Abstract

Islamic medical ethics is essential as a discipline for Muslims because it establishes ethical practice in medicine on the basis of what is in accordance to God’s will and what ultimately leads to salvation, and not purely on what benefits society most like more secular approaches. Islamic medical ethics as a discipline, however, is in need of interdisciplinary collaboration in its continued construction and application. We argue that this very construction of Islamic medical ethics ought to incorporate not just a *Sharīʿa*-based – or obligation-based – dimension but also an *adab*-based dimension. *Adab* addresses molding an inner disposition that inclines towards adherence to the *Sharīʿa* and conducting oneself with *iḥsān*, the highest standard of excellence. Bringing *adab* into the practice of medicine can help the physician to aspire towards *iḥsān* in his/her work, and looking towards the teachings of virtuous physicians to translate moral values into concrete practice can help us in this regard. The *adab* genre of classical Islamic literature offers us such teachings, which bring a unique and complementary perspective to Islamic medical ethics. This concept of bringing *adab* into all aspects of our life, including professional practice, is very much part and parcel of the Islamic tradition. *Sharīʿa* and *adab* should therefore be considered as complementary components essential to Islamic medical ethics.
An Overlooked “Inner” Dimension to an “Islamic” Medical Ethics

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The advent of modern medicine and biotechnology has opened up unforeseen capabilities, understandably sparking conversation about the ethics of practices such as in vitro fertilization, DNA manipulation, cloning, organ donation, and advanced life support systems. For the Muslim, ethical dialogue carries a greater weight than for non-religious individuals because Islamic morality is primarily concerned with what is in accordance with God’s will and what ultimately leads to salvation. To be sure, benefit to society is also part of the moral calculus of Islamic ethics, yet usually this is an adjunctive or secondary to concern about Divine pleasure. Most secular ethical frameworks consider benefit to society as the primary focus. The Muslim physician, usually trained with the secular model during medical education, thus often carries the added burden of navigating the Islamic medical ethics discourse in order to apply its theories to his/her practice and cannot be satisfied with a secular ethical judgment only.

The Muslim physician should not be alone in his/her search and struggle. Yet all too often there is a disconnect between healthcare providers and traditionally-trained Islamic jurisconsults who issue *fatāwā*; the former often find that *fatāwā* do not address the realities of their practice whereas the latter often lack an adequate understanding in the science underlying issues of bioethics for which they draw conclusions.¹ There needs to be interdisciplinary collaboration between healthcare professionals, traditionally trained Islamic jurisconsults, bioethicists, and health policy experts in order to ensure that Islamic medical ethics can be practically applied, advances patient well-being, adequately addresses societal concerns, and maintains the primacy of moving towards Divine pleasure and human salvation.
From a purely ‘Islamic’ standpoint, physicians, scholars and other producers of Islamic medical ethics usually draw upon certain aspects of the Islamic intellectual tradition and overlook other aspects that might be relevant to the conversation and offer unique insight. More specifically, there is a tendency to focus more so on the legal dimension of a particular issue at hand; ethicists focus on whether such and such action is permitted or prohibited from a $\text{Sharī'a}$ perspective. Classical Islamic intellectual thought, however, maintains a complementary science to Islamic law – the sciences of morals ($\text{ilm al-akhlāq}$), and its related concept of $\text{adab}$ – that seeks to mold an inner disposition that inclines towards adherence of the $\text{Sharī'a}$ thereby facilitating one’s legal responsibilities. Applying this paradigm to Islamic medical ethics, there is the dimension of Islamic medical ethics that is $\text{Sharī'a}$-based, or obligation-based, which looks at the ‘act’ in question and addresses whether one ‘can’ perform the act, and also the dimension of $\text{adab}$-based virtue-ethics, which both shapes the inner being of the ‘actor’ so that s/he inclines to righteous action and also informs the actor on ‘how’ s/he should go about carrying out that action in the most virtuous way.

