specific guidance in Muslim societies to resolve practical quandaries" (Sachedina 2007, 118), and "the concept of a unified standard of medical ethics seems unwarranted. Bioethics needs to expand its vision and acknowledge cultural variations and moral traditions of other cultures" (Rathor et al. 2011, 32). This is in part due to the influence of the Islamic intellectual tradition, particularly in the areas of theology, law, and ethics, which historically have been closely related if not intertwined (Sachedina 2009, 1–75). The break that Western modernity introduced in Muslim-majority countries between the inherited intellectual legacy and the lived reality, which is shaped mostly by Western cultural and technical modernity, did not eliminate the significance of religion in modern Islamic legal and ethical thought but rather obstructed the development of an integrated Islamic methodology that is suited to the challenges of the modern world (Moosa 2012, 461). This is often manifested in Islamic responses to bio-ethical challenges, which are mostly rendered in the form of autonomous fatwas rather than systematic treatments of the issues and their epistemological foundations (Sachedina 2008, 242). Notwithstanding this limitation, it is important to note that the mainstream of bioethical literature in the Muslim world has an unmistakable Islamic religious character to the extent that secular bioethics is considered insufficient or somehow lacking (Bella 2008).

Islamic religious morality

Any reader of the Qur'an, the Islamic sacred scripture, cannot miss its clear moral bent, which can be traced through several indicative terms and concepts denoting and forming the Islamic moral structure, which is tied to the Islamic worldview (Izutsu 2002; Weiss 1998, 145–171). The Qur'an repeatedly invokes the words *guide* and *guidance* and their derivatives and defines one of its ultimate objectives as provision of guidance (Qur'an: 2:2). Similarly, the corpus of the Prophetic traditions is replete with reports of moral exhortations ranging from the most sublime to the most mundane details of everyday life. In Islam the moral aspiration to command the good and to forbid evil is raised to the level of obligation, which can be traced in Islamic history, especially through narratives of rebellion and martyrdom (Cook 2000, 9; Abou El Fadl 2001). These moral precepts have been used to inspire Muslims to approximate the moral ideals of the Islamic scriptural texts but the debate in the tradition has been on the methods of implementing these ideals as well as on the boundaries between individual and collective mandates. In the Islamic intellectual tradition there have been different approaches to ethical thought and practice. Some of these approaches were influenced by pre-Islamic ethical traditions, particularly Greek and Persian legacies, but the mainstream of Islamic ethical thought has developed within an Islamic framework that is defined by the scriptural texts of the Qur'an and the Prophetic traditions (Fakhry 1994). Given the wide scope of the ethical commands in Islam, it should come as no surprise to find that the Islamic ethical tradition devotes significant attention to the sensitive fields of medical and scientific practice in an effort to ensure that such practice adheres to the Islamic moral vision (Rahman 1998, 90). This rich and extended Islamic ethical legacy constitutes an integral part of Islamic culture(s), and is therefore difficult to ignore, particularly in critical fields such as bioethics, which deals with many issues that touch on the limits of life and death (Bakar 1986). For Muslims, matters involving these questions are of utmost religious significance and must therefore be addressed in line with what they believe to be divine expectations concerning these issues (Brockopp 2003).

The impact of Islamic law

The predominance of Islamic normative values in bioethics discourses in most Muslim-majority countries is not merely due to the religious or spiritual nature of these values. Islamic norms and values also often involve legal prescriptions rather than mere voluntary ethical precepts. Islamic Shari'ah is not limited to purely devotional issues

such as prayer and fasting but also entails enforceable legal commands, particularly in the area of personal status and family law. An important question in modern Islamic bioethics, therefore, is the delineation of the legal and ethical boundaries in Islamic normative principles. What is important to note here is this perceived legal dimension of Islamic normative principles and the extent to which Islamic legal elements can be balanced with modern bioethics standards. In Islamic cultures priority is often given to more Islamically-legitimate opinions due to their religious and spiritual foundations, but also due to their legal dimensions as well. This is clear in cases that may involve infraction of an Islamic ethico-legal principle such as abortion when performed 120 days from the inception of pregnancy, euthanasia, use of DNA testing to establish extramarital paternity, or use of religiously-prohibited materials for medication, particularly in non-emergency situations. To the extent that Islamic law is also the source of legislation in the modern period, which is the case in most Muslim-majority countries at least as far as personal status and family law are concerned, a violation of Islamic law constitutes more than a religious sin.

