Arab-Islamic

Medical Ethics

History, Principles & Legacy

For Medical Students & Residents • *8th Century CE to the Present*

> *"The duty of the physician is to preserve the health of the body as the duty of the religious man is to preserve the health of the soul." — Al-Razi, 9th century CE*

Learning Objectives

01

Historical Context

Trace the origins of Arab-Islamic medical ethics from pre-Islamic roots through the Golden Age (8th–13th c.) to modern institutions.

02

Key Scholars

Identify major figures: Al-Ruhawi, Al-Razi, Ibn Sina, Al-Zahrawi, Ibn al-Nafis — and their contributions to ethics and science.

03

Ethical Frameworks

Understand the Adab tradition, Shari'ah-based ethics, the four jurisprudential principles (Usul al-Fiqh), and how they compare to Western bioethics.

04

Modern Applications

Apply Islamic bioethical reasoning to contemporary dilemmas: organ transplantation, end-of-life care, informed consent, and reproductive medicine.

05

The Oath of the Muslim Doctor

Understand the 1981 Kuwait Declaration and how the Oath of the Muslim Doctor adapts and extends the Hippocratic tradition.

06

Clinical Relevance

Recognize how this tradition shapes the values and expectations of Muslim patients and colleagues in your clinical environment today.

Pre-Islamic Roots: The Foundation

"Medical ethics in the Arab world goes back to Imhotep of Egypt (c. 3000 BCE) and the Code of Hammurabi of Babylon."

Imhotep (c. 3000 BCE)

Egyptian physician-sage, later deified as a god of medicine. His Edwin Smith Papyrus describes 48 surgical cases — one of the earliest clinical records. Embodied the physician as a moral and spiritual authority.

Code of Hammurabi (c. 1754 BCE)

Babylonian legal code set fees and penalties for physicians. Established that incompetent treatment had legal consequences — an early form of medical accountability predating modern liability by 3,700 years.

Hippocratic Tradition (c. 400 BCE)

Greek physicians articulated the duty to heal without harm. Arab scholars would later translate, critique, and greatly expand the Hippocratic corpus. Al-Razi openly challenged and corrected Hippocrates' writings.

Persian & Indian Synthesis

Pre-Islamic Persia's Jundi-Shapur hospital (6th century CE) blended Greek, Persian and Indian medicine. The Prophet Muhammad's own physician, Harith ibn Kalada, reportedly trained there — linking Islamic medicine to this ancient synthesis.

The Islamic Golden Age (8th–13th Century)

A civilization that saved, synthesized, and surpassed ancient knowledge

House of Wisdom, Baghdad

Founded by Caliph al-Ma'mun (c. 830 CE). Scholars translated Hippocrates, Galen, Aristotle, Dioscorides from Greek and Syriac into Arabic. The first Arabic translations were commissioned by the second Abbasid Caliph, al-Mansur.

Translation Movement

Hunayn ibn Ishaq (809–873 CE), the most prolific translator, rendered over 100 Greek medical texts into Arabic and Syriac. These works formed the backbone of Islamic and, later, European medical education.

The Bimaristan (Hospital)

Islamic hospitals (bimaristans) were the world's first true hospitals — organized into wards by specialty, with salaried staff, medical records, pharmacies, and training programs. Baghdad had 34 hospitals by the 11th century.

Scientific Method

Arab physicians were not mere transmitters — they observed, critiqued, and corrected the ancients. Al-Razi's 'Doubts about Galen' and Ibn al-Nafis's refutation of Galen's cardiac anatomy exemplify this empirical spirit.

Ethics & Jurisprudence

Uniquely, Islamic medicine embedded ethics in law and character (adab). Physicians were expected to be not only technically competent but morally exemplary — 'guardians of souls and bodies.'

Global Influence

Arab medical texts were translated into Latin from the 12th century onward. Ibn Sina's Canon was a required text in European universities — Paris, Bologna, Oxford — for over 600 years.

Al-Ruhawi: Adab al-Tabib (9th Century CE)

The Oldest Surviving Medical Ethics Textbook — Written ~854–931 CE

Ishaq ibn Ali Al-Ruhawi

- Born in Al-Ruha (modern Şanlıurfa, Turkey), c. 854 CE
- Wrote in the Islamic tradition — possibly of Christian background, his text is deeply Islamic in character
- Called physicians "guardians of souls and bodies" — the physician serves both the spiritual and physical wellbeing of the patient
- His work was rediscovered in Istanbul; translated into English by Martin Levey (1967) in the Transactions of the American Philosophical Society
- Set out 20 chapters covering every dimension of medical conduct

20 Chapters: Scope of Adab al-Tabib

Conduct of the Physician

- Personal faith, hygiene, and moral character
- Professional appearance and behavior
- Physician-patient communication (choose words carefully)
- Consultation with colleagues; cooperation with staff
- Ideal daily routine of a virtuous physician

Conduct of the Patient

- Obligations of the patient toward the physician
- Trust, honesty, and compliance as ethical duties
- Limits of patient authority over medical decisions

Society & the Profession

Al-Ruhawi: Innovations — 1,000 Years Ahead of His Time

Peer Review — 9th Century CE

1967 — Year English translation published by Martin Levey (APS)

Al-Ruhawi described a formal process in which Arab physicians were reviewed by peers on the treatment they provided. Medical notes were to be kept so that, if a patient died, the records could be reviewed by other physicians. If treatment was found negligent, the physician faced lawsuit liability.

