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ATTITUDES TO MEDICAL ETHICS AMONG BRITISH MUSLIM MEDICAL PRACTITIONERS

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In the Islamic tradition the search for standards of ethics has continually found its source in the Qur'an and in the Sunna of the Prophet (p.b.u.h.) as transmitted in the Hadith. This is as true for medical practice as for other branches of ethics.

As regards Qur'anic teaching, a few passages will suffice to exemplify the main principles. Paramount is the sanctity of life: "....it is He (God) who grants death and life". (53:44) Another passage expands on this in the following words: "Nor take life, which God has made sacred, except for just cause....let him not exceed bounds in the matter of taking life...." (17:33). This is generally understood to include suicide, while "just cause", according to Yusuf Ali, refers to punishment for murder and so excludes practices such as euthanasia, or mercy-killing. Two verses previously, infanticide and, by implication, abortion is prohibited. Similarly by implication, resuscitation is permitted since the final outcome rests with God: "Truly, He who gives life to the (dead) earth can surely give life to (men) who are dead. For He has power over all things." (41:39). Another passage has by some Muslims been understood to permit experimentation on animals: "It is God Who made cattle that you may use them for riding and some for food; and there are (other) advantages in them for you; that you may through them attain to any need (that may be) in your hearts . ." (40:79-80). Finally, the passage in 11:177 extolling firmness and patience in pain and adversity has relevance to the question of the use of drugs.

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There is a fair amount of material in the Hadith literature of relevance most of it confirming and elaborating on the Qur'anic principles. Of particular interest, however, are a number of hadith encouraging the search for new remedies and treatment, typical of which is one quoted by al-Bukhari: "No disease God created, but that He created its treatment."(Book 71, ch.1).

During the first Islamic century the Hippocratic Oath was adopted because of its felt compatability with the Islamic ideals.

During the classical Islamic period these principles were worked out in detail, in particular as regards the behaviour of physicians towards their patients There was a general readiness to use what drugs were available for healing purposes, even the use of opium as an anaesthetic. On the other hand, some quarters were reluctant to seek out new drugs and remedies, and there was a general abhorrence of dissection whether of human or animal corpses.

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In the twentieth century the question which appears to have engaged Muslims most is that of contraception. There are hadith which can be interpreted both ways, and the modern debate has strong arguments both for and against. But the particular concern over contraception is symptomatic of the more general concern over how to translate the principles of classical ethics into the practical situation of modern medicine. New drugs, new technology and techniques and new administrative structures all create possibilities for and pressures on the individual medical practitioner which constantly challenge traditional attitudes.

In many Muslim countries there is a certain amount of protection against these challenges. Many of the newest technologies are simply not available because of their cost, so the question of, for example, transplants is largely irrelevant. Legislation prohibiting certain practices, for example abortion, offers some protection against the pressures which the institutional demands of large hospitals, career structures and administrative interests mightotherwise impose. In

general, the concerns of most medical practitioners lie in the more basic and urgent problems of hygiene, undernourishment, infant mortality, etc. However, even where such protection does exist, the lure and pressure of wealth leads to illegal abortions and the availability of maodern, expensive operations for the rich.

In Western countries the pressures are so much greater and the protection so much less. Wide availability of expensive technology and drugs, health services to pay for them, often rigid career structures within large, all-inclusive administrative entities, permissive legislation; all combine to create almost irresistible pressures on those who are hesitant about conforming. Many Christian doctors are confronted with serious ethical problems in this context, and to some extent the specific problems are very similar to those confronting Muslim doctors. However, beyond the specific points on which traditional Muslim medical ethics differ from Western Christian ones, Muslim medical practitioners face the additional problem that their principles would be expressed in Islamic terms - terms which are essentially alien to their working environment.

The tensions Muslim doctors are likely to face as a result of thus working in a European environment are probably being experienced most seriously in Britain, where medical professionals from India and Pakistan form a substantial part of the personnel of the Health Service. To gain an impression of how such persons are reacting to and coping with the realities of medical practice, and how they are relating their ideals to these realities, the survey which constitutes the central part of this paper was conducted among a small group of practi tioners.