The collective dimensions of Islamic normative principles

The moral and legal dimensions of Islamic normative teachings apply to Muslims individually but also often collectively. The communal dimension of Islam is manifested in the emphasis placed on the notion of community (*ummah*). The individual Muslim, through his practice of Islam, is connected to several layers of relationships that extend from the immediate and extended family to the wider local and global society. The Qur'an speaks about a divine vision for man's role on earth as God's vicegerent and trustee, who is entrusted with all available resources to maintain the good order of the created universe. Human relationships are defined in terms of reciprocal rights and duties that govern the different types of roles one assumes as well as their attached privileges, responsibilities, and expectations. What is important to note here is the extent to which this perceived ideal Islamic vision of the individual's social function and of social structure has influenced Muslim societies and cultures. Any perceived imbalance, therefore, in the individual-collectivity nexus is usually condemned as incongruent with the Islamic moral vision for both the individual and the collectivity (Kamali 1999, 146).

This Islamic moral aspiration to achieve a balance between individual rights and social solidarity corresponds with critiques against the individual-centered tendencies in the current dominant bioethical frame, which is inspired by modern Western moral philosophy. It also corresponds with aspirations to introduce reforms that address social and economic injustice in the administration of public health systems and allocation of medical resources (Sherwin 2011, 80).

Given the global nature of bioethical problems and questions, more attention is increasingly given to ethically-relevant global factors. Serious criticism has been leveled against current bioethics for failing to address the collective and global dimensions of major bioethical problems. A clear example is the demonstrated inadequacy of informed consent, which is considered the main mechanism for the protection of the individual rights of research subjects (Widdows 2011, 84). In light of this need for more global frameworks of bioethics, it will be useful to recognize the important role of religious and cultural normative values in securing the legitimacy of these frameworks, particularly in the Islamic cultural contexts.

Conclusion

The foregoing discussion sought to point out some of the distinctive features of Islamic ethical reasoning by drawing attention to the moral, legal, and communal dimensions of Islamic ethical commands. Primary focus is placed here on the legitimating power of these ethical commands in as far as they influence external human actions. A distinction is, therefore, made between the external implications of these ethical commands and their purely religious or spiritual dimensions, which are connected primarily with metaphysical and salvific objectives. While this distinction is not always drawn by individual believers as they contemplate an Islamic ethical choice, it is important to keep this distinction in mind in conversations involving applied Islamic ethics particularly within the framework of a comparative or global ethics. This distinction is particularly important within the context of a modern secularized, although increasingly globalized, realty which insists on the separation between religious and non-religious phenomena. Global bioethics captures this tension because while there is a need to emphasize cross-cultural ethical universals, these universals remain in need of legitimacy from the ethical cultures within which these universals are to be implemented.

While some would be inclined to downplay the role of ethical traditions in favor of a new universal, free-standing or foundationless, global ethics, the problem of legitimacy remains the most important challenge that confronts the efficacy of such global ethics. This legitimacy can be secured only by appeal to respective ethical traditions, which remain, as is the case of the Islamic ethical tradition, capable of challenging the universal claims of secular

ethics. For example, speaking of the influence of the Islamic ethical tradition in the modern period, Kevin Reinhart observes: "Any contemporary Muslim ethicist is sure to be confronted by this tradition, and if it is ignored he or she will be forced to justify his or her disregard" (Reinhart 2003, 215). This observation is important for discussions on the nature and scope of contemporary bioethics, particularly as far as its global claims are concerned. Any type of global bioethics worthy of the name must ensure participation from the representatives of the world's moral traditions. Initiatives such as the UNESCO's Universal Declaration on Bioethics and Human Rights are a welcome beginning but efforts to ensure the efficacy of these formal declarations and statements must continue through serious cross-cultural and interreligious dialogue.[2]

References

Abou El Fadl, Khaled. 2001. *Rebellion and violence in Islamic law*. Cambridge: Cambridge University Press.

