

Methodological and Discursive Considerations for Islamic Bioethics Research and Writing

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Abstract

The past two decades have witnessed a substantial interest in Islamic bioethics research and writing. As more papers are published and a greater number of conferences are held, it is important to reflect on the concepts and concerns that frame the emerging discourse and its nascent academic literature. Accordingly, this paper begins by reflecting on the term Islamic bioethics and the motivations that spur Islamic bioethical deliberation. In so doing, it calls for paying attention to the normative and methodological implications of uniting the disparate discourses represented by the conjunctive term. To further assist consumers in distinguishing various types of Islamic bioethics research and writing, three general categories of scholarly work—Islamic bioethics, Muslim bioethics, and applied Islamic bioethics—are introduced. Next, the paper outlines

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Aasim I. Padela / TAFHIM 16.No. 1 (June 2023): 31–64

several lacunae in the extant academic Islamic bioethics literature that emerge from an incomplete engagement with the foundations, elements, and nature of contemporary bioethics discourse. Finally, in order to advance the field and better engage with contemporary bioethical questions, the paper closes by underscoring the need for Islamic bioethics research and writing to become multidisciplinary and involve multilevel ethical analysis.

Keywords

Religion, Medical Ethics, Ethics Discourses, Muslim, Narrative Review, Global Bioethics, Islamic Thought.

Background

A multitude of factors have resulted in a growing interest in Islamic bioethics. The global Muslim population continues to grow steadily and since Muslims, on average, tend to be religiously-oriented, this population of patients, physicians, and policymakers thirst for religious guidance on biomedical issues.¹ As universities, think-tanks, and policy institutes in the Muslim world take action to overcome the scientific knowledge and technological gaps between themselves and the so-called “West,” the resulting increased interaction with biomedicine and biotechnology has also made bioethics an important area of focus. At the same time, European and American educational and scientific institutions have taken root in Muslim-majority nations², and these cultural exchanges have led some to examine

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1. Pew Research Center, “Muslim Americans: Middle Class and Mostly Mainstream” (May 22, 2007), <https://www.pewresearch.org/religion/2007/05/22/muslim-americans-middle-class-and-mostly-mainstream2/>; Pew Research Center, “The Changing Global Religious Landscape” (April 5, 2017), <https://www.pewresearch.org/religion/2017/04/05/the-changing-global-religious-landscape/>.
 2. For example, within Qatar an entire “city” named “Education City” hosts campuses for Georgetown, Cornell, Texas A&M, Virginia Commonwealth and other universities.

whether the ethical values implicitly connected with the mission of these institutions align with Muslim culture and Islamic norms.³

Consequently, Islamic bioethics is a hot topic of conversation and a body of academic literature has developed around it. Illustratively, within the past decade Islamic bioethics conferences have been held at premier universities such as the University of Michigan, Yale University, the University of Chicago, Georgetown University in Qatar, the University of Hamburg in Germany, and the International Islamic University in Malaysia, among others. Capitalising upon this scholarly interest, leading academic journals such as the *Journal of Bioethics*,⁴ *Theoretical Medicine and Biomedicine*,⁵ *Die Welt des Islams*,⁶ *Journal of Religion and Health*,⁷ and *Zygon*⁸ have all published on thematic issues on Islamic bioethics and multiple edited volumes on

3. Pablo Rodríguez del Pozo and Joseph J. Fins, "The Globalization of Education in Medical Ethics and Humanities: Evolving Pedagogy at Weill Cornell Medical College in Qatar," *Academic Medicine: Journal of the Association of American Medical Colleges* 80, no. 2 (February 2005): 135–40, <https://doi.org/10.1097/00001888-200502000-00005>; Raymond De Vries and Leslie Rott, "Bioethics as Missionary Work: The Export of Western Ethics to Developing Countries," in *Bioethics around the Globe*, ed. Catherine Myser (Oxford: Oxford University Press, 2011), 3–18; Valmae A. Ypinazar and Stephen A. Margolis, "Western Medical Ethics Taught to Junior Medical Students Can Cross Cultural and Linguistic Boundaries," *BMC Medical Ethics* 5 (July 30, 2004): E4, <https://doi.org/10.1186/1472-6939-5-4>.
4. Mohammed Ghaly, "Islamic Bioethics: The Inevitable Interplay of 'Texts' and 'Contexts,'" *Bioethics* 28, no. 2 (February 2014): ii–v, <https://doi.org/10.1111/bioe.12081>.
5. Aasim I. Padela, "Islamic Bioethics: Between Sacred Law, Lived Experiences, and State Authority," *Theoretical Medicine and Bioethics* 34, no. 2 (April 2013): 65–80, <https://doi.org/10.1007/s11017-013-9249-1>.
6. Morgan Clarke, Thomas Eich, and Jenny Schreiber, "The Social Politics of Islamic Bioethics," *Die Welt Des Islams* 55, no. 3–4 (November 26, 2015): 265–77, <https://doi.org/10.1163/15700607-05534p01>.
7. Mustafa Ahmed, "Muslims and Medical Ethics: Time to Move Forward by Going Back," *Journal of Religion and Health* 55, no. 2 (April 2016): 367–68, <https://doi.org/10.1007/s10943-016-0197-8>.
8. Mohammed Ghaly, "Islamic Bioethics in the Twenty-First Century," *Zygon*® 48, no. 3 (September 2013): 592–99, <https://doi.org/10.1111/zygo.12021>.

Aasim I. Padela / TAFHIM 16.No. 1 (June 2023): 31–64

Islamic bioethics have graced academic presses.⁹ Furthermore, the Kennedy Institute of Ethics has created a resource library titled Islamic Medical and Scientific Ethics.¹⁰ These ventures, collectively, are transforming Islamic bioethics into a true academic field of study.