$\text{Adab as Islamic Ethics}$

$\text{Adab}$ as a general concept within the Islamic tradition has many different connotations. Islamic scholar and philosopher Sayyid Muhammad al-Naquib al-Attas discusses $\text{adab}$ as discipline of body, mind, and soul, which assures the recognition and acknowledgement of one’s proper place in relation to one’s self, society, and world, with respect to one’s physical, intellectual, and spiritual capacities and potentials. From another perspective, Imām Abū Ḥāmid al-Ghazālī (1058-1111 CE), the renowned Islamic jurist theologian, describes $\text{adab}$ as a path of self-refinement towards spiritual perfection
and closeness to God. We will focus more on this perspective. With an end-goal of realizing a level of God-consciousness (taqwa) that informs both our outer actions and our inner state, adab focuses on molding an inner-disposition towards virtue that facilitates adherence to the Sharīʿa, but also moving beyond that in performing voluntary acts of worship and being of service to creation. Al-Ghazālī writes, “voluntary acts are the profit by which are reached the high levels of success” (p. 24). Thus, the manifestation of this internal journey towards becoming virtuous is the doing of virtuous deeds, and this extends to all aspects of one’s life: the private and the public, the personal and the professional, the devotional and the mundane. All of these facets of life can then become devotional in the sense that God can be remembered and good deeds can be accrued in each one. Adab also demands the utmost courtesy and the best of comportment with other human beings, as one’s relationship with other human beings is a reflection of one’s spiritual relationship with the divine.

Adab in Medical Ethics

When applying al-Ghazālī’s notions of adab to medical ethics, this adab-based dimension can also be thought of as empowering the Muslim physician to practice medicine with excellence and beauty, with the utmost expertise and the best of character towards all whom s/he serves and with whom s/he works. Indeed, this idea relates to the Arabic term iḥsān, which carries with it connotations of ‘beauty’, ‘proficiency’, ‘expertise’, and ‘excellence’.

The earliest known writing within the adab genre of classical Islamic literature that pertains specifically to the medical profession is Adab al-Ṭabīb by Ishāq ibn ‘Alī al-
Ruhāwī, a ninth-century Arab physician. His work is intended to be a manual “about the ethics [al-adab] which the physician must cultivate, and the manner in which the physician must strengthen his moral character” (p. 18). Although he makes no mention of the Shari‘a, the book is written with a central focus on inculcating inner virtue and practicing medicine with iḥsān. He writes, “it is necessary for you to train your soul and accustom it to these three good qualities, that is, reason, respect, and self-restraint, to be virtuous, ethical, and to cleanse and improve your soul” (p. 23). Ultimately, he roots his teachings in belief in God, as we will see.

It is important to note that Al-Ruhāwī has no reservations in taking from the ethical teachings of Greek physicians such as Hippocrates and Galen. Just as the Prophet Muhammad’s life was the human embodiment and practical translation of the teachings of the Qur’ān and how to be the best servant of God, virtuous physicians are invaluable resources insofar as emulating them and taking from their teachings offers a practical translation of moral values into the practice of medicine, informing how to be the best doctor. Al-Ruhāwī, himself a physician, offers us good counsel that can be looked upon as virtuous even if not explicitly stemming from scriptural sources.

Al-Ruhāwī depicts for us the ideals, virtues, and practices that a physician ought to inculcate to truly practice his/her profession in a way pleasing to God and that fulfills the rights that society has over him/her. For the sake of simplicity, we can subdivide these prescriptive practices into 1) a faith-based component that roots the subject matter in

\[\text{ii} \text{ For further discourse on the relationship between adab and scripture, the reader is directed elsewhere.}\]
belief in God, 2) personal virtues and practices that are more universal in their applicability and cultivated in one’s private domain, and 3) professional virtues and practices necessarily taught by other physicians that are ideals of excellence within the practice of medicine. It is important to keep in mind, however, that this categorization is not concrete; rather, there is fluidity between the categories, as we will see.