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Before reporting the results of the interviews, it is necessary to identify the main issues of modern medecine which pose an ethical challenge to Muslims:

1. <u>The beginning of life.</u>

When does life actually begin? The usual possible answers are:

(a) at fertilization;

(b) at forty days gestation (of pregnancy) when one collector of the Hadith reports Muhammad (p.b.u.h.) as having said that this is when life begins;

(c) at about twelve weeks gestation when the foetus takes on human appearance;

(d) at about sixteen weeks gestation when the heart begins to beat;

(e) between sixteen and twenty weeks when the foetus is felt to be moving by the mother;

(f) at about twenty-six weeks, when, aided by medical care, a baby is often able to survive outside the mother;

(g) at birth when it is independent of its mother.

2. <u>Abortion.</u>

One's understanding of the beginning of life obviously affects one's thoughts concerning the termination of pregnancy, in that if one believes that life begins at about twelve weeks gestation, then to terminate a pregnancy before this time would not be seen as murder.

It is now possible for doctors to perform an amniocenteses (the withdrawal of fluid from the uterus via the abdominal wall, for examination of the genes), and to discover early on in pregnancy if a baby is likely to be born a genetic disaster, such as a mongol. If this outcome is very likely or even certain, is it right for the doctor to terminate this pregnancy, or should he refrain from making a judgement of the value of life?

There is also the problem of the mother's own ill-health. If she is suffering from such illnesses as diabetes, cardiac disease or severe anaemia, and her life is in jeopardy if the pregnancy continues, can a doctor decide to terminate the pregnancy and save the mother's life, or should the decision be left with God, the possibilities being that either or both may die, or both may live?

3. <u>Contraception.</u>

From abortion we naturally come to the problem of contraception;

not only the question of whether it should be used or not, or whether it is permitted in certain cases, such as illness in the mother, but what types are ethical?

The contraceptive pill has been proved to have side effects, some quite severe, in some users Is this abusing the body, which is accepted as being sacred in Islam? Does sterilization also come under this heading of abuse? The intra-uterine devices, such as the 'coil', prevent the fertilized ovum from embedding in the wall of the uterus, ready for development, but fertilization has actually taken place some two days earlier in the fallopian tubes (connecting the ovaries with the uterus) Is this not then a form of early abortion?

4. Death.

Death is seen by doctors as being a combination of some or all of the following factors:

(a) the cessation of respiration;
(b) the cessation of the pulse, indicating, but nor proving, the stopping of the heart;
(c) no reaction of the pupils of the eyes to stimuli, indicating partial or total death of the brain;
(d) a blank reading on an electro-cardiograph (E.C.G.) used to measure the activity of the brain;
(e) rigor mortis: the stiffening of the body soon after death;
(f) a body temperature below 35°C., the normal being 37°C.

A doctor's decision as to whether a person is dead or not depends on his personal choice of factors From this arises such questions as when one should try to resuscitate a patient; how long life-giving machines may be used and when to turn them off; and at what point of death an organ may be removed and transplanted into another person.

From this arise further questions of ethics, such as which cases does one try to resuscitate? Do we try them all and leave the results to God, or do we draw a line at the terminally sick people, who would only be made to endure even more suffering if one were to revive them for a time?

5. Transplants and Research.

Are transplants themselves ethical in Islam, or is this again

seen as abuse of the body? This question leads us immediately to the question of human and animal research. Has man the right to cause pain and even death to animals for the sake of human progress? Is the use of human or animal bodies again seen as abuse of something sacred? Should it be man's prerogative to waive the Islamic laws on burial (that a person be buried with proper cleansing and prayers before the next sunset) in favour of medical progress?

6. Euthanasia.

Having briefly looked at the problems of prolonging life we must now touch on the problems of hastening death.

Is it ethical for a doctor in the name of compassion to hasten the end of a person's unbearable pain and agony, either by a single dose, or by larger doses than necessary over a period of time, or by omitting treatment that would prolong a life of misery? If any of these courses are acceptable in Islam, is it also acceptable for a doctor to prescribe a lethal dose of medicine for a compassionate person to administer to a loved one, when the situation is too much for the patient to bear?