Modern peer review in medicine was formally institutionalized in the 20th century — over 1,000 years later.

Universal Healthcare Financing

Cross-subsidy — Fees from wealthy patients to cover care for the poor

Al-Ruhawi proposed that fees charged to wealthy patients should be set high enough to cover the medical care of patients who cannot pay. This principle — now called cross-subsidization — is embedded in modern universal healthcare systems. He argued that without this mechanism, both rich and poor suffer in the long run.

Medical Licensing Examinations

9th c. — First recorded advocacy for mandatory physician examinations

Al-Ruhawi explicitly advocated for medical examinations and licensing to weed out unqualified practitioners — 'quacks.' Examination content would be based primarily on the works of Galen. He also argued for legislative penalties, including execution in cases of severe negligence, for physicians who failed their patients.

Mind-Body Ethics

c. 900 CE — 400 years before European psychosomatic medicine

Al-Ruhawi stressed that the physician must address the whole patient — body, soul, and social circumstance. He argued doctors must understand the spiritual and psychological roots of illness. This holistic model closely parallels the biopsychosocial model (Engel, 1977) adopted in modern medicine over a millennium later.

Al-Razi (Rhazes) — 854–925 CE: Physician & Ethicist

"The Galen of Arabs" — Called the greatest physician of his era by his contemporaries

Ethical Contributions

Akhlaq al-Tabib (Medical Ethics)

Three pillars: physician's duty to patient, patient's duty to physician, and physician's duty to himself

Mind-body medicine

Divided medicine into 'corporeal physick' (physical disease) and 'spiritual physick' (moral diseases). Body and soul are inseparable in his framework.

Critique without fear

His Doubts about Galen challenged the medical establishment's most revered authority — modeling the courage to correct received wisdom for the benefit of patients

Role-model physician

A physician must not only be skilled — he must be an exemplar of moral and intellectual virtue, inspiring patients toward health of body and spirit

Scientific Milestones

Kitab al-Hawi (23 volumes)

The most comprehensive medical encyclopaedia of its era. Remained a standard European curriculum text through the 14th century. First translated into Latin in 1175 by Gerard of Cremona.

Differential Diagnosis

First to distinguish smallpox from measles (a clinical observation centuries ahead of European medicine), described in 'On Smallpox and Measles'

Airborne & contagious disease

Proposed that disease could spread through air and water — predating germ theory by 1,000 years

Long-term doctor-patient relationship

Argued that continuous care over time produced better outcomes than episodic treatment — an early articulation of longitudinal primary care

Ibn Sina (Avicenna) — 980–1037 CE: Father of Medicine

980–1037	450+	35 editions	700 years	Age 18
Lifespan	Books written	Canon printed by 16th century	Canon used in European universities	Became a physician

The Canon of Medicine (Al-Qanun fi al-Tibb)

- 5-volume medical encyclopaedia completed in 1025 CE — considered the first unified medical textbook on earth
- Integrated the works of Hippocrates, Galen and Aristotle with Ibn Sina's own observations and innovations
- Translated into Latin in the 12th century; by the 16th century in its 35th edition — required reading at Bologna, Paris, Oxford
- Al-Urjuza fi al-Tibb: a 1,326-verse medical poem summarizing the Canon — used as a memory aid by students for centuries

Ethical & Scientific Innovations

- First to recognize airborne disease transmission (predating germ theory by ~800 years)
- Distinguished central from peripheral facial paralysis — still taught in neurology
- Described guinea worm, contagious diseases, and psychiatric conditions in clinical detail
- Word-association experiments for diagnosing emotional disorders — precursors to Jung's work 900 years later
- Forceps delivery in fetal distress — documented in the Canon

Al-Zahrawi (Abulcasis) — 936–1013 CE: Father of Surgery

Al-Tasrif: A 30-volume medical encyclopaedia whose surgical chapter remained the standard European surgical text for 500 years

Surgical Innovations

- Described over 200 surgical instruments — many of his own invention, illustrated in detail
- First to describe hemophilia as a hereditary condition
- Used catgut for internal sutures — still used today in some surgical procedures
- Pioneered lithotomy (bladder stone removal), mastectomy, and tracheotomy techniques

Ethical Principles in Surgery

- Argued surgery requires a specific moral temperament — deliberateness, patience, and humility
- Emphasized that surgeons must first master anatomy exhaustively before operating on patients
- Cautioned against operating for profit or prestige — the patient's welfare is paramount
- Advocated for honest disclosure of surgical risk — informed consent by another name

Pharmacology & Dentistry

- First to describe dental reimplantation and orthodontic correction
- Described over 300 drug preparations and their indications
- Wrote extensively on obstetric procedures and the ethical obligation to minimize patient pain