Within this burgeoning literature, writers on Islamic bioethics have taken diverse approaches to making normative claims, to engaging with disciplines outside of medicine and Islamic law, and to addressing the ethical concerns of patients, clinicians, researchers, healthcare organisations, and policymakers. As a result, the varied tactics produce a disordered discourse with authors promulgating wholly different, and at times conflicting, notions of what constitutes Islamic bioethical guidance and who it is for.¹¹ Moreover, many pieces remain ambiguous about whether Islamic bioethics is part of, or stands apart from, contemporary global bioethics.¹²

Yet, regardless of its limitations, Islamic bioethics-related papers and books service the impulse for a religiously-informed

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9. Aasim I. Padela, ed., *Medicine and Shariah: A Dialogue in Islamic Bioethics* (Notre Dame, IN: University of Notre Dame Press, 2021); Jonathan E. Brockopp and Thomas Eich, eds., *Muslim Medical Ethics: From Theory to Practice* (Columbia, S.C: University of South Carolina Press, 2008); Jonathan E. Brockopp, ed., *Islamic Ethics of Life: Abortion, War, and Euthanasia* (Columbia, S.C: University of South Carolina Press, 2003); Mohammed Ghaly, ed., *End-of-Life Care, Dying and Death in the Islamic Moral Tradition* (Leiden: Brill, 2023); Mohammed Ghaly, ed., *Islamic Ethics and the Genome Question* (Leiden: Brill, 2019); Alireza Bagheri and Khalid Abdulla Al-Ali, eds., *Islamic Bioethics: Current Issues and Challenges* (Hackensack, NJ: World Scientific, 2018).
 10. “Islamic Medical and Scientific Ethics,” Georgetown University, accessed January 4, 2023, <https://bioethics.georgetown.edu/library-materials/bioethics-research-library-databases/islamic-medical-and-scientific-ethics/>.
 11. Aasim I. Padela, “Muslim Perspectives on the American Healthcare System: The Discursive Framing of ‘Islamic’ Bioethical Discourse,” *Die Welt Des Islams* 55, no. 3–4 (November 26, 2015): 413–47, <https://doi.org/10.1163/15700607-05534p07>.
 12. Sherine Hamdy, “Reframing Islamic Bioethics,” *Contending Modernities*, September 18, 2013, <https://contendingmodernities.nd.edu/field-notes/reframing-islamic-bioethics/>.

Methodological and Discursive Considerations for Islamic Bioethics

ethics for medical practice and health policy, the desire for religious guidance when confronting difficult decisions in healthcare, and the need for “Islamic” source materials to study Muslim encounters with modern science and technology. Beyond Muslim circles, the literature also assists comparative ethics scholars studying diverse approaches to addressing bioethical questions, and furnishes content for the debate over the place of religion within bioethics.¹³

Against this backdrop any project that seeks to weave together the disparate threads of Islamic bioethical writing into a cohesive resource, or aims at fashioning Islamic bioethics resources anew, has to confront conceptual questions about the relationship between the “Islamic” and the “bioethical” in their project. Simultaneously such ventures, in so far as they engage with contemporary bioethics debates, need to account for historical factors that led to the development of modern bioethics, the philosophical and theological underpinnings of current medical practice, and the social contexts that impact those who seek Islamic bioethics resources. Indeed, inadequate

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13. Jennifer E. Miller, “Irreligious Bioethics, Nonsense on Stilts?,” *The American Journal of Bioethics* 12, no. 12 (December 2012): 15–17, <https://doi.org/10.1080/15265161.2012.725352>; Timothy F. Murphy, “In Defense of Irreligious Bioethics,” *The American Journal of Bioethics* 12, no. 12 (December 2012): 3–10, <https://doi.org/10.1080/15265161.2012.719262>; Timothy F. Murphy, “The More Irreligion in Bioethics the Better: Reply to Open Peer Commentaries on ‘In Defense of Irreligious Bioethics,’” *The American Journal of Bioethics* 12, no. 12 (December 2012): W1–5, <https://doi.org/10.1080/15265161.2012.746838>; Joseph Clinton Parker, “Irreligious Bioethics: Benefits and Burdens,” *The American Journal of Bioethics* 12, no. 12 (December 2012): 20–22, <https://doi.org/10.1080/15265161.2012.719273>; Udo Schuklenk, “On the Role of Religion in Articles This Journal Seeks to Publish,” *Developing World Bioethics* 18, no. 3 (September 2018): 207, <https://doi.org/10.1111/dewb.12210>; Howard Brody and Arlene Macdonald, “Religion and Bioethics: Toward an Expanded Understanding,” *Theoretical Medicine and Bioethics* 34, no. 2 (April 2013): 133–45, <https://doi.org/10.1007/s11017-013-9244-6>; Rosie Duivenbode and Aasim Padela, “Contextualizing the Role of Religion in the Global Bioethics Discourse: A Response to the New Publication Policy of Developing World Bioethics,” *Developing World Bioethics* 19, no. 4 (December 2019): 189–91, <https://doi.org/10.1111/dewb.12242>.

attention to these issues contributes to the fragmented and atomistic nature of much of the literature on Islamic bioethics.

Consequently, this paper dives into detailing some of these important considerations. I begin with a reflection on the term Islamic bioethics, and its normative and discursive implications. Next, in order to assist researchers and readers wading through the academic Islamic bioethics literature, I sort the genre into three types of projects: those aimed at understanding Islamic bioethics, those focused on Muslim bioethics, and those researching applied Islamic bioethics. Thereafter, in so far as the growing field of Islamic bioethics addresses contemporary bioethical issues, I argue that it must fully engage the historical, social, and cultural factors shaping that discourse. Hence, I point out important gaps in the extant academic literature. Finally, in my closing comments, I assert that Islamic bioethics must coalesce into a multidisciplinary academic field that engages in multi-level analysis of questions of bioethical import.

In developing this paper's 'insider' perspective, I draw upon narrative reviews of the Islamic bioethics literature,¹⁴ critical discourse analyses of the field,¹⁵ and my experiences as a journal and volume editor.¹⁶

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14. Aasim I. Padela, "Islamic Medical Ethics: A Primer," *Bioethics* 21, no. 3 (March 2007): 169–78, <https://doi.org/10.1111/j.1467-8519.2007.00540.x>; Dariusch Atighetchi, *Islamic Bioethics: Problems and Perspectives* (New York: Springer, 2009); Mohammed Ali Al-Bar and Hassan Chamsi-Pasha, *Contemporary Bioethics* (Cham: Springer, 2015).
 15. Aasim I. Padela, Hasan Shanawani, and Ahsan Arozullah, "Medical Experts & Islamic Scholars Deliberating over Brain Death: Gaps in the Applied Islamic Bioethics Discourse," *The Muslim World* 101, no. 1 (2011): 53–72, <https://doi.org/10.1111/j.1478-1913.2010.01342.x>; Padela, "Muslim Perspectives on the American Healthcare System"; Aasim I. Padela, "Islamic Verdicts in Health Policy Discourse: Porcine-Based Vaccines as a Case Study," *Zygon*® 48, no. 3 (September 2013): 655–70, <https://doi.org/10.1111/zygo.12036>.
 16. Padela, *Medicine and Shariah*; Padela, "Islamic Bioethics"; Afifi Al-Akiti and Aasim I. Padela, eds., *Islam and Biomedicine* (Cham: Springer, 2022).