7. Ethics in Greek Medicine.

Finally, how can a doctor engaged in Greek (European) medicine defend the criticisms made by practitioners of Eastern medicine, who accuse his methods of being totally unethical, in that many of the drugs, therapies and operations he uses have unknown or even known side-effects, in that their course of action is not properly understood and that there are sometimes permanently bad or even fatal results caused by mass experimenting.

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Selection of subjects for the survey was made from the telephone directory on the basis of common Muslim names, or on the basis of personal recommendations by friends and colleagues already helping with the survey.

Of thirty-three practitioners contacted, twenty were actually interviewed. Three doctors were unable to be interviewed for various practical reasons A further eleven names were listed, but for reasons such as ex-directory numbers and changes of address it was impossible to make contact at all. One Muslim nurse was also interviewed.

Of the twenty subjects interviewed, eight were originally from Bangladesh; seven from Pakistan; two from Syria; one from India, one from Kenya and one from Britain. In all there were seventeen men and three women.

Their present specialities in the medical field varied tremendously. Six were general practitioners; five were ophthalmologists (eye specialists); two anaesthetists (one coupling this with general practice); one radiologist; one acupuncturist; one pathologist (the treating of diseases and the changes of structure and function which this causes); one medical physicist (relating natural science to medicine); one obstetrician/gynaecologist(specialist of pregnancy, birth and women's diseases); and one midwife/general nurse.

Basically the questions were relevant to all concerned, as a general training is necessary before specializing. However, one or two found some problems especially puzzling. because thay are only apparently problems in this secular society and not in their own Islamic societies - for example abortion.

The issues identified above were discussed with each of the subjects in interviews lasting up to four hours.

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1. <u>Life</u>.

In trying to decide and establish the beginning of life over half (twelve) said that it began at fertilization; two said it began at about twelve weeks gestation (of pregnancy) when the foetus resembles an human being; two said between twelve and sixteen weeks when the heart starts; three said between twenty-six and twenty-eight weeks when the various functions are co-ordinated enough for independent existence; and one said that he just he just did not know! It is

significant that the two most involved with the beginnings of life, the obstetrician and the midwife considered that life begins at fertilization.

Two other very interesting points came out of this question, one regarding the soul and one regarding the burial of a dead foetus.

Many saw the soul as being innate, but one doctor claimed that there is an Hadith saying that the soul enters the foetus at forty days; one said that the soul does not enter until the twenty-eighth week, offering no reason; and one said that the embryo is only a concept - that the existence in utero(the womb) is but a unit of life, not a whole life, and so 'murder' is impossible before birth.

Not all the doctors were asked regarding the burial of the miscarried embryo(fertilized ovum during the first few weeks) or foetus, as the point only arose half way through the survey However, the problem is that, if after the point at which one believes life to begin this life then ceases to exist, should it not be given the full burial rites? In Britain an embryo is probably flushed away, a foetus up to about thirty weeks, if born dead, is probably incinerated, and if born alive will be given a proper burial, as will a stillbirth after thirty weeks. In parts of Bangladesh and India all miscarriges receive a burial, even when the embryo only appears to be a clot of blood. Some doctors adhered to this practice; one or two thought burial was unnecessary before about twelve weeks when the foetus could be identified as being human; one said no to burial rites because the foetus is not treated as a dead person in other ways, for example regarding property rites. The majority that were asded, however, appeared to be satisfied with the situation as it is in Britain at the moment.

2. <u>Abortion</u>.

The next, and very big problem discussed was that of abortion. Fourteen believed that if the mother's life is in real jeopardy then it is up to the doctor to save her life in preference to that of the child, or even to that of neither In these cases it is understood that the parents would have to give their permission. This was generally thought to be the one and only reason for an abortion as God is the giver and taker of life, not man. However, four of these

doctors felt that an abortion can be done for any reason, within the medically accepted safe period (of three or four months), for this is better than having unwanted children and the consequent problems. Three believed that socio-economic grounds are as valid a reason as the mother's ill-health, because if the parents are unable to provide for their children then they are not doing their duty. Against this argument the majority quoted the Qur'an as saying that God will provide for our needs, so we should not concern ourselves... Four of the doctors felt that the amneocentesis test for foetal abnormalities is part of the knowledge given us by God and as such should be used to the advantage of mankind, that is, to abort gross abnormalities, so preventing them from living an unwholesome life and being a burden on society. The final decision would have to lie with the parents, this being a modern trend in the Islamic world, going away from the traditional Shari'a and its administrators, although of course the parents may back their decision on these