I. The Faith-Based Component

The exposition on the adab of a physician begins first and foremost with the necessity of belief in God, devotion to Him, and adherence to the message of the prophets. Al-Ruhāwī explains that this is not only the hallmark of sound intellect, but it also shows that the physician is a man or woman of principle, guided by reason and grounded in God-consciousness, thereby not dissuaded or distracted by materialism, self-aggrandizement, or self-service (p. 20).11 Clearly, the physician ought to have pure motivation in his/her work and service towards the patient, and this purity of intention stems from belief in God and consciousness of the afterlife-ramifications of one’s deeds. Al-Ruhāwī discusses in depth how even the best philosophical minds including Aristotle, Plato, Socrates, Hippocrates, and Galen invoked God in their own works, (pp. 19-22).12

II. The Personal Component

Once the foundation of belief has been laid, the focus then shifts towards self-discipline, the acquisition of noble virtues, and the avoidance of vices or any character traits that would impede virtue. It is worth noting that a great deal of these virtues can be directly found in the Qur’an and the Sunna. Cultivation of intelligence and reason is again re-emphasized, but so are qualities such as controlling one’s anger, preserving
one’s chastity, being brave in the face of fearful circumstances, to have patience, and to prefer work over rest and pastime. The reader is warned of having desire and pleasure rule over his faculties, of holding opinions aggressively, of taking money unlawfully, and of giving in to quickness of anger and violent outbursts of impatience (pp. 23-24). This is discussed as a part of moderating one’s moral character and refining one’s soul. The goal of this self-disciplining is explicitly stated: “you must adore Him [God] to make Him content; you cannot do this without improving your moral character and your actions” (p. 23).

Al-Ruhāwī goes even further to outline seemingly mundane and insignificant practices that a physician ought to follow, from maintaining proper hygiene, keeping a proper diet, observing basic etiquettes of politeness, to making sure one’s clothing is not only properly protecting his/her body but also beautiful in appearance. In this way, the mundane and insignificant becomes a means of inculcating discipline and cultivating virtuous behavior. The physician also ought to keep the company of the virtuous and learned and must also take care to guard his/her senses, not to use them “except for a beneficial purpose and to repel harm” (p. 54). This includes speaking only of fruitful things, guarding one’s sight from anything vile, protecting one’s hearing from wickedness and evil, and keeping away from anything that corrupts the mind, senses, or body. To facilitate the practice of virtue and keeping away from vice, the physician ought to have a daily regimented schedule that incorporates his/her daily practice of prayer, personal hygiene, continued study of medicine, and care for his/her patients.
III. The Professional Component

The professional virtues and practices detailed in Adab al-Ṭabīb are framed to be specifically for physicians, in contrast to the previous section that outlined more general virtues that everyone should aspire towards, but which the physician in particular ought to inculcate because of his/her role in society. Professional virtues, on the other hand, are necessarily derived from the experience of physicians because physicians are familiar enough with the practice of medicine to identify best practices and virtues that are particular to the field. Scripture and religious teachings give us principles by which to live, but it is the responsibility of physicians to translate those principles into concrete practices within the field of medicine, thereby constructing the discipline of ‘adab of the physician’.

According to the teachings of the physicians from which al-Ruhāwī draws, the physician ought to pray to God asking Him for success with his patients and the means to soothe their minds and give them hope of recovery and health. The physician should assess the level of understanding that his/her patients have and meet them at their level when explaining their condition and its remedies. The physician must also work continuously to improve his relationship to his/her patients, pay attention to any statement heard from them, not discourage any complaints from patients, and above all, show mercy. “If the physician has these traits, then he speaks only the truth and does good for all the people” (pg. 55). The objective here is to realize one’s full potential and utilize that potential in the service of others in the practice of medicine. By doing so, the physician strives for iḥsān within his/her profession, ultimately turning it into an act of worship.
We see in this rendition of *adab*-based medical ethics multiple components that vary in how ‘Islamic’ they may appear to be. Al-Ruhāwī takes very heavily from the Greeks and also does not invoke Islamic scholars or Islamic scriptural sources. There is debate as to whether he was even a Muslim. Can the *adab* of the physician as presented by al-Ruhāwī really be considered a dimension of Islamic medical ethics?