Ibn al-Nafis — 1213–1288 CE: Discovery & Ethical Courage

"The blood from the right chamber of the heart must flow through the pulmonary artery to the lungs. There is no direct pathway between the two ventricles." — Ibn al-Nafis, Commentary on Anatomy in Avicenna's Canon, c. 1242 CE

The Discovery That Preceded William Harvey by 400 Years

- Born in Damascus, 1213. Educated at Bimaristan al-Noori (the Medical College Hospital). Later became Chief Physician at Al-Mansouri Hospital, Cairo.
- In his Commentary on Anatomy in Avicenna's Canon (published age 29), he correctly described pulmonary circulation — blood flows from the right ventricle through the pulmonary artery to the lungs, then to the left ventricle.
- He predicted pulmonary capillaries (manafidh — 'small pores') between the pulmonary artery and vein — confirmed 400 years later by Marcello Malpighi in 1661.
- He directly challenged Galen's 1,000-year-old claim that blood passed through invisible pores in the interventricular septum. Dissection, he demonstrated, showed no such pores exist.
- His discovery remained largely unknown in Europe until 1924, when an Egyptian physician, Dr. Muhyi al-Din al-Tatawi, found a manuscript in the Prussian State Library, Berlin.

Ethical Courage in Medicine

Challenge Authority

Correcting Galen — the unchallenged authority for 1,000 years — required both intellectual and moral courage. Ibn al-Nafis modeled the duty to prioritize truth over tradition.

Transparency of Limitations

He openly stated in his writings where he was limited by his beliefs (he declined dissection on religious grounds) — modeling honesty about the limits of one's knowledge.

Polymathic Integrity

He was simultaneously an expert in Islamic jurisprudence (Shafi'i school) and a physician — embodying the principle that ethical reasoning and clinical practice are inseparable.

The Bimaristan: Ethics Made Institutional

Islamic hospitals were the world's first comprehensive medical institutions — embodying the ethical principles of the faith in built form

Universal Admission

Bimaristans admitted patients regardless of religion, ethnicity, gender, or ability to pay. Admitting registers show Christian, Jewish, and Muslim patients treated equally — a principle codified seven centuries before the WMA's Declaration of Geneva.

Specialized Wards

Organized by specialty: internal medicine, surgery, ophthalmology, mental health, and contagious diseases. Al-Mansuri Hospital in Cairo (1284 CE) could house 8,000 patients and had separate wings for men and women.

Medical Education

Major bimaristans were teaching hospitals. Students learned at the bedside. Ibn al-Nafis himself both trained and taught at bimaristans in Damascus and Cairo. The University of Al-Qarawiyyin (Fes, 859 CE) is considered the world's oldest continually operating university.

Mental Health Care

Islamic hospitals were the first to provide dedicated psychiatric wards. Patients with mental illness were treated as medically ill rather than morally defective — a fundamental shift from prevailing European attitudes of the same era.

Pharmacy & Records

Hospital pharmacies dispensed prescribed medications; clinical records were kept for each patient. Al-Ruhawi had already advocated for medical records to enable peer review. Baghdad had 34 hospitals by the 11th century.

Mobile Hospitals

Arab caliphs deployed mobile hospital units during military campaigns and in remote regions — ensuring medical care reached populations otherwise unable to access it. These were the world's first mobile medical units.

The Adab Tradition: Character Ethics in Islamic Medicine

"One of the Arabic words for physician is Al-Hakim — the wise one. The right decisions will flow from their character naturally, without need for external rules." — Al-Ruhawi

What is Adab?

Adab (أدب) means etiquette, moral conduct, and cultivated character. In the medical context, Adab literature describes not just what a physician must do, but what kind of person a physician must be. It is explicitly a virtue ethics approach — predating MacIntyre's modern revival of virtue ethics by over a millennium.

The Ideal Physician's Character

Al-Ruhawi: must not be envious, hateful, greedy, or arrogant. Must be forgiving, kind, humble, and thankful. Must care for personal hygiene and appearance — no body odor, clean garments. Must not yawn, stretch, or spit in public. These are not mere etiquette; they reflect respect for the dignity of the patient.

Adab vs. Rules-Based Ethics

Western bioethics (post-Beauchamp & Childress, 1979) is largely principle-based: autonomy, beneficence, non-maleficence, justice. Adab ethics asks a deeper prior question: What kind of physician should I be? — forming the moral substrate from which right action naturally emerges.

The Ideal Day of a Good Physician

(As described by Al-Ruhawi, 9th century)

1. Bathe, clean teeth, cut nails
2. Put on clean, dignified clothing
3. Perform prayer
4. Begin visiting patients
5. Keep sleep minimal; avoid multiple careers
6. Earn only enough for a decent living
7. Choose words carefully with patients
8. Consult colleagues when uncertain
9. Maintain harmony with nursing staff
10. Take no fees from patients unable to pay

Islamic Ethical Framework: Shari'ah, Usul al-Fiqh & the Maqasid

Islamic medical ethics is rooted in jurisprudence — not merely custom. Understanding this framework is essential for clinical encounters with Muslim patients.