Finally, there was a minority, but a very adamant monority, who claimed that there is no reason at all for abortions, not even the mother's ill-health. If God wishes to save or take the mother's and/or the baby's life, then it is up to Him. However, this does not imply fatalism, for it is the doctor's duty to do everything in his power to save both lives. One doctor even pointed out that accidents never happen, and that even if contraceptives are being used, for whatever reason, and these fail, then it is the Will of God and must be accepted.

Concerning this question in general doctors on the whole agreed that all depends on the individual case, and that two or three doctors, some said preferably Muslims, should consult and decide together.

3. Contraception.

The doctors were divided down the middle on this question, but no one said that contraception could not be used in the case of the mother's ill-health, not even those who would not permit an abortion under these circumstances, for they claim that prevention is better than a 'cure' that they cannot agree with.

Half found that contraception was acceptable for any reason

whatsoever, especially bearing in mind one's responsibilities to one's existing children, for as one doctor said, how can a person expect to attain Paradise because he did not use contraception, when he was unable to bring his children up properly on socio-economic grounds? Another doctor pointed out that at the beginning of Islam in the seventh century A.D. manpower was needed to help in the spread of the new religion, not least because of the heavy losses in war. Today, however, we are forever being told that we have a population explosion, and that if man does not control his reproductive habits then the consequences will be disastrous.

The other half basically felt that jeopardy to the mother's health, if she became pregnant again, was the only grounds for using contraception, although four did throw in socio-economic grounds as also being ethically acceptable.

One doctor argued strongly against the validity of socio-economic grounds, condemning them for being too 'jelly-like'. He claimed that the world does have the resources, but that these are not being exploited and distributed properly; people do not take zakaat (obligatory almsgiving) seriously enough, and anyway, economic will not be improved through contraception alone.

There then follows the problem of which types of contraception are ethically acceptable? Half accepted any contraceptive as being allowed. Four could only agree to the use of coitus interruptus, advocating all the while that it is more self control that is needed. While accepting all other forms, one doctor disagreed with sterilization because he saw it as abuse of the body. Two objected to the use of intrauterine devices as actually causing early abortions; and one, while accepting all forms of contraception, felt that the medical profession has a moral duty to do far more research into the side-effects especially of the 'pill'.

4. <u>Death</u>.

The only common factor here was that all the doctors said they would wait between five and thirty minutes after deciding a person was dead before signing the death certificate, just in case there should be any sign of life. Besides this, the final decision would be made on the following factors:

(a) total brain death confirmed by an E.E.G. (electro-encephalograph) - favoured by four respondents;
(b) no response at all from the body - three;
(c) absence of respiration, heart-beat and pupil reactions, backed up by an E.E.G. and E.C.G. (electro-cardiograph) if possible - three;
(d) no heart beat - two;
(e) no respiration or heart-beat - two;
(f) no heart-beat, respiration or brain activity (using E.E.G.) and a subnormal temperature - one;
(g) no respiration, heart-beat or reaction from pupils - one;
(h) no respiration or heart-beat and a subnormal temperature - one;
(i) no respiration, heart-beat or reactions from pupils, plus the existence of rigor mortis - one;
(j) no heart-beat or brain activity (using E.E.G.) - one.

The acupuncturist would give no answer to this question, neither would he give his reasons.

The reader may fear for his life on seeing so many possible ways of ascertaining death among so few doctors, but they are in fact all valid ways, some being more cautious than others. However, the main dividing factor among our doctors seems to be whether they regard the brain or heart as being the master organ of the body. The brain takes some minutes to die after the heart has stopped, because it is able to continue functioning on the oxygen still present in the blood. However, once the brain has died there is no known way of regenerating it, whereas the heart may be started some hours after it has stopped beating. If the oxygen has not been getting to the brain meanwhile, one is left with a 'cabbage' patient due to partial brain death, or a body whose functions can only be maintained by mechanical means.