Ahmad, A. Ramadan, Paul C. Sorum, and Etienne Mullet. 2010. Young Kuwaitis' views of the acceptability of physician-assisted suicide. *Journal of Medical Ethics* 36: 671–676.

Asad, Talal. 2001. Reading a modern classic: W. C. Smith's "The Meaning and End of Religion". *History of Religions* 40: 205–222.

Aksoy, Shahin, and Abdurrahman Elmali. 2002. The core concepts of the 'four principles' of bioethics as found in islamic tradition. *Medicine and Law* 21: 211–224.

Aramesh, Kiarash. 2008. Justice as a principle of Islamic bioethics. *The American Journal of Bioethics* 8: 26–27.

Bakar, Osman. 1986. Islam and bioethics. *Greek Orthodox Theological Review* 31: 157–179.

Bella, Hassan. 2008. Islamic medical ethics, what and how to teach. In *Muslim medical ethics: from theory to practice*, ed. Jonathan Brockopp, and Thomas Eich, 229–240. Columbia: The University of South Carolina Press.

Bracanovic, Tomislav. 2011. Respect for cultural diversity in bioethics. Empirical, conceptual and normative constraints. *Medicine, Health Care and Philosophy* 14: 229–236.

Brockopp, Jonathan, and Thomas Eich (eds.). 2008. *Muslim medical ethics: from theory to practice*. Columbia: The University of South Carolina Press.

Brockopp, Jonathan. 2003. Taking life and saving life, the Islamic context. In *Islamic ethics of life: abortion, war, and euthanasia*, ed. Jonathan E. Brockopp, 1–19. Columbia, South Carolina: University of South Carolina Press.

Campbell, Courtney. 1997. Prophecy and policy. *The Hastings Center Report* 27: 15–17.

Chattopadhyay, Subrata and Raymond De Vries. 2012. Respect for cultural diversity in bioethics is an ethical imperative. *Medicine Health Care and Philosophy*. doi:10.1007/s11019-012-9433-5.

Childress, James. 1997. The challenges of public ethics: reflections on NBAC's report. *The Hastings Center Report* 27: 9–11.

Cook, Michael. 2000. *Commanding right and forbidding wrong in Islamic thought*. Cambridge: Cambridge University Press.

Guinn, David. 2006. Introduction: laying some of the groundwork. In *Handbook of bioethics and religion*, ed. David Guinn, 3–19. Oxford: Oxford University Press.

Fakhry, Majid. 1994. *Ethical theories in Islam*. Leiden: Brill Academic Pub.

Hamdy, Sherine. 2009. Islam, fatalism, and medical intervention: lessons from Egypt on the cultivation of forbearance (*sabr*) and reliance on god (*tawakkul*). *Anthropological Quarterly* 82: 173–196.

Hamdy, Sherine. 2012. *Our bodies belong to god: organ transplants, Islam, and the struggle for human dignity in Egypt*. Berkeley: University of California Press.

Hecht, Richard, and Vincent Biondo (eds.). 2012. *Religion and culture, contemporary practices and perspectives*. Minneapolis: Fortress Press.

Hedgecoe, Adam. 2004. Critical bioethics: beyond the social science critique of applied ethics. *Bioethics* 18: 120.

Izutsu, Toshihiko. 2002. *Ethico-religious concepts in the Qur'an*. Montreal: McGill-Queen's University Press.

Jonsen, Albert. 2006. A history of religion and bioethics. In *Handbook of bioethics and religion*, ed. David Guinn, 23–36. Oxford: Oxford University Press.

Kamali, Mohammad Hashim. 1999. Law and society, the interplay of revelation and reason in the Shariah. In *The Oxford History of Islam*, ed. John L. Esposito, 107–153. Oxford: Oxford University Press.