The Five Sources of Islamic Law (Usul al-Fiqh)

1 Qur'an

Primary divine source. 'Whosoever saves the life of one, it shall be as if he saved all humankind.' (5:32)

2 Hadith/Sunnah

Prophetic tradition. 'Seek treatment, for God has created a cure for every illness.' — Prophet Muhammad

3 Ijma

Scholarly consensus. When jurists agree, their collective opinion carries binding weight.

4 Qiyas

Analogical reasoning. New cases are resolved by analogy with established rulings.

5 Ijtihad

Independent scholarly reasoning — especially critical for new biomedical dilemmas not addressed in classical sources.

Maqasid al-Shari'ah — The Five Objectives of Islamic Law (Relevant to Medicine)

Nafs (Life)

Preservation of life is the supreme medical obligation. Seeking treatment when sick is a religious duty.

Aql (Mind)

Mental health is a religious priority; intoxicants prohibited to protect the mind.

Nasl (Progeny)

Reproductive health and family protection — informs Islamic positions on contraception, IVF, surrogacy.

Mal (Wealth)

Equitable access to healthcare; exploitation in medical fees is a moral wrong.

Din (Faith)

Physicians must respect religious obligations in care: prayer times, dietary restrictions, ritual purity.

Islamic vs. Western Bioethics: Frameworks Compared

Al-Razi and Al-Ruhawi laid the foundations of medical ethics a millennium before Beauchamp & Childress published the Principles of Biomedical Ethics in 1979.

Dimension	Islamic Bioethics	Western Principlism (Beauchamp & Childress, 1979)	Convergence?
Moral Foundation	Divine command (Qur'an, Hadith) + jurisprudence (Fiqh)	Secular philosophy; pluralist ethical theories	Partial — shared outcomes, different grounding
Patient Autonomy	Recognized but bounded by divine will; family plays central role	Paramount — individual self-determination is primary	Significant difference — family vs. individual
Beneficence	Core duty (Ihsan — doing good); serving God through healing	Core principle: act to benefit the patient	Strong convergence
Non-maleficence	'Primum non nocere' explicitly recognized in Islamic law	Core principle: avoid harm	Full convergence
Justice	Rooted in collective obligation (fard kifaya) to care for the community	Fair distribution of healthcare resources	Strong convergence — different source
End of Life	Life is sacred every moment; active euthanasia prohibited; futile prolongation of death also discouraged	Patient autonomy in refusing treatment; euthanasia debate ongoing	Substantial difference
Organ Donation	Permissible under conditions (necessity; altruism; minimizing harm)	Encouraged; legal frameworks vary by country	Growing convergence post-1981 fatwas
Human Dignity	Central; rooted in Qur'anic concept of Karama (honor)	Central to modern human rights discourse	Full convergence

The Oath of the Muslim Doctor — Kuwait Declaration 1981

The First International Conference on Islamic Medicine, Kuwait, January 1981, produced the Islamic Code of Medical Ethics and this oath, endorsed by the Organization of Islamic Cooperation.

1. *I swear by God, the Great, to regard God in carrying out my profession.*
2. *To protect human life in all stages and under all circumstances, doing my utmost to rescue it from death, malady, pain and anxiety.*
3. *To keep people's dignity, cover their privacies, and lock up their secrets.*
4. *To be, all the way, an instrument of God's mercy, extending my medical care to near and far, virtuous and sinner, friend and enemy.*
5. *To strive in the pursuit of knowledge and to harness it for the benefit, not the harm, of Mankind.*
6. *To revere my teachers, teach my juniors, and be brother to members of the medical profession, joined in piety and charity.*
7. *To live my Faith in private and in public, avoiding whatever besmirches the honor of the profession or would bring upon it God's wrath.*
8. *And may God be witness to this oath.*

Prophetic Medicine & the Religious Roots of Islamic Ethics

> *"Seek treatment, for God has created a cure for every illness — some already known, others yet to be known."*
>
> — Prophet Muhammad (SAW), Hadith

> *"Your body has a right over you."*
>
> — Prophet Muhammad (SAW), Hadith — establishing health stewardship as a religious obligation

> *"Whosoever saves the life of one, it shall be as if he saved the life of all humankind."*
>
> — Qur'an 5:32 — the foundational text for the sanctity of life in Islamic medicine

Five Key Religious Principles in Clinical Practice

Seeking Care is Fard

Seeking treatment for a treatable illness is a religious duty — not optional.

Darura (Necessity)

When life is at risk, prohibitions may be suspended for necessary treatment.

Fard Kifaya

Providing physicians is a collective societal duty — all share responsibility.

La Darar (No Harm)

'Neither harm nor reciprocal harm.' Physicians must not knowingly cause harm.

Universal Care

Non-Muslims entitled to equal care: 'near and far, virtuous and sinner, friend and enemy.'

Patient Autonomy & Informed Consent in Islamic Ethics

"The patient has the right to be fully informed and to accept or refuse proposed treatment, within Islamic guidance." — 1981 Islamic Code of Medical Ethics

Historical Context

Islamic physicians recognized patient consent long before modern Western frameworks. Al-Zahrawi described the need to disclose surgical risks. Al-Razi argued against treating patients without their informed cooperation.