5. Resuscitation.

This includes reviving a person by cardiac massage and by artificial respiration.

Nine of the subjects believed that a person should always be given the chance of resuscitation, whatever their present or previous condition, for God will decide whether it is successful or not. One of this group said that even if the chance is as remote as a million

to one the person should be given the chance. Another pointed out, as we have seen from the definitions of death, that no one really knows when complete death tokes place, as we are restricted by our own limitations as humans.

One doctor felt that all except those with bad brain damage should be given the chance.

Seven others said that resuscitation should be tried on all people except known terminal cases, such as a person in the last stages of cancer or heart disease. Two of these felt that theoretically all people should be given the chance, but also felt that realistically it is inhumane and often physically impossible for those concerned actually to attempt to revive a severely sick person whom they have seen suffering for a period of time

Another doctor felt that while we should do our best for the person according to our knowledge, he would not personally attempt resuscitation on a person whose heart had been stopped for more than two minutes, because of the increased possibility of permanent brain damage, and would also think twice if the person was over fifty years of age.

Another doctor said that he would only attempt resuscitation if he was fairly sure that, if successful, the life of the person would be worthwhile to the individual and society and not one of misery to either.

Finally, the acupuncturist declared that resuscitation is never needed in Eastern medicine, because it is so complete, that if a person dies clinically, then there is nothing more that can be dome for him.

6. Life-Support Machines.

We now turn to the ethical question of leaving on or turning off life-supportingmachines, such as respirators which maintain artificial breathing.

Thirteen of the doctors believed that any machine should be used to assist life, but that when complete brain death had occurred it should be turned off. One also added that the law of the land should be taken into consideration, and one other said that twenty minutes should be allowed after brain death had been ascertained.

One doctor maintained that actual brain death is not necessary, but that the machine should be turned off on those suffering from

severe brain damage, since to prolong such a life would be cruel to the patient and of no use to society.

Two said that they would turn the machine off when all the other signs of physical death were present, not necessarily awaiting the cessation of brain functions. One pointed out that 'the love of those around is a cementing factor' guarding against the machines being turned off before ethically acceptable.

Another doctor admitted that he really did not know how much one should do or where the dividing line came for the decision to be made.

Two more claimed that no machine should ever be turned off, even in braindeath, as we never really know the complete physical, chemical and mental condition of a person, but neither had a solution to offer when challenged with the possible situation of wards full of 'bodies' on life-supporting machines which are never to be turned off!

The acupuncturist said that he never has the need to use such machines, because with the proper use of the pulse, philosophy and logic, more can be done for a person than would ever be possible with the use of machines.

7. Transplants.

It should be pointed out that these can be from either a dead or a live person.

All the doctors, except one, agreed with the use of transplants to improve or maintain life, because they see the ability to transplant as God-given knowledge, to be used in the name of progress, which takes priority over any feelings of abuse to the bodies concerned. However, the one exception did maintain that respect of the body takes priority over progress, although he himself has to be involved with ophthalmic transplants against his better judgement.

All nineteen agreed that if the life of the donor is in question at all, then everything must be done to preserve and maintain this life, as it is as sacred as the one awaiting transplant. Several saw the donor as getting a special blessing from God for their selfless generosity; two said that trivial or cosmetic transplants are unethical ; one said that although he sees their value he would not personally get involved with transplants; a couple said that only those with a very high success rate should be undertaken to avoid surgeons playing with

life; and one pointed out that Islam does not say that we cannot share our bodies with others, but rather gives us great scope for self-sacrifice, and since it is everyone's duty to maintain life, if possible, to be a donor or a recipient is highly ethical.

8. Human Research.

Is human research ethical in the light of the fact that Islam requires a person to be buried with the proper cleansing and prayers (janazah), between the next sunrise and sunset, and that the body is regarded as sacred and must be treated with respect?

The majority of fifteen agreed that it is God's Will for medical research to take place, but that the body must be treated with respect, the research takes place in the Name of God, and that as proper a janazah as possible be given when the research is completed.