Macklin, Ruth. 2010. The death of bioethics (as we once knew it). *Bioethics* 24: 211–217.

Macpherson, Cheryl Cox. 2007. Global bioethics: did the universal declaration on bioethics and human rights miss the boat. *Journal of Medical Ethics* 33: 588–590.

Moosa, Ebrahim. 2012. Muslim ethics and biotechnology. In *The Routledge companion to religion and science*, ed. James Haag, Gregory Peterson, and Michael Spezio, 455–465. New York: Routledge.

Murphy, Timothy. 2012. In defense of irreligious bioethics. *The American Journal of Bioethics* 12: 3–10.

Padela, A.I., H. Shanawani, J. Greenlaw, H. Hamid, M. Aktas, and N. Chin. 2008. The perceived role of Islam in immigrant Muslim medical practice within the USA: an exploratory qualitative study. *Journal of Medical Ethics* 34: 365–369.

Potter, Van Rensselaer. 1970. Bioethics, the science of survival. *Perspectives in Biology and Medicine* 14: 127–153.

Rahman, Fazlur. 1998. *Health and medicine in the Islamic tradition*. Chicago: ABC International Group.

Rathor, Mohammad Yousuf, Mohammad Fauzi Abdul Rani, Azarisman Shah Bin Mohamad Shah, Wan Islah Bin Leman, Sheikh Farid Uddin Akter, and Ahmad Marzuki Bin Omar. 2011. The principle of autonomy as related to personal decision making concerning health and research from an 'Islamic viewpoint'. *Journal of the Islamic Medical Association (JIMA)* 43: 27–34.

Reinhart, Kevin. 2003. The past in the future of Islamic ethics. In *Islamic ethics of life: abortion, war, and euthanasia*, ed. Jonathan E. Brockopp, 214–219. Columbia, South Carolina: University of South Carolina Press.

Rispler-Chaim, V. 1989. Islamic medical ethics in the twentieth century. *Journal of Medical Ethics* 15: 203–208.

Rispler-Chaim, V. 1993. *Islamic medical ethics in the twentieth century*. Leiden: Brill.

Sachedina, Abdulaziz. 2007. The search for Islamic bioethics principles. In *Principles of health care ethics*, ed. Richard Ashcroft, Angus Dawson, Heather Draper, and John MacMillan, 117–125. Chichester: John Wiley & Sons.

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[2] On the various limitations of this document, see (Macpherson 2007, 588–90)

Sachedina, Abdulaziz. 2008. Defining the pedagogical parameters of Islamic bioethics. In *Muslim medical ethics: from theory to practice*, ed. Jonathan Brockopp, and Thomas Eich, 241–251. Columbia, SC: The University of South Carolina Press.

Sachedina, Abdulaziz. 2009. *Islamic biomedical ethics, principles and application*. Oxford: Oxford University Press.

Serour, G.I. 1994. Islam and the four principles. In *Principles of health care ethics*, ed. Raanan Gillon, 75–91. Chichester: John Wiley & Sons.

Shanawani, Hasan, and Mohammad Hassan Khalil. 2008. Reporting on "Islamic bioethics" in the medical literature, where are the experts? In *Muslim medical ethics: from theory to practice*, ed. Jonathan Brockopp, and Thomas Eich, 213–228. Columbia, SC: The University of South Carolina Press.

Sherwin, Susan. 2011. Looking backwards, looking forward: hopes for *bioethics*' next twenty-five years. *Bioethics* 25: 75–82.

Ten Have, Henk. 2012. Potter's notion of bioethics. *Kennedy Institute of Ethics Journal* 22: 59–82.

Van Den Branden, Stef, and Bert Broeckaert. 2009. The ongoing charity of organ donation. Contemporary English Sunni fat was on organ donation and blood transfusion. *Bioethics* 25: 167–175.

Weiss, Bernard. 1998. *The spirit of Islamic law*. Athens: University of Georgia Press.

Widdows, Heather. 2011. Localized past, globalized future: towards an effective bioethical framework using examples from population genetics and medical tourism. *Bioethics* 25: 83–91.