The Family's Role

Islamic culture places strong emphasis on family participation in medical decisions. This is not a violation of autonomy — it reflects a relational model of the self. Clinicians should involve family, but must not override a competent patient's own decision.

Informed Consent & Mental Capacity

A patient with full mental capacity (aql) has the right to accept or refuse treatment. For incapacitated patients, the closest next of kin or a court-appointed guardian makes decisions. The best interest standard is applied within Islamic ethical boundaries.

Truth-Telling & Prognosis

Classical Islamic ethics debated terminal prognosis disclosure. Modern consensus: the truth should be told compassionately, allowing the patient to fulfill religious obligations (prayer, will, final rites) before death. Deception violates trust and dignity.

Clinical Pearls for Your Practice

- Ask: 'Would you like your family present when we discuss your diagnosis?'
- Never assume a family member speaks for the patient — confirm the patient's own wishes
- Offer a brief pause before a procedure for a patient's prayer
- For Muslim women, offer a female physician for intimate examinations where possible
- Halal medication alternatives may be requested — e.g., gelatin-free capsules
- Fasting (Ramadan) may affect medication timing — plan adjustments in advance
- Be aware that 'death' is viewed as divine will — this shapes how families receive bad news

End-of-Life Ethics in Islamic Medicine

Islamic law takes a nuanced position: life is sacred, but futile prolongation of the dying process is neither required nor encouraged.

Sanctity of Life

Every moment of life has intrinsic value in Islamic ethics. 'Life is sacred.' (Qur'an) The physician's first obligation is to preserve life. This is not absolute — it must be balanced with avoiding futile suffering.

Withdrawal of Futile Treatment

Since 1986, the Council of Islamic Jurisprudence has ruled that physicians may cease all medical intervention without religious liability when total cessation of cerebral function has occurred. Withdrawing futile treatment is distinct from euthanasia.

Palliative Care

Palliative care is not only permitted but encouraged. Relieving pain and providing comfort aligns with the Islamic duty of compassion. Hospice-style end-of-life care is increasingly endorsed by Islamic scholars and institutions.

Euthanasia: Prohibited

Active euthanasia (intentionally ending a patient's life, even to relieve suffering) is strictly prohibited. 'A doctor shall not take away life even when motivated by mercy.' (1981 Kuwait Code) This is treated as equivalent to murder.

Brain Death

The Third International Conference of Islamic Jurists (Amman, 1986) equated brain death to cardiac/respiratory death by majority vote — paving the way for organ donation from brain-dead donors in Muslim-majority countries.

Advance Directives

Growing Islamic scholarly consensus supports patients documenting their wishes in advance. In Islam, this is consistent with self-stewardship (amanah) — the body is a trust from God, to be cared for wisely.

Organ Transplantation: Islamic Jurisprudence in Action

Key Fatwas & Rulings Timeline

1952	Egypt — Grand Mufti Makhloof permits corneal grafting (first organ transplant fatwa)
1959	Egypt — Grand Mufti Maamoon extends permission to other organs (Fatwa No. 1065)
1979	Kuwait — Ministry Fatwa permits live and cadaveric donation, even without prior consent if life-saving
1981	Kuwait Code — Organ donation codified as consistent with Islamic ethics; trading organs explicitly rejected
1982	Saudi Arabia — Grand Ulama Fatwa No. 99 sanctions living and deceased donation by majority vote
1986	Amman — 3rd Islamic Jurists Conference equates brain death to cardiac death (Resolution No. 5)
1989	Kuwait IOMS — Al-Qaradawi rules organ donation to non-Muslims is permissible, analogous to charity
1996–2000	IOMS formally endorses brain death criterion; publishes comprehensive volume on the subject
2010	Egyptian Parliament approves organ transplantation from brain-dead patients
2016–2019	Fiqh Council of North America: organ donation declared permissible with conditions for US Muslim community

The Translation Movement: How Arab Scholars Saved Ancient Medicine

Without Arab scholars, the Hippocratic corpus may have been lost. It was through Arabic versions that European doctors learned of Greek medicine.

7th–8th c.	8th–10th c.	10th–13th c.	12th–13th c.	13th–17th c.	16th–17th c.
Greek & Syriac Originals	**Arabic Translation**	**Islamic Synthesis & Innovation**	**Latin Translation**	**European Universities**	**European Renaissance**
Works of Hippocrates, Galen, Dioscorides, Aristotle — many surviving only in fragments	House of Wisdom, Baghdad. Hunayn ibn Ishaq translates 100+ medical texts. Al-Ma'mun writes to Byzantine emperor for manuscripts.	Al-Razi, Ibn Sina, Al-Zahrawi add original observations, corrections, and new knowledge	Gerard of Cremona translates Ibn Sina's Canon, Al-Razi's Kitab al-Hawi into Latin in Toledo, Spain	Canon of Medicine required reading at Paris, Bologna, Oxford, Montpellier. Printed 35+ times by 16th century.	Vesalius, Harvey, Malpighi build on — and eventually refine — the knowledge transmitted through Islamic scholars