By various individuals it was pointed out that:

(a) the speed of burial was introduced to prevent the spread of disease from a putrifying body, which is not necessary in many parts of the world today;

(b) as a Muslim he would not give his body for research in a non-Muslim state;

(c) no part of the body should be disposed of by incineration (as is the practice in this country sometimes);

(d) one must bear in mind the practicality and progressiveness of Islam in such decisions;

(e) one must be tactful and knowledgable in religious duties;

(f) honest progress can become an excuse for anything;

(g) even if it is the wrong decision God will forgive because of our having helped humanity.

Of the remaining five doctors, one said that research is not necessary in Eastern medicine, as it is perfect, and the other four were in somewhat of a dilemma, not knowing what was right, but definitely not willing to give their own bodies for research.

9. Animal Research.

Of the sixteen asked, one had no ideas on the matter, but the other fifteen basically agreed to the use of animals for research, because

man's life takes priority and God has given man the use of animals for his own ends. However, great emphasis was laid on the fact that only experiments necessary to improve or save life should be carried out, (therefore not such things as cosmetic production), and that it is the duty of the experimenter to ensure that it is as painless and humane as possible.

One doctor pointed out that it is easier to breed animals than humans for experiments. Another questioned our subjecting other forms of life to such ordeals when we would not subject ourselves, adding a quotation from the Qur'an:

> 'If you cannot avoid wrong, then do it, but know you are doing wrong.'

Another doctor drew a parallel by asking if a stronger nation should be killing a weaker one?

10. Euthanasia.

The vast majority of seventeen said that they would never condone or practise euthanasia (i.e. taking measures to end a life for compassionate reasons), for life is given by God and can only rightly be terminated by Him. They agreed that everything possible should be done to alleviate the sufferings of the patient, and one pointed out that we are not judges of the future, Two others said how sympathetic and disturbed they become in extreme cases, one admitting that this may one day drive him to practise euthanasia.

Another of the doctors really found himself torn between his religion and his human nature, deciding that his actions would depend on the individual case.

Two of the sample said that they agree with euthanasia when a person's suffering is beyond medical help and all hope of a cure is gone. One even went so far as to say that he would take his own life if things got too bad, and another saw himself as an instrument of God, just as a fatal accident with a fire or car might be the instrument of God.

We then naturally move onto negative euthanasia; in other words the omission of certain treatment which, if administered, might allow the person to live longer.

Agian, the vast majority (sixteen) were quite definite that the patient should be treated and given the chance, including the two

doctors who advocated positive euthanasia. However, one pointed out that he would not go to extremes with someone who had little chance.

The doctor who was torn between his religion and human nature again had no definite answer but seemed to favour treating the patient in most cases. He was joined by two more uncertain people who felt that it was up to the individual case and prognosis (forecast of the course and duration of a disease), whether they would give treatment or not.

Only one doctor said that he would definitely use negative euthanasia in any case where conditions indicated that, if treatment were given, the result would not be a wholesome, useful life.

11. Drugs.

In very close conjunction with the problem of euthanasia is that of the use of dual-action drugs such as morphine, obtained from opium, and used as a very effective pain-killer in such cases as terminal cancer. However, one side effect of morphine is that it depresses the respiration, and if given in large doses, may succeed in killing the patient by asphyxia (suffocation) before the disease does. I therefore asked the sample for their feelings on the use of such drugs.

Nine said that the control of pain was their priority, and they would relieve this, although they would not necessarily give large quantities of the drug. However, two of these doctors did say that if substantial doses of morphine were necessary to control a person's suffering and misery, then they would give one lethal dose and not indulge in what they saw as a long, drawn-out euthanasia, which can take days or weeks. Another of these doctors also pointed out that God created morphine, so why should we not use it?

Five more of my sample were not keen to use morphine at all, but said that they would as a last resort, if all else had failed.

Three were against the use of morphine under any circumstances, believing that there are other means of making a person comfortable, and that a doctor who prescribes morphine for a person is prescribing euthanasia. One of these said that in extreme cases he would give an epidural anaesthetic (into the spinal cord) to numb the patient and therefore render him painfree.