To help answer this, we can consider the discussion of Islamic scholar and historian Dr. Umar Faruq Abd-Allah on the concept of the ‘rooting’ of knowledge in Islamic intellectual history. He explains how the conflict between religion and science was virtually unknown in Islamic intellectual history, largely because knowledge in different disciplines was rooted to the sacred and the religious. For example, ninth-century Muslim chemist Jābir ibn Ḥayyān began one of his renowned works on chemistry with the words: “Certainly the mention of God is more noble, majestic, and great than what follows”; he then opened the book with a lengthy discussion on the imperative of purifying the soul from ostentation and other spiritual defects as a prerequisite to the pursuit of scientific learning.17 Thus, non-devotional knowledge was rooted to the sacred, placing it within an Islamic worldview and cognitive frame; the objective of science is to study God’s creation in order to better know ourselves and to better understand how to fulfill our roles in creation, and this can only be done by calling to mind the objective of study (God) and by purifying oneself from spiritual defects that may result in misusing knowledge.

Al-Ruhāwī follows this very model in *Adab al-Ṭābīb*; he began with an exposition on belief in God, then continued on to detail general practices of self-purification and prescribe specific practices for a physician to follow to aspire to *ihsān* in his/her
profession. Even though al-Ruhāwī’s discourse of Islamic medical ethics takes heavily from the Greek physicians, the rooting of this knowledge makes it compatible with an Islamic worldview – echoing the prophetic tradition (ḥadīth), “knowledge is the lost property of the believer, so wherever he [or she] finds it, let him [or her] claim it”.\(^{18}\)

The \textit{Sharī'a} delineates the boundaries within which our acts must lie, but \textit{adab} can take us beyond that and take our actions from mere permissibility towards beauty and excellence. \textit{Adab} does not inform legal rulings, for that is the domain of the \textit{Sharī'a} and the ‘act’; the domain of \textit{adab} is that of the ‘actor’ and informs how to best perform actions as well as adopting the inner virtues that are already confirmed by scripture and recognized by humanity. Both of these dimensions are complementary and provide a more complete picture for the Muslim physician. \textit{Adab}-based practices facilitate the physician’s ability to adhere to and uphold \textit{Sharī'a}-based injunctions by inculcating virtue; this in turn nurtures the physician’s ability to discern and incline towards good deeds, and thus provide better quality of patient care. Finally, \textit{adab} addresses virtues that are not related to religious obligations but inform the physician how to best practice medicine and how to best approach the physician-patient relationship. \textit{Adab}, then, is a roadmap to \textit{iḥsān} in all segments of one’s life, even in one’s professional occupation. The Prophet Muhammad described \textit{iḥsān} in the well-known \textit{hadīth} of the Angel Gabriel as “worshipping God as if you are seeing Him, for though you do not see Him, He, verily, sees you”\(^{19}\). By striving for the ideal of \textit{iḥsān} and not just the bare minimum prescribed by the \textit{Sharī'a}, the Muslim physician can transform mundane acts into acts of worship. \textit{Sharī'a} and \textit{adab} should both be considered part of the holistic vision of ethical
conduct that the Islamic tradition imparts, and this vision needs to be carried into the realm of medical ethics.

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References

2 Ibid.
3 Sartell E, Padela, AI. Adab and its Significance for an Islamic Medical Ethics. Journal of Medical Ethics. 2015;41:756-61.
4 al-Attas SMN. Aims and Objectives of Islamic Education. Jeddah: King Abdul Aziz University; 1978.
6 Ibid.
9 Ibid.
11 Ibid.
12 Ibid.
13 Ibid.
14 Ibid.
15 Ibid.
16 Ibid.
19 Ṣaḥīḥ Muslim. Book 1; hādīth #1.