Other Pillars of Arab-Islamic Medical Ethics

Ibn Rushd (Averroës)

1126–1198 CE, Córdoba

- Al-Kulliyyat fi al-Tibb (Generalities in Medicine) — widely used in European universities as 'Colliget'
- Wrote commentary on Ibn Sina's Poem on Medicine; bridged Aristotelian philosophy with Islamic medicine
- Advocated for rigorous logical method in clinical reasoning — empiricism over dogma
- His works, along with Ibn Sina's, sparked the European scholastic tradition

Ibn Zuhr (Avenzoar)

1091–1161 CE, Andalusia

- First to describe and correctly differentiate scabies, pericarditis, and mediastinal tumors
- Pioneered experimental medicine — tested procedures on animals before humans, an early form of research ethics
- Argued against excessive reliance on ancient authorities — observation and experience take precedence
- Advocated compassionate care for the mentally ill — calling for humane treatment, not incarceration

Ibn Maskawaih

940–1030 CE, Baghdad

- Philosopher-physician who argued that the interests of others must be placed ahead of one's own — altruism as a professional virtue
- His Tahdhib al-Akhlaq (Refinement of Character) was highly influential in Islamic virtue ethics
- Applied Aristotelian virtue ethics directly to the physician-patient relationship
- Wrote that ethical development is a lifelong process of habit and practice — not merely knowledge

Mansur ibn Ilyas

c. 1380–1422 CE, Shiraz

- Wrote the first color-illustrated anatomy book — Tashrih-i Mansuri
- Five color anatomical diagrams depicted the nervous, circulatory, muscular, skeletal, and reproductive systems
- Revolutionized medical education by making anatomy visually accessible to students
- His work profoundly influenced both Islamic and European medical illustration

The Bimaristan: Justice, Access & Dignity in Practice

Al-Mansuri Hospital, Cairo (1284 CE): Capacity 8,000 patients. Treated all religions and nationalities. Funded by charitable endowment (Waqf) — free at point of care.

Waqf — Charitable Endowment

Hospitals were funded through permanent charitable endowments (Awqaf). Wealthy donors gifted land or assets whose income perpetually funded hospital operations. This system operated entirely outside government funding — a form of sustainable civil society healthcare finance.

Universal Access Regardless of Faith

Islamic legal scholars held that providing care to non-Muslims was not only permitted but required. Hospital records from Cairo show Christian and Jewish patients treated alongside Muslims. The Prophet's example — treating all who came to him — set the standard.

Specialized Medical Education

The bimaristan was simultaneously a hospital and a medical school. Regular teaching rounds, clinical examinations, and an organized curriculum were features of major hospitals. Baghdad, Damascus, and Cairo produced generations of trained physicians.

Mental Health: A Revolutionary Approach

At a time when European institutions were imprisoning or executing those with mental illness as demonic, Islamic hospitals provided dedicated psychiatric wings with music therapy, garden areas, and humane care — 500 years before European psychiatric reform (Pinel, 1793).

Reproductive Ethics in Islamic Medicine

Contraception

Generally Permissible

Contraception is widely accepted in Islamic jurisprudence (all four major Sunni schools agree on permissibility with spousal consent). 'Azl (withdrawal) was practiced in the Prophet's era. Modern contraceptives are generally permitted; permanent sterilization is more controversial, requiring stronger medical justification.

Assisted Reproduction (IVF)

Permissible with Conditions

IVF using the gametes of a married couple is permitted by most scholars. Third-party donation (sperm, egg, or embryo donors; surrogacy) is widely prohibited — considered equivalent to introducing a stranger's lineage into the family, affecting inheritance rights. Embryos cannot be destroyed — unused embryos are a significant ethical concern.

Abortion

Context-Dependent

Before ensoulment (widely held at 120 days, some say 40 days): permissible in cases of significant medical necessity. After ensoulment: prohibited except to save the mother's life. This represents a more nuanced position than either absolute prohibition or unrestricted access — the Hanafi school is most permissive in early pregnancy.

Prenatal Diagnosis & Genetic Testing

Evolving Scholarly Debate

Most scholars support prenatal diagnosis to prepare for care, not to select for termination. Genetic testing for heritable diseases before marriage is increasingly encouraged. Selective termination for disability is generally prohibited; for conditions incompatible with life there is significant scholarly debate.

Confidentiality, Privacy & the Oath of Secrecy

"To keep people's dignity, cover their privacies, and lock up their secrets." — Oath of the Muslim Doctor, 1981 Kuwait Code

Historical Basis

Al-Ruhawi devoted explicit chapters of Adab al-Tabib to the obligation of confidentiality. The duty to protect patient secrets was considered inseparable from the physician's moral character. Breaching confidence was treated as a religious transgression, not merely a professional one.

Qur'anic & Hadith Foundation

'Do not spy on one another, nor backbite.' (Qur'an 49:12). The Prophet Muhammad's companions described him as the most careful protector of people's private matters. Privacy (Hurma) is a core Islamic value — the home, body, and personal affairs are protected domains.