The radiologist passed no comment on this problem as he is not directly involved, nor has been in the past, and the acupuncturist said that he does not have this problem as he can relieve pain with his needles, but did comment that he thought it wrong for the drugs to be used.

12. Assisted Suicide.

Related to the two previous issues is that of assisted suicide, by the prescription of lethal drugs for someone to use on a person who is near and dear, with that person's permission, because of unacceptable suffering on the part of the patient.

Seventeen said that they would definitely not prescribe such medicine, although several stressed that they would be very sympathetic. One or two admitted that they would not know what to do personally if their wives were desperately ill, suffering greatly, and asked for it all to be ended. A good number were emphatic that the person should be admitted to hospital, and that all the parties concerned must be given all the supportive help necessary.

'Should a person become a pick-pocket in order to help others?' asked one doctor; another pointed out that God gives pain and death in His own time, which must be accepted by us; while another said: 'Opting out deprives a person of psychological experiences'.

One doctor said that in theory he would not assist with suicide, but in genuine cases he would probably find himself so sympathetic that he would easily comply with the request.

Two others said that they would definitely help on the ground of severe physical sickness, and if the person had made the decision himself with a clear mind. However, they would not assist with a person suffering from emotional problems, but would rather help to solve the problems for them.

13. Is European Medicine Ethical?

This very broad question of medical ethics evolved from the survey when interviewing the acupuncturist, who claimed that all those involved in European medicine are unethical and using unethical practices, as mentioned before. I therefore asked the remaining seventeen of my sample

to defend this criticism

Fourteen defended European medicine on the grounds that it is making great progress for the good of mankind, for the Qur'an says: 'engage your knowledge and find out'. Many saw that the successes far outweighed the failures, and that even the failures were not completely so, as much was learnt from them. One saw experiments as 'a response to the need to secure health', while two others said that if European doctors were being completely honest and ethical then they would include acupuncture and homoeopathy in their own practices.

Two of the sample saw a large part of European medicine as ethical, but believe that a staggering number of those involved are totally unethical, especially general practitioners (neither of them being such themselves), many of whom omit treatment and are not bothered to help patients day after day, finding repeat prescriptions, without seeing the patient for years sometimes, an easier way of living.

One doctor actually agreed with the criticism to a large extent, for in the East a person is treated as a whole being - physical, mental, emotional, spiritual - and because there is no experimenting there are no side-effects.

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Having interviewed the medical practitioners, it was felt to be of interest to discover what imams thought of the same questions. Two imams were interviewed, each of very different backgrounds.

The first imam, a Sunni, was from Pakistan and had been in England for seven years. He was naturally well versed in the Qur'an, Hadith and Arabic. He had been chosen by the local community, which comprised mostly Pakistanis, and had been brought over from Pakistan for this specific purpose. He spoke no English and very much confined himself to the mosque; the people came to him rather than him going to the people. Three interpreters were present to assist with the interview, all of whom showed the utmost respect for the imam, so much so that when one of them attempted to answer one of my questions rather than refer it to the imam, he was strongly reprimanded by the other two.

The Shi'i imam was also from Pakistan and a Doctor of Islamic

Theology from Iran. He said that he had two degrees and spoke seven or eight languages fluently, including English. For a period he has worked all over East Africa as an Islamic spiritual adviser, but has also spent some time travelling in other parts of the world. He has been in England for six months, and gave the impression of being a realist with a good first hand knowledge of the problems confronting his community.

Neither imam had any special medical knowledge and so the problems and implications of each subject were first explained in great detail.

Life.

The Sunni believed that life begins at birth, although the soul enters the body at about sixteen weeks' gestation when the foetus is felt to begin movements. The Shi'i saw life as an ongoing process, the sperm and ovum both being live cells even before they fuse. For the individual, life begins at fertilization, but the entering of the soul is an controversial topic, believed by him to take place somewhere between forty days and four months.

Abortion.

Both imams agreed that this is permissible in cases of severe risk to the mother's life, as one should not risk the loss of two lives. However, the Sunni disagreed with abortion before sixteen weeks, as he felt this was too early for the decision to be made about the mother's health, despite the fact that the later the abortion takes place the greater the risk to the mother.