The Nature of Islamic Bioethics Discourse

As noted above, much ink is spent writing on Islamic bioethics. To quantify a portion of this literature, Shanawani and Khalil reviewed Medline articles over a decade ago. Using the search terms “Islam or Muslim or Arab” and “Bioethics” they uncovered 497 articles, published between 1950-2005, relating these key terms. Out of these they considered 112 to focus on Islamic bioethical perspectives.¹⁷ Today, the same search yields over three times as many articles, marking an exponentially growing literature. While pairing search terms related to Islam and to bioethics uncovers a literary genre, what sort of relationship between Islam and bioethics do the papers offer?

Differing visions for “Islamic Bioethics”

There are many different ways to relate Islam and bioethics, and authors take Islamic bioethics to mean different things. For some, Islamic bioethics refers to the decrees of Islamic jurists writing on the ethico-legal permissibility of participating in some therapeutic exercise.¹⁸ For others, Islamic bioethics may be linked to a traditional form of healing that emerged in medieval Muslim lands and thus is sourced in scriptural sources as well as cultural practices.¹⁹ Others question whether there is a distinct ‘Islamic’ bioethics at all.²⁰ These diverse views on

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17. Hasan Shanawani and Mohammad Hassan Khalil, “Reporting on ‘Islamic Bioethics’ in the Medical Literature,” in *Muslim Medical Ethics: From Theory to Practice*, ed. Jonathan E. Brockopp and Thomas Eich (Columbia, SC: University of South Carolina Press, 2008), 213–28.
 18. Vardit Rispler-Chaim, *Islamic Medical Ethics in the Twentieth Century* (Leiden: Brill, 1993); Ahmed Abdel Aziz Yacoub, *The Fiqh of Medicine: Responses in Islamic Jurisprudence to Developments in Medical Science* (London, UK: Ta-Ha Publishers, 2001).
 19. Fazlur Rahman, *Health and Medicine in the Islamic Tradition: Change and Identity* (New York: Crossroad, 1987).
 20. Abdulaziz Sachedina, “Is There an Islamic Bioethics?,” *Contending Modernities*, March 12, 2013, <https://contendingmodernities.nd.edu/field-notes/is-there-an-islamic-bioethics/>.

what constitutes Islamic bioethics betrays deeper divergences on the nature of the “Islamic” content of Islamic bioethics and about the features of contemporary bioethics discourse. In what follows I would like to offer several conceptual frames through which Islamic bioethics research can be viewed, and how these distinct visions implicate the content and character of Islamic bioethics writing.

To begin with, one could view Islamic bioethics as *Islam visiting contemporary bioethics*. On this view, contemporary bioethics becomes the addressee of Islamic authorities and theoreticians. The *nature* of bioethics as a multidisciplinary field with multiple tiers of ethical concern including the political and legal, is not the primary concern of addressor. Rather, the chief concern is to respond to ethical principles and perspectives offered by secular counterparts. So for example since contemporary clinical ethics largely operates out of the four-principle model of Beauchamp and Childress, Islamic scholars and Muslim thinkers assess whether the four-principle model is compatible with Islamic ethics,²¹ or offer an alternative principle-based model from within the Islamic moral tradition.²² Similarly, when there is a ‘hot-topic’ being debated in the bioethics community, e.g. the use of CRISPR-cas 9 for germline gene therapy, scholars

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21. Sahin Aksoy and Abdurrahman Elmai, “The Core Concepts of the ‘Four Principles’ of Bioethics as Found in Islamic Tradition,” *Medicine and Law* 21, no. 2 (2002): 211–24; Sahin Aksoy and Ali Tenik, “The ‘Four Principles of Bioethics’ as Found in 13th Century Muslim Scholar Mawlana’s Teachings,” *BMC Medical Ethics* 3, no. 1 (December 2002): 4, <https://doi.org/10.1186/1472-6939-3-4>; Mohammed Ghaly, ed., *Islamic Perspectives on the Principles of Biomedical Ethics: Muslim Religious Scholars and Biomedical Scientists in Face-to-Face Dialogue with Western Bioethicists* (London: World Scientific, 2016).
 22. Abdulaziz Sachedina, “The Search for Islamic Bioethics Principles,” in *Principles of Health Care Ethics*, ed. Richard E. Ashcroft et al. (Chichester, UK: John Wiley & Sons, 2006), 117–25; Abdulaziz Sachedina, *Islamic Biomedical Ethics: Principles and Application* (Oxford: Oxford University Press, 2009); Shaikh Mohd Saifuddeen et al., “Maqasid Al-Shariah as a Complementary Framework to Conventional Bioethics,” *Science and Engineering Ethics* 20, no. 2 (June 2014): 317–27, <https://doi.org/10.1007/s11948-013-9457-0>.

Methodological and Discursive Considerations for Islamic Bioethics

rush to fashion some Islamic argument for, or against, the use of that technology. This sort of Islamic bioethics reacts to the methods and outputs of contemporary bioethics discourse. I term this type of engagement a *visitor* model.

Another approach to Islamic bioethics views it as an outgrowth of traditional Islamic moral discourses. In other words, biomedicine simply represents a special area of concern within an established scholarly discourse. Hence, the chapters on medicine found within Islamic law books and commentaries on scriptural texts that speak to medical care exemplify the source material for Islamic bioethics. As opposed to visitor model, this model is not necessarily concerned with developments within contemporary bioethics discourses. Rather the primary concern is to provide Muslims with scripturally-derived resources that help them live righteous lives. For the sake of simplicity, I term this version of Islamic bioethics to be the *native* model.

To be sure, the two models are similar and connected. Both models rely on Islamic jurists for ethical analysis, and both aim at furnishing moral guidance to Muslim actors. Further, in any given juridical academy meeting devoted to Islamic bioethical issues, the jurist operates from a “native” perspective when addressing the questioner, who in turn, desires Islamic moral authorities “visit” the world of biomedicine. Notably both leave the nature of contemporary bioethics largely unaddressed; in other words, the multidisciplinary, multi-level, and secular ethical analytic mode of bioethics is ignored. Similarly, both leave the traditional nature of Islamic ethico-legal inquiry largely undisturbed. In other words, traditional Islamic jurists mete out the “Islamic” by deploying classical ethico-legal constructs and employing conventional moral reasoning exercises to questions of bioethics.

