

ETHICS OF ASSISTED REPRODUCTIVE MEDICINE

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A COMPARATIVE STUDY OF WESTERN
SECULAR AND ISLAMIC BIOETHICS

Sharmin Islam

Abridged by Wanda Krause

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The International Institute of Islamic Thought (IIIT)
P.O. Box 669
Herndon, VA 20172, USA
www.iiit.org

IIIT London Office
P.O. Box 126
Richmond, Surrey
TW9 2UD, UK
www.iiituk.com

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Series Editors

Dr. Anas S. al-Shaikh-Ali
Shiraz Khan

Typesetting by Sideek Ali

Cover design by Shiraz Khan

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Bioethics has developed over the last few decades into a major field of inquiry. With advances in medicine progressively transforming our understanding of what constitutes life, there is need for a medical ethics to address many of the issues and challenges arising, particularly in the fields of genetics and reproduction.

Of central significance are serious moral dilemmas confronting medical experts, which require a theological perspective. Yet it is secular bioethics that is defining what constitutes human life and it is secular bioethics that is influencing policy on matters, which concern us all and are likely to have grave societal impact. Is it right for a woman to act as surrogate for her sister? Is it right for a childless couple to resort to artificial insemination by donor? What does Islam have to say?

Ethics of Assisted Reproductive Medicine compares and contrasts Western and Islamic models of bioethics to make the case that the Islamic perspective (taken from the Qur'an and the Sunnah) provides a viable and clear alternative that goes beyond the dominance of the secular and its various philosophical bases, to give Revelation and spiritual understanding precedence. Human cloning, surrogacy, and IVF, are some of the more hotly contested topics. The author analyzes these rigorously and objectively, addressing the perspectives of both the secular Western and Islamic models, and fundamentally how each has chosen to framework its own understanding of the issues at hand. In discussing these issues, keeping to principles, the author charts the way

out of a confused circle of opinion that is making it very hard to decide
“what is best”.

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Chapter One

Introduction

The general purpose of this study is to examine and discuss the philosophical basis of the Islamic and Western secular viewpoints as presented on bioethical issues. My goal is to demonstrate the importance of considering ethical values when dealing with medical practice. This work, therefore, studies the broad outlines of Islamic legal philosophy by comparing and contrasting with Western secular bioethics.

The study attempts to offer a philosophical basis of both Western secular and Islamic viewpoints with special reference to their epistemological and axiological aspects, as the problem deserves analytical study for epistemological and axiological reasons. However, in order to deal with bioethical issues, not only do legal aspects have to be considered, but the whole concept of humankind vis-à-vis a knowledge-based approach. Theories of value have in addition to be developed. As such, before legal rules can be established, bioethical issues must be examined, and discussion on the basic concept of the human in relation to the development of knowledge initiated.

Such comparative study is a unique approach, in the sense that it helps us to learn a new way of thinking about and approaching things, as well as a new way of interacting. Western secular bioethics is generally differentiated from the Islamic approach by its exclusively rational approach to what constitutes reality and the human being, and denial of the role of faith in a supernatural being. In contrast to secular rationalism, Islamic bioethics is based on divine revelations, on a divine order, which is firmly based on some articles of faith, spiritual guidance from God, and belief in the hereafter.

This study further employs mixed methods. However, to a certain extent, it also makes use of the phenomenological method to explore the Islamic and Western secular perspectives' core (essence) views or practices on bioethics. This is because phenomenology deals with essences of objects, or phenomena as they present themselves in human consciousness. It is hoped that this approach will allow greater understanding of the essence of the objectivities or realities of the data under study. Logical reasoning followed by critical reflection is the main tool of philosophical enterprise. The work, therefore, adopts a mixed-mode method with critical reflection as its methodology, the latter also including ontology and epistemology.

A concern of this work is infertility. Infertility is defined as the failure to produce a viable pregnancy within a year of regular sexual intercourse without the use of contraception.¹ The desire to have children is a natural and very strong human instinct. However, some couples fail to conceive. Male infertility takes place if the husband produces no or few sperm. Infertility also occurs if he produces sluggish, immotile or abnormal sperm. He may have an insufficient volume of seminal fluid, an excessive amount of fluid, which over-dilutes the sperms, may be impotent, may not ejaculate or ejaculate prematurely. Even ejaculation may be discharged into his urine.²

Female infertility may occur due to an ovulation in which the ovary does not produce an egg. Usually the cause is when the ovaries do not get adequate hormonal stimulation from the pituitary gland. Other causes are the absence of ovaries, hormonal disorders, tumors, etc. The eggs may ripen but fail to escape because of scarring from endometriosis or infection. Infrequent ovulation also causes infertility in women. In some cases, ovulation does occur but then the ovaries fail to produce pregnancy-sustaining hormones over the next 14 days. Defective fallopian tubes are also a cause of infertility. The woman may not have any uterus. Abnormalities present at birth or resulting from fibroids, infection or abortion prevent implantation from taking place.