Contraception.

This question produced opposite views from the imams. The Sunni felt that it was not to be used at all, except in the case of chronic ill-health in the mother, for we must accept whatever God wishes to give us, and not interfere with Nature. The Shi'i imam said that all types of contraception are permitted that do not cause harm to the users. However, Islam does not actively encourage people to use them, because it is better to use self-control.

Death.

Both agreed that a person cannot be pronounced dead, and therefore buried, until there is absolutely no hope of resuscitation. As non-medical men they themselves would use rigor mortis as the deciding factor.

Resuscitation.

Again both imams agreed that we do not really know when death takes place, so unless rigor mortis has set in one should always try to resuscitate.

Life-Support Machines.

The two imams said that these should be used as long as there is any hope at all of survival and should only be turned off when there is absolute certainty that the person is in fact dead.

Transplants.

The Sunni imam said that only the transplant of blood is permissible, as this has no effect on the donor and is not regarded as abuse. No other transplants are allowed because the body is sacred and not to be mutilated. The Shi'i imam agreed about the blood, adding that a live donor may donate any part of his body for any type of transplant. However, he had reservations concerning the use of parts of a dead body, for a dead body does not belong to anyone so who can give permission? Perhaps it is acceptable if the person has left a will, but he personally would not advocate such practices.

Drugs.

Both agreed that drugs should not be used to hasten death, for whatever reason. The Shi'i added that pain is regarded as an atonement for sin, and that the slower the death the more time the person has to ask God's forgiveness.

Euthanasia.

Neither imam could see any reason or excuse for positve or negative mercy-killing, for life is God's to give and take as He pleases, not man's.

Assisted Suicide.

Suicide is strictly forbidden in Islam, and therefore also is the assistance in such, for whatever reason. Both imams agreed.

Live Research.

The Sunni said that it is allowed to a limited extent when the animals are alive, avoiding pain at all costs, but not when the animal is dead as this is disrespectful. The Shi'i pointed out that animals have been created by God for man's use, but should only be used in experiments dealing with life-saving and prolonging conditions.

European Medicine.

Both imams agreed that medical practitioners must ensure that

they are competent and trustworthy. Genuine mistakes cannot be helped sometimes, even when the best knowledge and ability are being used.

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The number of medical practitioners interviewed and the method of their selection make it clear that no 'scientifically valid' conclusions can be drawn from the survey. Neither can any assumptions be made as to the relation between the views of Muslim medical practitioners and those of religious scholars. What can be drawn out of the above summary of the interviews conducted is the dilemma, often a very painful dilemma, in which many of these individuals find themselves when faced with a choice between conscience and standard practice. There is clearly a tension between what the 'system' suggests they do on the one hand and, on the other, what they would like to do and/or what they feel they ought to do as Muslims. Their decision is made no easier by the fact that most have been trained in ways which explicitly and implicitly are European in assumption and orientation.

What does a Muslim doctor do in such a situation? He could, of course, leave his religious beliefs at home, so to speak, but this is a solution which may only offer short term relief, and one which many Christian doctors are finding increasingly difficult to bear. The option of resignation, of leaving the profession, is one which has been adopted by a few individuals. But that still leaves the majority with the basic dilemma. For these, the question of what is ethically acceptable medical practice has not been satisfactorily answered. The classical principles are insufficient in the context of what is possible in today's medical world. Most Muslims would agree that what is needed is a serious new look at the Qur'an and Hadith, but it is unfortunate that much of what is being pronounced in this field by Muslim thinkers today seems to show little or no awareness of the practical situation or the medically possible.

There is more potential at the moment in the existence of national associations of Muslim medical practitioners which could play a very important part in bringing the issues of the profession's ethics more into the open and thus provide a necessary support to many of their

colleagues. Additionally, however, it should not be forgotten that Muslims are not alone in confronting these issues. Many Christians and non-Christians have serious doubts about some of the trends in modern medecine. Surely, this is an area where nobody can work satisfactorily within the confines of sectional interests, an area which by its very nature calls for openness and common cause to be made across the boundaries of religious differences.

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