The distinction between the visitor and native models lies not in the aforementioned processes, rather it related to the primary concern of each type of engagement. The former seeks to respond to developments in contemporary bioethics whether or not those concerns emerge from Muslim societies

or are immediately relevant to Muslim stakeholders. The latter model, on the other hand, is chiefly concerned with the questions of Muslim salvation and thus responds to questions of bioethics only when they are relevant to Islamic scholarship and/or concern Muslims being able to live righteously.

Both the *visitor* and *native* models are first-generation models for engaging contemporary bioethics from within the moral tradition between Islam. They introduce Islamic juridical decrees into the bioethics literature and shed light on bioethical questions that are relevant to Muslim minds. Taking the metaphor of emigration and travel a bit further I suggest that a second-generation *permanent* resident models for engagement between the Islamic tradition and contemporary bioethics discourses are needed. This type of engagement would improve upon the first-generation models by producing a discourse that takes advantage of the normativity of inherited Islamic ethico-legal frameworks while addressing the multi-disciplinary and multi-layered nature of bioethical inquiry.²³ In so doing this approach would take neither the traditional modes of Islamic ethical reasoning, nor the nature of contemporary bioethics, as a given. Rather they push both domains to innovate and evolve. For example, traditional modes of Islamic moral reasoning might be extended to incorporate social scientific perspectives on the good and beneficial. On the other hand, the authority of public reason over scriptural values in contemporary bioethics deliberation may be subjected to critical scrutiny. The permanent resident approach thus aims at securing a space for Islamic bioethics both within the house of traditional Islam and within the bioethics academy.

Although the three models of engagement I outline above are simplistic archetypes and somewhat overlap, they provide

23. Clarke, Eich, and Schreiber, "The Social Politics of Islamic Bioethics"; Jenny Schreiber, *Politics, Piety, and Biomedicine: The Malaysian Transplant Venture* (Bielefeld: transcript publishing, 2017); Jonathan E. Brockopp, "Islam and Bioethics: Beyond Abortion and Euthanasia," *Journal of Religious Ethics* 36, no. 1 (March 2008): 3–12, <https://doi.org/10.1111/j.1467-9795.2008.00333.x>.

Methodological and Discursive Considerations for Islamic Bioethics

a useful lens through which to analyse the Islamic bioethics literature. They also highlight high-level questions that frame the discourse and its outputs. Thus, both constructive theoreticians and descriptive researchers alike need to consider these differing approaches as delve into Islamic bioethics literature.

Categorising Islamic Bioethics Research and Writing: Islamic Bioethics, Muslim Bioethics, and Applied Islamic Bioethics

Before moving to describe lacunae in the academic literature, I would like to offer a typology that can assist with analysing the literature. Foundationally, Islamic bioethics is a discourse that uses the Islamic tradition to address moral questions and ethical issues arising out of the biomedical sciences and allied health practice.²⁴ Accordingly, Islamic bioethics research considers scripture and tradition, along with the associated class of scholars who interpret and delineate both, to be the sources of normativity. Accordingly, Islamic bioethics concerns itself with the study of Islamic scripture and moral traditions and the bioethical outputs of those who produce ethico-legal guidance based on these sources.

Muslim bioethics, however, represents the social scientific study of the Muslim encounter with moral dilemmas and ethical challenges of biomedicine and biotechnology. In Muslim bioethics research and writing the normative is a descriptive rather than evaluative term. Said another way, Muslim bioethics involves the study of the attitudes, behaviours, and decision-making processes of Muslims engaging with biomedicine. Importantly, these actors may or may not engage with scriptural texts and religious rulings while facing bioethical dilemmas and thus the Islamic tradition is not necessarily central to this type of research and writing.

24. Padela, *Medicine and Shariah*.

I draw this distinction because I foreground the idea that using the term “Islamic” to describe a line of inquiry, moves one beyond the anthropological and sociological subject of study, i.e., the individual Muslim actor, to examine the lived tradition and its source proper. In other words, by attaching the label “Islamic” one moves upwards from the human construct and seeks to tap into a transcendent ground of meaning, e.g., revelation. Muslim studies, however, focus on the subject with scriptural sources and authorities remaining in the background. While this rhetorical move might allow for classifying studies about the organ transplantation practices of Muslims in Malaysia as *Muslim bioethics*, and studies into religious texts commenting on organ transplant as *Islamic bioethics*, I recognise that the dividing line is not a sharp one and some work lies in between these two categories.

Hence, I categorise a third type of research and writing as applied Islamic bioethics. Applied Islamic bioethics covers two types of work: (1) studies of how Muslims practically interpret and apply Islamic bioethics rulings, and also includes (2) research that examines how Islamic scholars deliberate over bioethical questions. Indeed, the first type of work could be classified as a subgenre of Muslim bioethics, while the second type could be a subgenre of Islamic bioethics. Hence applied Islamic bioethics research bridges Islamic and Muslim bioethics research and writing.

Some scholars, particularly those from religious studies, might argue that the bounding conditions are ambiguous because religious traditions are embodied thus one cannot divorce the study of the religious texts from the study of the people who interpret and live out those texts. I am cognizant of this critique, yet assert that the aforementioned typology can help, at a minimum, differentiate studies where Muslim is simply a demographic descriptor from studies where the Islamic scriptural tradition is under study. In this way this schema can help researchers organise and analyse the growing Islamic bioethics literature.