Many strategies have been developed to bypass infertility. One of the most controversial topics in reproductive ethics is the use of new technologies and new social arrangements to facilitate pregnancy. Although human civilization is benefitting from these innovations in many ways, many of them pose a number of ethical issues. Therefore, ethical inquiry is necessary when we are unsure of the direction in which we are heading. We shall confine our discussion here to Western

secular and Islamic bioethics to judge whether these newer inventions are blessings for human beings or a curse. We will undertake a comparison between the two approaches and restrict examination to four important and current issues: Artificial Insemination (AI), In Vitro Fertilization (IVF), Surrogate Motherhood and Cloning.

Chapter Two

Western Secular Bioethics

In this study, we use the term Western secular ethics to mean a particular type of Western thought concerning ethical values, which developed in a unilaterally quantitative fashion from the seventeenth century onwards. Ethics helps people to rationally decide in conflicting moral dilemmas.³ Hence, we characterize ethics as a “philosophical study of morality.”⁴ Two of these approaches describe and analyze morality without taking moral positions and these approaches are, therefore, called *non-normative*. The remaining two approaches involve taking moral positions and are, therefore, *normative*. Under the non-normative approach, first comes *descriptive ethics*. The goal of *descriptive ethics* is to obtain empirical knowledge about morality. *Meta-ethics* involves analysis of the meanings of central terms in ethics, such as ‘right,’ ‘obligation,’ ‘good,’ ‘virtue,’ and ‘responsibility’.

The function of *general normative ethics* is to establish an ethical theory that provides a general answer to the question, ‘what is morally right and what is morally wrong?’ *Practical normative ethics* is a step further than general *normative ethics*. It employs tools (theories and principles) of *normative ethics* in order to justify positions on particular moral problems, such as research involving human beings, suicide, crime and punishment. The attempt to delineate practical action is referred to as *practical ethics*. Like business ethics or engineering ethics, *bioethics* has an interdisciplinary approach and is a branch of *practical normative ethics* or applied normative ethics.

Bioethics and its Principles

Bioethics is a composite term derived from the Greek words *bios*, meaning life, and *ethike*, meaning ethics. Therefore, it can be defined as the systematic study of human conduct in the area of life sciences and health care, in so far as this conduct is examined in the light of moral values and principles. Bioethics covers a broad range of social

issues such as those associated with public health, occupational health, international health and the ethics of population control. It extends beyond human life and health to embrace issues affecting animal and plant life as, for example, in topics dealing with animal experimentation and competing environmental claims.⁵

Unlike in other disciplines, a bioethicist will interpret and analyze the moral validity of data in the light of ethical principles and theories.⁶ As an interdisciplinary study, it is more closely related to life sciences because it deals directly with ethical issues related to life sciences. Three general moral principles have been advanced to aid ethical discussion in bioethics. These are: autonomy, beneficence and justice.

In bioethics, *autonomy* stands for personal liberty where the individual is free to choose and implement his or her own decisions, free from deceit, duress, constraint or coercion. *Autonomy* must involve action that is intentional and, as such, the person concerned in ethical decision-making must make the final decision. In autonomous decision-making, no external pressure or constraint should have any role. *Beneficence* is a principle, which ordinarily refers to acts of mercy and charity, and may indicate any action that benefits another. *Beneficence* may include the following four elements: 1) One ought not to inflict evil or harm; 2) One ought to prevent evil or harm; 3) One ought to remove evil or harm; and 4) One ought to do or promote good.⁷ *Justice* refers to concepts of fairness and entitlement. A common and sensitive issue in health management is the struggle for the distribution of scarce resources.

Western Secular Bioethics and Secularism

This section a) briefly reviews secularism to illustrate its historical and epistemological structure, and b) extends the epistemological root embedded in Western secular bioethics. The term *secular* originates from the Latin *saeculum* and conveys a meaning with a marked dual connotation of time and location. Time refers to a sense of the ‘now’ or present sense and location to a sense of the ‘world’ or ‘worldly’ (as opposed to the world which is invisible and transcendental). Secular means ‘this age’ or ‘the present time’ and ultimately signifies events, specifically contemporary, in this world.⁸

Secularism is often associated with Christianity, in that it characteristically evolved in the historical context of Christian Europe. As such, secularism is regarded in one sense as merely Europe’s escape from the

grip of medieval Church rule and practices. However, for practical purposes, secularism will refer to the practical exclusion of God from human thinking and living.