Limits of Confidentiality

Islamic ethics recognizes that confidentiality has limits when public safety is threatened. If a patient reveals an intention to harm another, or carries a communicable disease without taking precautions, disclosure may be required under the principle of La Darar (no harm to others).

Modern Clinical Implications

Muslim patients may be especially sensitive about disclosure of stigmatized conditions (mental illness, HIV, sexual health) to family members or religious community. Clinicians should explicitly discuss confidentiality. Family involvement in care is valued — but requires patient consent.

Mental Health in Arab-Islamic Medical Ethics

Islamic civilization was centuries ahead of Europe in treating mental illness as a medical — not moral or supernatural — condition.

Bimaristan Psychiatry

Major Islamic hospitals had dedicated psychiatric wards as early as the 9th century. Patients received individualized care, music therapy, warm baths, and occupational activities — 500 years before Philippe Pinel's 1793 'moral treatment' reforms in France.

Ibn Sina on Mental Illness

The Canon of Medicine includes detailed clinical descriptions of depression (melancholia), mania, epilepsy, and what we now call PTSD. Ibn Sina used word-association experiments to identify emotional distress — a method Carl Jung would rediscover 900 years later.

Al-Razi's Spiritual Medicine

Kitab al-Tibb al-Ruhani (Book of Spiritual Physick): Al-Razi argued that mental and moral health are inseparable. He addressed how passions, vices, and emotional dysregulation harm health — an integrated biopsychosocial model centuries before Engel (1977).

Faith, Stigma & the Physician's Role

Islamic teaching holds that mental illness is not a divine punishment or personal failing. The physician's duty is compassion and treatment, not judgment. However, clinicians must be aware that some Muslim communities — influenced by cultural, not theological, factors — retain stigma around mental health. Cultural humility is essential.

Modern Islamic Bioethics Institutions

Contemporary institutions provide ongoing jurisprudential guidance on new biomedical technologies — bridging classical Islamic law with 21st-century medicine.

Islamic Organization for Medical Sciences (IOMS)

Kuwait — est. officially 1984

The most influential Islamic bioethics institution. Studies bioethical issues from an Islamic perspective. Coordinates with the Islamic Fiqh Academy and IIFA. Published landmark rulings on organ donation, brain death, assisted reproduction. Holds biennial conferences. Publishes the Bulletin of Islamic Medicine.

International Islamic Fiqh Academy (IIFA)

Jeddah, Saudi Arabia — est. 1981 (OIC)

Affiliated with the Organization of Islamic Cooperation. Issues fatwas on medical and legal questions by consensus of scholars from 57 member states. Passed the historic 1986 resolution equating brain death to cardiac death, enabling organ donation programs across Muslim-majority countries.

Islamic Fiqh Academy (IFA)

Mecca, Saudi Arabia — est. 1977 (Muslim World League)

Issues rulings reviewed and applied across the Muslim world. Significant rulings on reproductive technology, organ transplantation, and end-of-life care. Works alongside Al-Azhar (Egypt) and other national fatwa councils to provide context-sensitive guidance.

Al-Azhar University

Cairo, Egypt — est. 970 CE (oldest Islamic university)

The oldest continuously operating Islamic university in the world. Al-Azhar's Fatwa Committee provides authoritative rulings for Egypt and much of the Arab Muslim world. Has issued landmark rulings on organ donation, brain death, and reproductive technology. A key reference for Egyptian Parliament on medical legislation.

JBIMA & British Islamic Medical Assoc.

UK — contemporary

Represents Muslim physicians in the UK. Publishes peer-reviewed Islamic medical ethics scholarship. Addresses practical clinical issues facing Muslim patients and physicians in Western healthcare systems. Model for similar organizations across Europe and North America.

Fiqh Council of North America (FCNA)

USA — est. 1986

Issues rulings tailored to the North American Muslim community. 2019 ruling declared organ donation morally permissible with conditions, addressing US context — a milestone for Muslim patients on organ transplant waiting lists. Emphasizes multidisciplinary, stakeholder-engaged process.

Medical Research Ethics in Islam

The 1981 Kuwait Code: 'The Medical Profession has the right and owes the duty of effective participation in the formulation of religious verdicts concerning biological science advances.'

Historical Precedent

Arab scholars were among the first to apply empirical testing in medicine. Ibn Zuhr tested procedures on animals before using them on humans — a precursor to animal research ethics. Al-Razi kept meticulous clinical records and is credited with the first clinical trial comparing treatment groups.

Collective Duty to Advance Medicine

The Kuwait Code calls for joint deliberation between Muslim jurists and biomedical scientists. Advancing medical knowledge is framed as a religious obligation — 'Seek knowledge, even unto China.' Medical research that benefits humanity is a form of Sadaqa Jariya (ongoing charity).

Genetic Research & Biobanking

Genetic research raises novel questions: Who owns genetic material? Can DNA be used after death? Islamic scholars apply the principle that the human body belongs to God — it is a trust, not property. Commercial exploitation of human tissue for profit is generally prohibited.