Enhancing Islamic Bioethics Research and Writing: Addressing Important Features of Bioethics Discourse and Biomedical Practice

At present much of the academic Islamic bioethics literature operates out of the visitor model. Despite the methodology having significant flaws including publication bias, fatwa reviews remain the preeminent research method.²⁵ Yet, scholars are increasingly taking a critical eye towards juridical deliberations on bioethics, and these reveal an ad hoc enterprise that often involves incomplete conceptualisations of the ethical problem-space.²⁶

25. Rispler-Chaim, *Islamic Medical Ethics in the Twentieth Century*; Ayman Shabana, "Paternity Between Law and Biology: The Reconstruction of the Islamic Law of Paternity in the Wake of DNA Testing," *Zygon*® 47, no. 1 (March 2012): 214–39, <https://doi.org/10.1111/j.1467-9744.2011.01246.x>; Mohammed Ghaly, "The Beginning of Human Life: Islamic Bioethical Perspectives," *Zygon*® 47, no. 1 (March 2012): 175–213, <https://doi.org/10.1111/j.1467-9744.2011.01245.x>; Mohammed Ghaly, "Organ Donation and Muslims in the Netherlands: A Transnational Fatwa in Focus," *Recht Van De Islam* 26 (2012): 39–52; Noor Munirah Isa, "Darurah (Necessity) and Its Application in Islamic Ethical Assessment of Medical Applications: A Review on Malaysian Fatwa," *Science and Engineering Ethics* 22, no. 5 (October 2016): 1319–32, <https://doi.org/10.1007/s11948-015-9698-1>; Stef Van den Branden and Bert Broeckaert, "The Ongoing Charity of Organ Donation. Contemporary English Sunni Fatwas on Organ Donation and Blood Transfusion," *Bioethics* 25, no. 3 (March 2011): 167–75, <https://doi.org/10.1111/j.1467-8519.2009.01782.x>; Stef Van den Branden and Bert Broeckaert, "Living in the Hands of God. English Sunni e-Fatwas on (Non-)Voluntary Euthanasia and Assisted Suicide," *Medicine, Health Care, and Philosophy* 14, no. 1 (February 2011): 29–41, <https://doi.org/10.1007/s11019-010-9280-1>; Aasim I. Padela et al., "Using Fatawa Within Islamic and Muslim Bioethical Discourse: The Role of Doctrinal and Theological Considerations -- a Case Study of Surrogate Motherhood," in *Islam and Bioethics*, ed. Berna Arda and Vardit Rispler-Chaim (Ankara: Ankara University, 2011), 151–67.
26. Padela, Shanawani, and Arozullah, "Medical Experts & Islamic Scholars Deliberating over Brain Death"; Padela, "Islamic Verdicts in Health Policy Discourse"; Mohammed Ghaly, "Biomedical Scientists as Co-Muftis: Their Contribution to Contemporary Islamic Bioethics," *Die Welt Des Islams* 55, no. 3–4 (November 26, 2015): 286–311, <https://doi.org/10.1163/15700607-05534p03>; Aasim I. Padela and Rosie Duivenbode, "The Ethics of Organ Donation, Donation after Circulatory Determination of Death, and Xenotransplantation from an Islamic Perspective," *Xenotransplantation* 25, no. 3 (May 2018): 1–12, <https://doi.org/10.1111/xen.12421>.

Aasim I. Padela / TAFHIM 16.No. 1 (June 2023): 31–64

Moving beyond these initial attempts at engagement requires attending to historical context that led to the development of contemporary bioethics, the statistics-based epistemology and nature of medical practice, the theological and philosophical dimensions of healthcare delivery, and social, legal and political contexts of the Islamic bioethics consumer.

The historical underpinnings of contemporary bioethics

As Islamic bioethics theoreticians engage with bioethics, they must acknowledge why the field of bioethics emerged. This is so because the topics that contemporary bioethics concerns itself with, and its nature as a secular humanistic discourse that relies on public-reason and rational arguments, is informed by its history.

Accordingly, to the conventional narrative, contemporary bioethics developed in response to troubling issues with the patient-doctor relationship and in clinical research. Specifically, bioethics emerged in the mid-20th century as a cohesive field of inquiry in reaction to physicians and researchers trampling upon the humanity of patients and research subjects repeatedly.²⁷ For example in the research arena, the experiments of Nazi physicians forced prisoners to undertake and the withholding of antibiotics from research subjects by US public health service during the Tuskegee syphilis study, attest to researchers devaluing the dignity of human beings by considering them as simply a means to a research end.²⁸ In clinical realm, it is widely known that physicians both in the past and in the present often impose(d) their own values about the merits of medical treatment upon

27. Albert R. Jonsen, “The Birth of Bioethics,” *The Hastings Center Report* 23, no. 6 (1993): S1-4; Albert R. Jonsen, *A Short History of Medical Ethics* (New York: Oxford University Press, 2000).

28. Albert R. Jonsen, “Experiments Perilous: The Ethics of Research with Human Subjects,” in *The Birth of Bioethics* (New York: Oxford University Press, 1998), 125–65; Renée C. Fox, Judith P. Swazey, and Judith C. Watkins, *Observing Bioethics* (Oxford: Oxford University Press, 2008).

Methodological and Discursive Considerations for Islamic Bioethics

patients, and that shared-decision making between the patient and provider was/is wanting. This type of paternalistic patient-doctor relationship connotes a lack of respect for patient's "right" to self-determination regarding medical treatment.²⁹ These deplorable contexts spawned the contemporary bioethics movement, its rights-based framework, and its overarching focus on respect for patient autonomy and human dignity.

Academic Islamic bioethics literature scarcely addresses the patient-doctor or medical researcher-participant relationships in any significant way. While it is true that a classical genre of Islamic ethical literature, *adab* literature, addresses character development and the embodiment of virtues,³⁰ there are few Islamically-oriented extant journal articles or books focused on the profession of medicine in the same mould. Relatedly, writings on the nature of the patient-doctor relationship as contractual or fiduciary, or on Islamically-sanctioned models of shared decision-making are all but absent. Likewise, there are but a few attempts at generating a research ethics based on Islamic values.³¹

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29. Robert M. Veatch and Cian M. Spicer, "Against Paternalism in the Patient-Physician Relationship," in *Principles in Health Care Ethics*, ed. Raanan Gillon (Chichester, England: John Wiley & Sons, 1994), 409–19.
 30. Elizabeth Sartell and Aasim I. Padela, "Adab and Its Significance for an Islamic Medical Ethics," *Journal of Medical Ethics* 41, no. 9 (September 2015): 756–61, <https://doi.org/10.1136/medethics-2014-102276>.
 31. Mehrunisha Suleman, "Contributions and Ambiguities in Islamic Research Ethics and Research Conducted in Muslim Contexts: A Thematic Review of the Literature," *Journal of Health & Culture* 1, no. 1 (2016): 46–57; Mehrunisha Suleman, "Biomedical Research Ethics in the Islamic Context: Reflections on and Challenges for Islamic Bioethics," in *Intercultural Dialogue in Bioethics*, ed. Alireza Bagheri and Khalid Alali (Hackensack, NJ: World Scientific, 2017), 197–228; Abbas Rattani and Adnan A. Hyder, "Developing an Islamic Research Ethics Framework," *Journal of Religion and Health* 58, no. 1 (February 2019): 74–86, <https://doi.org/10.1007/s10943-017-0508-8>; Ghiath Alahmad and Kris Dierickx, "What Do Islamic Institutional Fatwas Say about Medical and Research Confidentiality and Breach of Confidentiality?," *Developing World Bioethics* 12, no. 2 (August 2012): 104–12, <https://doi.org/10.1111/j.1471-8847.2012.00329.x>.