It is true to say that in secular bioethics religious convictions are eschewed as irrelevant or unnecessary. Bioethics is a creature of its time and history. In the history of bioethics, religious perspectives became marginalized and the secularization of ethics took center stage, using consensus as a moral standard. Modern and contemporary American and British analytical philosophers were pioneers in this direction. A kind of normative secular bioethics emerged as a subject. Slowly, scholars involved in these early think tanks began to sketch out the nature, subject matter and the method of the newly born field. Western bioethics has now become secular.

What then precisely is Western secular bioethics? Bioethics seems to be premised on a medical science that sees the body as a chemical-mechanical machine functioning according to material laws, independent of the abstract concept. According to this model, everything we need to know about humankind can be obtained by studying the body's parts. Hence, anything related to the subtle aspects of a human organism, such as the mind and soul, became relegated, forgotten, denounced or referred to as simply religious discourse. Bioethics, in this fragmented order, became a branch of practical ethics, which holds the view that humankind is capable of self-fulfillment without recourse to any source of knowledge, other than empirical findings, or, in other words, without recourse to the guidance of the transcendental or supernatural Supreme Being.

With the incredible advancement of biomedicine, the 21st century is facing some of the most controversial biomedical ethical issues, the central concern of which is the issue of life, and more specifically, human cloning, the human genome project, and stem cell research. Religious opposition has emerged as a clear voice. The issue is urgent but cannot be left to the decision of physicians alone, because science is concerned with 'is,' and ethics with 'ought' and this has become a moral debate. Bioethics must bridge the gulf that is rapidly developing and address the issues by rectifying the rules of morality, reviewing their principles and theories and instead of avoiding typical philosophizing, debate in front of the scientific community.

Chapter Three

Islamic Bioethics

There are basically five components to Islamic bioethics. Defining Islam, Islam means submission to the will of Allah in all aspects of life and, in fact, is a complete way of life. Islam aims at shaping both individual lives as well as society as a whole in ways that will ensure that the kingdom of Allah is established on earth and that peace, contentment and well-being fill the world.⁹ The four sources of the Shari‘ah are: the Qur’an, the Sunnah (practice of Prophet Muhammad, ﷺ),* consensus of the ‘*ulamā’* (ijma‘), and analogy (*qiyās*). The basic framework for jurisprudence is the Qur’an, which is the prime directory on all matters of human life.

The Qur’an does not explicitly address every possible situation that a Muslim may face. The Sunnah is a secondary or explanatory source of guidance. Muslims seek guidance from learned Islamic jurists (‘*ulamā’*) by way of consensus (ijma‘). Islamic jurists also invoke analogies (*qiyās*). Finally, scholars can resort to *ijtihād* (independent reasoning) to further deal with dilemmas facing Muslim communities. Technically, this term refers to the effort exerted by a qualified jurist (*faqīh/mujtahid*) to arrive at the meaning intended by the Lawgiver in the textual sources of Islamic Law and apply it to its subject-matters in the real life of human beings. As such, given the real life and contemporary issues modern medicine faces and the ethical ramifications of these issues, Islamic bioethics seeks to address them based on a philosophical approach derived from these five key components of Islamic jurisprudence.

Islamic Jurisprudence Amidst Modern Medicine

In an evolutionary process, Islamic medicine has derived its medical laws from the following sources: (a) the two transmitted ones, *maṣādir naqliyyah* of analogy, *qiyās*, and secondary consensus, *ijma‘*, and (b) the logical ones, *maṣādir ‘aqliyyah*, that are *istiḥsān*, *istiḥāb*, and *istirsāl*, etc.¹⁰ We will briefly discuss the components.