Informed Consent in Research

Islamic ethics requires that research participants give free, informed consent (Ridha — willingness). Coercion or exploitation of vulnerable populations (prisoners, the poor, orphans) is forbidden. The Qur'anic prohibition on oppression (Zulm) extends to research misconduct.

Prohibition of Harm for Benefit of Others

Research that exposes participants to significant risk for the benefit of others requires very strong justification. 'La Darar wa la Dirar' (no harm, no reciprocal harm). Placebo-controlled trials where effective treatment exists are ethically problematic under Islamic ethics — paralleling modern research ethics standards.

UNESCO Avicenna Prize

In 2002, UNESCO created the Avicenna Prize for Ethics in Science — named after Ibn Sina, awarded every two years. This international recognition explicitly honors the Arab-Islamic tradition's contribution to the principle that scientific progress must be ethically governed.

Timeline: Arab-Islamic Medical Ethics — A 1,400-Year Tradition

c. 400 BCE	Hippocratic Oath written — later adopted, adapted, and critiqued by Arab physicians
622 CE	The Prophet Muhammad establishes Islamic ethical framework; 'Your body has a right over you'
765 CE	Bimaristan al-Asiri established in Baghdad — among the first dedicated hospitals
c. 830	House of Wisdom, Baghdad — translation movement at its height under Caliph al-Ma'mun
c. 854	Al-Ruhawi born — writes Adab al-Tabib, the world's first dedicated medical ethics textbook
865	Al-Razi born — Akhlaq al-Tabib; largest medical encyclopedia of its era; clinical records
936	Al-Zahrawi born — Al-Tasrif; father of surgery; surgical ethics
980	Ibn Sina born — Canon of Medicine; required in European universities for 600 years
1175	Gerard of Cremona translates Al-Razi and Ibn Sina into Latin — Islamic medicine enters Europe
1213	Ibn al-Nafis born — describes pulmonary circulation; challenges Galen; ethical courage
1284	Al-Mansuri Hospital, Cairo opens — 8,000 patient capacity; universal admission
1979	Beauchamp & Childress publish Principles of Biomedical Ethics — 1,000 years after Al-Razi
1981	Kuwait Declaration — Islamic Code of Medical Ethics; Oath of the Muslim Doctor
1986	Amman Conference — brain death equated with cardiac death; organ donation program unlocked
2002	UNESCO establishes Avicenna Prize for Ethics in Science

Case-Based Discussion: Applying Islamic Medical Ethics

Case 1

End-of-Life Decision

A 68-year-old devout Muslim man is admitted to ICU with massive stroke. He is brain dead by all clinical criteria. His family refuses withdrawal of ventilator support, citing Islamic belief that 'only God can take life.'

Discussion Questions

1. How do you counsel the family using Islamic jurisprudence?
2. Which 1986 ruling is relevant here?
3. How does the Oath of the Muslim Doctor apply?
4. How do you balance family beliefs with medical and ethical obligations?

Case 2

Organ Donation

A 25-year-old Muslim woman is declared brain dead after a car accident. The transplant coordinator asks for family consent for organ donation. The family says, 'We don't know if Islam allows this — we need to speak to our Imam.'

Discussion Questions

1. What is the current Islamic scholarly consensus on organ donation?
2. Which national and international fatwas are relevant?
3. What is your role as the physician in this conversation?
4. How do you respect religious authority while ensuring timely decision-making?

Case 3

Informed Consent & Family

A 45-year-old Muslim woman with newly diagnosed breast cancer is advised that her husband and adult son want to make treatment decisions on her behalf. She has not spoken about her own wishes. You are her oncologist.

Discussion Questions

1. How does Islamic ethics address the tension between individual autonomy and family authority?
2. What steps do you take to ensure the patient's own voice is heard?
3. How does the principle of Amanah (stewardship) apply here?
4. How would you approach this differently in a Muslim-majority vs. Western context?

Summary: The Enduring Legacy of Arab-Islamic Medical Ethics

A 1,000-Year Head Start

Arab-Islamic physicians codified medical ethics, peer review, medical licensing, and universal hospital care a full millennium before the Western bioethics movement. This is not trivia — it is the foundation of modern medicine.

Virtue + Jurisprudence

Islamic ethics combines character formation (Adab) with legal reasoning (Fiqh). The result is a framework that is both principled and adaptive — capable of addressing new biomedical dilemmas while remaining anchored in moral tradition.

Convergence with Modern Bioethics

The four principles of Beauchamp & Childress (1979) — autonomy, beneficence, non-maleficence, justice — have clear parallels in Islamic jurisprudence. The sources differ; the outcomes largely converge. Both traditions ultimately serve human dignity.

Living Tradition

Islamic bioethics is not a museum piece. The IOMS, IIFA, Al-Azhar, FCNA, and dozens of national fatwa councils actively issue rulings on organ donation, AI in medicine, gene editing, pandemic ethics, and more. The tradition is alive and evolving.

"Modern medicine is not purely the result of efforts of one civilization, but is the cumulative product of all cultures at all stages of history. Muslims, like other peoples, have had their share in establishing its foundations — to alleviate the suffering of human beings."