Aasim I. Padela / TAFHIM 16.No. 1 (June 2023): 31–64

These literature gaps leave one to wonder what the tradition considers to be the proper ordering of clinical care and medical research in general, and of the patient-doctor-society relationship in particular. The gaps also raise questions about whether such concerns are marginal to the *native* discourse in Islamic ethics and law, and/or whether they are deemed significant enough to comment upon within the *visitor* dialogue.

Perhaps more significantly, Islamic bioethics, at least as seen through the lens of the extant literature, seems to miss the mark in critically addressing the nature of bioethical deliberation in contemporary healthcare. What would research and clinical care ethics committees and consultations that are grounded within Islamic bioethics look like? Is the secular *modus operandi* of peer deliberation one that is recognised and valued by the Islamic tradition? Is public reason a guide towards moral truth in Islam?

Permanent resident second-generation Islamic bioethics research and writing needs to establish itself within academic bioethics discourses and as such would benefit from addressing the patient-doctor and research-related concerns the led to the birth of bioethics. And appraising the *modus operandi* of contemporary bioethics, i.e., a reason-based, public deliberative exercise, is incredibly important to answer if one desires to offer Islamic alternatives to contemporary bioethics.

The science and statistics of clinical care

Just like those engaging with contemporary bioethics need to understand its history and nature, they also need to understand the epistemic foundations of clinical care, i.e., epidemiology and biostatistics. The fatwa-based *visitor* discourse often views clinical care as operating in a binary between acute illness and health where physicians cure malady and restore patient health by applying a specific treatment.³² Such a conceptualisation is

32. Mohammed Ghaly, *Islam and Disability: Perspectives in Theology and Jurisprudence* (London: Routledge, 2011).

inaccurate on many levels. Biomedical advances have changed the landscape of modern medical practice such that the management of chronic disease is the main focus of clinical care. Certainly, among all the known human diseases few are amenable to cure, and even those that are usually require multiple different types of treatment. Indeed, in many countries cardiovascular disease and cancer significantly contribute to societal disease-burden, notably both diseases are not amenable to one-shot cures.³³ In the modern era, the physician's role has shifted from carrying out rapid interventions aimed at saving life to prescribing medicine and behavioural modifications that incrementally improve quality-of-life.

Accordingly in the modern era, successive biomedical advancements contribute to declinations in mortality in incrementally minor ways. For example, consider the treatment of heart attacks. Most of the reduction in mortality from the acute treatment of myocardial infarction is attributable to the development of coronary catheters that either mechanically disrupt the blood clot impeding blood flow, introduce a chemical enzyme to do the same, or place a stent to bridge the vessel open. These procedures can be life-saving, although most heart attacks are non-lethal. On top of these treatments, pharmaceutical companies may develop drugs reduce the chance of coronary blood vessel clots so as to prevent future heart attacks. While such drugs may reduce the risk of heart attack, one could argue whether they should be termed as life-saving because most heart attacks are not only non-lethal, acute heart attacks are

33. Global Burden of Disease Cancer Collaboration et al., "Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 32 Cancer Groups, 1990 to 2015: A Systematic Analysis for the Global Burden of Disease Study," *JAMA Oncology* 3, no. 4 (April 1, 2017): 524–48, <https://doi.org/10.1001/jamaoncol.2016.5688>; "The Top 10 Causes of Death," World Health Organization, December 9, 2020, <https://www.who.int/en/news-room/fact-sheets/detail/the-top-10-causes-of-death>; Melonie Heron, "Deaths: Leading Causes for 2016," *National Vital Statistics Reports: From the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System* 67, no. 6 (July 2018): 1–77.

treated with the former catheter-based treatments, which as it happens are more effective in reducing mortality and morbidity. Furthermore, on a population level, hundreds of individuals need to take such medicines for an extended period of time before we can attribute one death to have been prevented by these medicines. This calculation, termed the number needed to treat, is part and parcel of evaluating the effectiveness of clinical treatments.

Not only do most Islamic bioethics writings think of clinical care as an enterprise of curing, there has been little, if any, discussion about such statistical analyses and the probabilistic nature of medical therapy in the extant academic Islamic bioethics literature. Nonetheless many articles described argue for the permissibility of normatively proscribed medications on the premise that they save lives.³⁴ The ethico-legal construct of dire necessity, *darūrah*, is invoked to ground these judgements. In cases of certain life and death this usage may be apropos, however such deliberation would benefit from a more nuanced risk-benefit analysis based on the epidemiological risk profile of patients and the statistical probability of therapeutic efficacy. Islamic bioethics writers must engage with the epistemological and practical aspects of biomedicine in order to weigh in on conversations about the ethical utilisation of contemporary medical therapeutics and technologies.

The theological and philosophical bases of healthcare delivery

Relatedly, Islamic bioethics research and writing would benefit from attending to the theological and philosophical bases of

34. Rispler-Chaim, *Islamic Medical Ethics in the Twentieth Century*; Isa, “Darurah (Necessity) and Its Application in Islamic Ethical Assessment of Medical Applications”; Aasim I. Padela et al., “Dire Necessity and Transformation: Entry-Points for Modern Science in Islamic Bioethical Assessment of Porcine Products in Vaccines,” *Bioethics* 28, no. 2 (February 2014): 59–66, <https://doi.org/10.1111/bioe.12016>; H. Hathout, “Abortion and Islam,” *Bulletin de la Société libanaise d’histoire de la médecine*, no. 3 (1992): 85–89; Muhammad ibn Adam Al-Kawthari, *Birth Control & Abortion in Islam* (Santa Barbara, CA: White Thread Press, 2006).

healthcare delivery. Such a focus is connected to the *telos* of healthcare which is often-neglected in the extant academic Islamic bioethics literature.