Istiḥsān literally means to deem something preferable. In its juristic form, *istiḥsān* is a method of exercising personal opinion in order to

* (ﷺ) – *Ṣallā Allāhu ‘alayhi wa sallam*: May the peace and blessings of God be upon him. Said whenever the name of the Prophet Muhammed is mentioned.

avoid any rigidity and unfairness that might result from literal application of law.¹¹ Hashim Kamali remarks that the Prophet's Companions (*Ṣaḥābah*) and Successors (*Tābi'ūn*) were not mere literalists, but often based their rulings on their understanding of the spirit and purpose of the Shari'ah. Kamali provides a modern example: oral testimony was once the standard form of evidence in Islamic law. Today in some cases photography, sound recordings and laboratory analysis have become a more reliable means of proof, able to replace oral testimony in many cases. A clear method of *istiḥsān* is applied here.¹²

Istiḥāb literally means courtship or companionship. In *Uṣūl al-Fiqh*, *istiḥāb* denotes the presumption of the existence or non-existence of facts. It can be used in the absence of other proofs of the Shari'ah. *Istiḥāb* presumes the continuation of a fact (marriage or a transfer of ownership, for example) till the contrary is proved. There are four types of *istiḥāb*:

1. *Istiḥāb al-‘adam al-aṣlī*, which means that a factor rule which had not existed in the past is presumed to be non-existent.
2. *Istiḥāb al-wujūd al-aṣlī*, which signifies that the presence of that which is indicated by law or reason is taken for granted. For example, a husband is liable to pay ‘*mahr*’ by virtue of the existence of a valid marriage.
3. *Istiḥāb al-ḥukm*, which presumes the continuity of general rules and principles of law. For example, when there is a ruling in the law (whether prohibitory or permissive), it will be presumed to continue.
4. *Istiḥāb al-waṣf*, which means to presume continuity of an attribute until the contrary takes place (such as, clean water will be continued to be treated as clean water).¹³

‘*Urf* literally means custom. Custom therefore, has some place in determination of rules regarding ‘*ḥalāl*’ (lawful/permissible) and ‘*ḥarām*’ (forbidden) in the Shari'ah. ‘*Urf* is essentially a local or national practice, and can play a useful role in interpreting and implementing Islamic law. *Maṣlahah mursalah* refers to unrestricted public interest. *Maṣlahah* literally means benefit or interest. *Maṣlahah mursalah* is meant to secure a benefit or prevent harm, is harmonious with the objectives (*maqāṣid*) of the Shari'ah, and helps jurists face new situations in a changing world.

Further, the fatwas of a Companion is a source of guidance, which merits careful consideration (though not binding except in the case of their clear *ijma'*). The fatwa of the *Ṣaḥābah* means an opinion reached by a Companion by way of *ijtihād*. Finally, a general principle adopted by jurists is that 'preventing harm takes priority over securing a benefit.' Thus, *sadd al-dharā'ī* is used in the Sunnah. *Sadd* means to block, while *dharā'ī* signifies means. In *uṣūl*, it signifies blocking the means to evil. In example for the latter, the Prophet forbade the killing of hypocrites (as it could lead to dissension within the community, and also to wrongful killing based on suspicion).

Reflections of Islamic Law in the Modern Period of Medicine (1420 AH Onwards)

The theory of purposes of the Law, *maqāṣid al-sharī'ah*, helps us derive robust and consistent legal rulings. *Maqāṣid al-sharī'ah*, or the higher objectives, intents and purposes of Islamic law, is geared towards: *Hifẓ al-Dīn* (protection of religion); *Hifẓ al-Nafs* (protection of life); *Hifẓ al-Nasl* (protection of progeny); *Hifẓ al-'Aql* (protection of the mind); and *Hifẓ al-Māl* (protection of wealth).

Hifẓ al-Dīn within the domain of medicine refers to the maintenance of health. Health here stands for both physical and mental health. Regarding *Hifẓ al-Nafs*, Allah controls both birth and death in the absolute sense. But as long as humans are alive they deserve a better life. Herein, lies the role of medicine, which should ensure a good life for every human being. Life is sacred and the Qur'an guarantees its sanctity. Therefore, the first principle of Islamic medical ethics would be to preserve life.

The protection of progeny (*Hifẓ al-Nasl*) bears significance in medicine when medicine aims at caring for children so that their health is ensured. For the successful birth of children, care for pregnant women, prenatal medicine and paediatrics are important. Good health is a prerequisite for healthy adulthood, procreation and the continuation of human life. As Islam encourages reproduction, it advocates the treatment of infertility.

Protection of the mind (*Hifẓ al-'Aql*) in relation to medical ethics signifies the necessity of treatment of any physical or mental disease. Recovery from a disease surely brings about mental tranquility. The fifth, the protection of wealth, (*Hifẓ al-Māl*), relates to the wealth of any community, which depends on the productive activities of its

healthy citizens. Medicine contributes to the generation of wealth by the prevention of disease, promotion of health and the treatment of disease. The Shari‘ah’s rules and principles, furthermore, fall under one of three categories: (a) absolute necessities (*ḍarūriyyāt*), (b) exigencies (*ḥājiyyāt*) and (c) embellishments (*taḥṣīniyyāt*). The five items above belong to the category of necessity.