Presently, the science of Islamic jurisprudence, *usūl al-fiqh*, is rightly at the centre of Islamic bioethics discourse because it assesses whether human actions are attached to Divine pleasure or reproach. The machinery of *fiqh* is employed to address bioethical questions with a *telos* in mind. Many Islamic scholars suggest the *telos* is represented by the *maqāsid*, the higher objectives of the Islamic law. Traditionally the *maqāsid* were used, if at all, to fine-tune ethico-legal assessments when the primary Islamic sources *usūl* do not univocally address a specific issue. Said another way the *maqāsid* were used on the back end of ethico-legal deliberation. Some classical scholars, and many modern commentators, advocate for a *maqāsid*-based approach to *fiqh* such that the *maqāsid* are at the front end of Islamic ethico-legal deliberation in order to ground arguments and frame the ethical assessment.³⁵ Both camps have their merit, however with respect to Islamic bioethics both the *fiqh* and the *maqāsid* insufficiently guide medical practitioners and patients, and the *telos* of healthcare delivery is insufficiently conceptualised in bioethical writings grounded in Islamic law.

Taking the case of end-of-life healthcare, as an example, the *fiqh* as espoused within many *fatāwa* allows physicians to withdraw life-support when medical care is deemed futile.³⁶ At the same time, the *fatāwa* enjoin physicians not to participate in euthanasia. Islamic bioethics writings often parrot these juridical decrees without greater theorisation. And these discussions

35. Jasser Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

36. Afshan Mohiuddin and Aasim Padela, "Islamic Perspectives on Withdrawing or Withholding Life Support: Ethico-Legal Responses to Moral Conundrums" (presentation, Society for the Scientific Study of Religion Annual Meeting, Indianapolis, IN, October 31-November 2, 2014); Mohammed Ali Albar, "Seeking Remedy, Abstaining from Therapy and Resuscitation: An Islamic Perspective," *Saudi Journal of Kidney Diseases and Transplantation* 18, no. 4 (November 2007): 629–37; Al-Bar and Chamsi-Pasha, *Contemporary Bioethics*.

variably lean on the essential *maqṣad*, the preservation of life (*ḥifz al-nafs*) to bolster the argument for maintaining life-sustaining therapy where practical. Between these two poles neither the *fatāwa* nor the *maqṣad* assists the physician in deciding what the preservation entails, nor what is considered to be a life worth preserving. Specifically, they do not address the practical end-goals of healthcare, e.g., what value Islam attaches to preserving the mere physiological indicators of life via advanced biotechnologies. As such they leave the *telos* ambiguous.

Against this backdrop, Islamic bioethics consumers may be better positioned to act after an Islamic philosophical and/or theological conceptualisation of healthcare delivery is in place. An Islamic theory of medicine that describes the ends of medicine, maps out what sort of life is worth preserving, and defines futile care would appear to be prerequisite for accurate ethico-legal assessment of end-of-life healthcare delivery. For example, one may begin to build out such a conceptualisation of clinical care and the medical profession by considering it to be the actualisation of God's characteristic of al-Shafī, the Healer. Reflecting on the nature of this attribute may further illuminate what clinicians should do and what medicine *qua* healing should look like. One may embellish this conceptualisation by looking to the ways in which the Qur'an describes the act of healing. This sort of theological account of medicine can have immense bearing upon the field of Islamic bioethics; it would provide a *telos* of Islamic bioethics, help fine tune the deployment of *fiqh* and rendering of *fatāwa*, and even shape the moral formation of physicians. Furthermore, this type of contribution would allow for Islamic bioethics to dialogue with other faith-based conceptualisations of the profession and bioethical analysis.

Social, legal and political contexts of the Islamic bioethics consumer

Contemporary bioethics is a multidisciplinary field where scholars of law, social scientists, historians, clinicians, moral philosophers, and others interact. This is necessarily so because bioethical questions require multi-tier analyses and implicate

Methodological and Discursive Considerations for Islamic Bioethics

many sectors of society. Islamic bioethics, thus far, has not mirrored the multidimensional approach contemporary bioethics has taken. Rather both the *visitor* and the *native* models privilege clinical science and Islamic law over all other disciplinary vantage-points. This marginalisation arises from epistemic concerns about the normative value of the social sciences and leads to an incomplete characterisation of the bioethical problem-space.

As an example, let us consider surrogate decision-making at the end-of-life. Studies show that the majority of surrogate decision-makers find making choices about the continuation of medical intervention for their loved ones to be highly stressful and are troubled by the idea of having to decide what the patient would want.³⁷ For some mental health issues result, and for others familial discord arises. These empirical facts should be weighed when considering the Islamic ethics of surrogate decision-making in end-of-life healthcare. Yet, such social scientific data is absent from Islamic bioethics deliberation. Arguably, such findings represent a probable harm that surrogate-decision makers may suffer, and since Islamic ethico-legal frameworks dictate that harms be removed the data cannot be ignored in moral assessment.³⁸ Without incorporating social scientific data, Islamic bioethics deliberation is, thus, incomplete.

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37. Catherine M. Handy et al., "The Surrogate's Experience in Authorizing a Do Not Resuscitate Order," *Palliative & Supportive Care* 6, no. 1 (March 2008): 13–19, <https://doi.org/10.1017/S1478951508000035>; Daniel P. Sulmasy et al., "A Prospective Trial of a New Policy Eliminating Signed Consent for Do Not Resuscitate Orders," *Journal of General Internal Medicine* 21, no. 12 (December 2006): 1261–68, <https://doi.org/10.1111/j.1525-1497.2006.00612.x>; Elie Azoulay et al., "Risk of Post-Traumatic Stress Symptoms in Family Members of Intensive Care Unit Patients," *American Journal of Respiratory and Critical Care Medicine* 171, no. 9 (May 1, 2005): 987–94, <https://doi.org/10.1164/rccm.200409-1295OC>.
38. Abdulaziz Sachedina, "No Harm, No Harassment: Major Principles of Health Care Ethics in Islam," in *Handbook of Bioethics and Religion*, ed. David E. Guinn (Oxford: Oxford University Press, 2006), 265–90; Omar Qureshi and Aasim I. Padela, "When Must a Patient Seek Healthcare? Bringing the Perspectives of Islamic Jurists and Clinicians into Dialogue," *Zygon* 51, no. 3 (September 2016): 592–625, <https://doi.org/10.1111/zygo.12273>.

In the same scenario the legal and political contexts of Islamic bioethics consumers must also be accounted for. For example, within the United States, legal statutes dictate the order of priority of surrogate decision-makers. In cases where the patient is cognitively impaired or lacks decisional capacity and has neither provided advance directives nor formally appointed a healthcare power of attorney, Illinois law authorises the legal guardian, spouse, adult child, parent, sibling, grandchild, and then friend as the surrogate decision-maker in that order.³⁹ Other states have different schema, and this legal backdrop has implications for what actions one could take. Just as the academic Islamic bioethics literature is silent on models for healthcare decision-making, it is also mute on the ethics of surrogate decision-making. Yet, Islamic law has its own schema of trusteeship, *wilāyah*, which privileges certain relations over others. It is possible that this schema may have normative value when considering the order of priority for surrogate decision-making in healthcare.

Related to the legal contexts, are the political contexts of those seeking Islamic bioethics resources. The ethical obligations of Muslims living in a Muslim country and those of Muslims living as a minority may be different. There are several reasons why this may be the case. For one, the determination of an ethical obligation may rest on a determination of capacity to carry out the obligation, in other words an “ought” can only be considered where there is a “can”. Another reason for a difference is rooted in the patients one cares for. There may be different obligations placed upon Muslim physicians when they are caring predominantly for non-Muslim patients than when they are caring for Muslim patients who presumably share the same moral norms. Tying these two factors and how they may impact the Islamic bioethics consumers is the notion of conscientious objection. Consider the case where a Muslim clinician is asked to perform a procedure that is judged to be

39. Illinois Health Care Surrogate Act, 755 ILCS40/ (1998).

Methodological and Discursive Considerations for Islamic Bioethics

impermissible by Islamic law, e.g., permanent sterilisation. It is obvious that Islamic bioethicists must consider whether the patient requesting this procedure is a Muslim or a non-Muslim because duties to a co-religionist may differ from one who is not, if not in the action taken then at least in the way one communicates with the patient. Additionally, whether the clinician in the case has the capacity to recuse themselves by claiming conscience or not is critical for assessing one's ethical obligations to perform a normatively proscribed procedure. In sum, Islamic bioethics research and writing would be enhanced by attending to the social, legal and political contexts of Islamic bioethics consumers.

Conclusion

The literature on Islamic bioethics grew out the needs of many different stakeholders—from Muslim patients and providers seeking religious guidance when faced with clinical ethics dilemmas to Muslim nations seeking to create health policy in line with Islamic law. Despite this diversity of needs, the discourse has largely involved Muslims clinicians and Islamic jurists living out of *visitor* or *native* approaches to the discourse. As such, the resulting literature suffers from critical shortcomings in conceptualising the bioethical problem-space.

In this article, I have offered general insights into the academic Islamic bioethics literature. I have provided conceptual categories to help readers analyse the literature and outlined gaps in the literature to foster further research and writing. These lacunae appear, in my view, because Islamic bioethics theoreticians have yet to fully engage with, and situate, Islamic bioethics within the larger landscape of contemporary bioethics and healthcare. In other words, Islamic bioethics authors inadequately appreciate the historical development, societal role, and analytic methods of, contemporary bioethics discourses. They also inadequately theorise healthcare encounters and account for the contexts that impress upon them.

The path forward for a second-generation *permanent resident* model of Islamic bioethics research and writing requires that it be multidisciplinary and multi-layered; it should be able to incorporate bioscientific data into bioethical deliberation; it should be able to attend to social, legal and political contexts of various Islamic bioethics consumers; it should have a robust theological and philosophical conceptualisation of healthcare delivery; and it should furnish bioethical resources that are useful to clinicians, patients, policy-makers and researchers.

I would like to underscore that future Islamic bioethics projects must expand the circle of those at the discussion table to include other experts beyond Islamic jurists and physicians. Content experts in the social sciences may have something to offer about the lived experiences of Muslims and such data is of bioethical import, modern bioethicists may shed light on the trends in the bioethical thinking in medicine and these insights are relevant to framing bioethical concerns, epidemiologists and health services researchers may provide granular data about the benefits and harms of medical therapies which can be important to ethical reasoning, and health policy experts may offer details about the social, political, and legal context all of which is important to determining ethical obligations. Furthermore, Islamic theologians and philosophers may be able to offer a religious account of healing and thereby further inform Islamic bioethical reflection. Multidisciplinary engagement with questions of bioethics, in my view, not only better maps out the bioethical problem-space, it also allows for generating a more holistic Islamic moral vision.

Moreover, multidisciplinary will assist with placing Islamic bioethics into dialogue with other bioethical traditions, be they religious or secular, and in making the discourse an academic one. Academic bioethics incorporates many subfields, and contemporary bioethics discourse likewise is comprised of several different subgenres. Medical ethics, environmental ethics, and animal ethics were all traditionally subsumed under bioethics, and recent additions include public health ethics, genethics,

Methodological and Discursive Considerations for Islamic Bioethics

and biomedical research ethics. Each of these specific subareas bring into focus a particular topic and level of analysis. Moving beyond the *visitor* and *native* models and into a second-generation dialogue requires Islamic bioethics researchers and writers engage with these different genres. To that work justice will also require multidisciplinary dialogue and multi-level analyses.

Having said that there may be credible reasons why the development of academic Islamic bioethics discourses need not mirror the path that secular contemporary bioethics has taken. For one, a good proportion of Islamic bioethics authors write from within Muslim societies and their ethical concerns may be different from the founders of the contemporary bioethics movement. Therefore, Muslims may not be as concerned with the dynamics of the patient-doctor relationship and a lack of attention to the modes of shared-decision making in Islamic bioethics writings results. Relatedly, differences in the structure of healthcare in Muslim societies and those in Western countries may also play a role in the attention, or inattention, given to certain issues related to patients, clinicians, and society. In related fashion, the lack of a philosophical and theological account of medicine within Islamic bioethical writings may stem from the relative weighing of the disciplines within the Islamic intellectual tradition. Islamic law is the fountainhead of ethical thinking within Islam and *uṣūl al-fiqh* is often considered to be the most robust of the Islamic sciences. Consequently, the crowding out of philosophical and theological thinking within Islamic bioethics writing may be a natural consequence of the emphasis on law in Islam. Nonetheless, multidisciplinary engagement and multi-dimensional analyses could sharpen Islamic bioethical deliberation.

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Aasim I. Padela / TAFHIM 16.No. 1 (June 2023): 31–64

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