Rules Regarding Conflicting Cases

Laws are used to consider and deliberate over conflicting cases and are necessary, as real life situations will present cases where there is conflict between any of the above areas that require protection. The first key principle is *intention*, in that matters are to be considered in light of their objectives. All work is recognized according to the intention behind it. It calls upon the physician to consult his or her inner conscience. An example is use of morphine for pain relief in terminal care when the actual intention may be to cause respiratory depression that will lead to death.

A sub- (here called, second) principle is that what matters are the intentions and not the literal meaning. This sub-principle is used to refute use of legal arguments based on literal translation of the text to justify immoral acts. An example is the interpretation of the hadith on embryological development to justify abortion on demand before ensoulment. A third sub-principle is that means are judged with the same criteria as the intentions. Implied here is that no useful medical purpose should be achieved by using immoral methods. Thus, no useful medical purpose should be achieved by using immoral methods. A fourth is that doubtful things are better avoided. This principle protects against unnecessary medical interventions in long-standing anomalies or deformities that do not appear to cause any discomfort. A fifth – the origin of things is permissible. All medical procedures are considered permissible unless there is evidence to prove their prohibition. Finally, a sixth – all matters related to the sexual function are presumed forbidden unless there is evidence to prove permissibility. This is an exception to the above general rule of permissibility to be otherwise, i.e., there are certain conditions and procedures related to the sexual and reproductive functions.

The second key principle is to *cause no harm*. This principle has been derived from the hadith that “no harm shall be inflicted or tolerated in Islam” (*Lā ḍarara wa lā ḍirār fī al-Islām*). In order to cause no harm or eliminate harm, the physician should cause no harm in the course

of his or her work. A sub- (second) principle is that injury should be prevented or mitigated as much as is possible. A third sub-principle is that to repel a public harm a private damage is preferred. One has to succumb to the damage, which is private in nature in order to prevent social harm. As with the second sub-principle, medical intervention is justified on the basic principle that injury, if it occurs, should be relieved.

A fourth – the prevention of harm has priority over the pursuit of a benefit of equal worth. So, if the benefit has far more importance and worth than the harm, then the pursuit of the benefit has priority. A fifth – a lesser harm is committed in order to prevent a bigger harm. If confronted with two medical situations, both of which are harmful, and there is no way but to choose one of them, the lesser harm is chosen. For example, in combating communicable diseases, the state may have to restrict movements of a citizen or even destroy his or her property. Sixth – prevention of harm has priority over pursuit of a benefit of equal worth. An injury should not be relieved by a medical procedure that leads to an injury of the same magnitude as a side effect. Finally, seventh – the individual may have to sustain harm in order to protect public interest. Medical interventions that are in the public interest have priority over the consideration of individual interest. Hence, the state cannot infringe on the rights of the public unless there is a public benefit too.

A third key principle is *certainty*. All acts are permissible unless there are clear prohibitions.¹⁴ But, what is to be done when there is no clear rule? Everything in medicine is probabilistic and relative. Thus, medical practices cannot operate at the level of conjecture (*zan*), or pure doubt (*shak*). Treatment decisions are based on a balance of probabilities. The principle protects against unnecessary medical interventions in long-standing anomalies or deformities, which do not appear to cause any discomfort.

A fourth key principle is in regards to *hardship*. Hardship begets facility (*al-mashaqqah tajlibu al-taysir*). In a medical setting, hardship is any condition that will seriously impair physical and mental health if not relieved promptly. Hardship mitigates all the Shari‘ah rules and obligations. As a (second) sub-principle, hardship brings alleviation, or hardship begets facility. The presence of difficulty requires that allowances be made to effect ease. This principle embodies the fact that Islamic Law is built upon achieving ease and not upon imposing

hardships. Hence, medical interventions that would otherwise be prohibited actions are permitted under the principle of hardship if there is a necessity (*ḍarūrah*). As the third sub-principle for hardship, necessity legalizes the prohibited. The genuine difficulties are considered as necessity (*ḍarūrah*). Whenever difficulties present themselves, the Law makes provisions to facilitate matters. The condition for such measures to be taken is that the difficulties are real and not imagined. For example, under the principle of hardship, secrets may be revealed under necessity. In cases of court litigation, the caregiver could testify in criminal cases that involve injustices.

The fifth key principle includes *custom*. The generally accepted standard of medical care is defined by custom. What is considered customary is what is uniform, widespread and predominant. The customary must also be old and not a recent phenomenon so that there is a chance for a medical consensus to be formed.

The relevance bioethics holds is that in order to achieve these rights, Islam prescribes not only legal safeguards but also a very dynamic and effective moral code. Ethical values, such as, justice, honesty, trustworthiness and truthfulness, have never been questioned philosophically, even though considerable practical deviation or a huge difference in their practical application may exist. Islamic bioethics is an extension of Islam's legal dimension.

Chapter Four

The Philosophical Relevance of Western Secular and Islamic Bioethics

Philosophy is concerned with essentially three questions: What is real? What is true? What is good? The first concerns ontology, the study of reality and existence. The second concerns epistemology. How do we know? How do we know that something is true or otherwise? What are the conditions and limitations of knowledge? The third concerns axiology, i.e., ethics and aesthetics. This chapter discusses the relevance of ontology, epistemology and axiology to both the secular and Islamic perspectives of bioethics.

Relevance of Ontology

Western secular philosophy restricts reality to the natural world, the

material world being regarded as the only level of truth. The world is an independent, eternal universe and a self-subsistent system evolving according to its laws. Secularism has removed any sense of the sacred from the modern and postmodern (Western) conception of existence. Biology, like the other sciences, absorbed from philosophy the notion of matter as being the principal basic element of the universe, and something, which could be studied from the point of view of both its physical and chemical properties.

Islamic ontology is radically different from Western philosophical ontology in that it affirms that there is only one God for the entire cosmos. Islamic ontology designates God as the ultimate Truth and Reality and superior compared to all elements in the external world. In Islamic ontology, God, the Absolute Being, is subject to worship. Islamic ontology asserts that there is an external world independent of our experience. We experience only a part of it. The part which remains un-experienced but which is significant to human life is revealed to the prophets and translated in terms of the ordinary experiences of humankind.¹⁵ Humankind is endowed with a soul and physical entity and, hence, consists of both matter and spirit or the physical and spiritual.

According to Muslim philosophers, in medicine, humankind is to be studied from the standpoint of an organism and not from that of a mechanism. What is man? Not a piece of matter, not a piece of machinery, not a chemical factory, nor a bundle of physical energies or a complex of desires and sensations, or a modus of thought, feeling and action. Humankind is all these and more, embracing all these aspects but transcending them all; humankind is a complex and mysterious entity comprising of mechanism and organism and matter and consciousness; in fact, a supra-sensible integrated whole.

Moreover, Islamic metaphysics states that the universe has a definite purpose. Through proper reflection, people are able to know that the world has a higher purpose partly towards realization of values. In Islamic ethics, values are rooted in the very heart of reality, and all processes and movements of the world are seen as being directed towards their realization.

Relevance of Epistemology

Epistemology is concerned with the study of knowledge and the nature, limits and validity of knowledge. It deals with such questions as, “Does

truth exist?” “What can I know?” and “How can I know?” However, with development of a scientific revolution and the ideological progression of a materialist, man-centered conception of the world, the sense of the sacred has virtually disappeared from the modern and postmodern (Western secularist) conception of knowledge. Today reason and rationality, based on sense experience, rule supreme, denying any role to intuition and religion. In other words, revelation and religion are entirely rejected as a source of knowledge.

In Islamic epistemology, absolute knowledge belongs to Allah alone. What is the nature of the visible world and how is it related to knowledge of the unseen? Is the human mind capable of complete knowledge of the invisible? From the Islamic epistemological perspective, Allah has granted humans an organ of cognition known as the heart (*qalb*), which is the locus of the intellect (*‘aql*). As such, we have rather three levels of knowing: 1) Sensory perception – which includes sight, hearing, smell, etc., and which is accessed through the faculties of the eyes, ears and other senses; 2) Rational perception – occurring through cognition, reasoning, and insight, etc., and which is perceived through the mind; and 3) Spiritual perception – through intuition, intellect and inspiration, and which is perceived through the heart. Hence Islamic epistemology is not purely empiricistic, unlike its Western counterpart, nor is it purely rationalistic depending only on reason.

Relevance of Axiology

Axiology is the science of human values and deals with ethics and aesthetics. Ethics relates to the question of what is good and what is bad. In Western secular bioethics, values are treated only as human interest, whether personal or collective. The external world becomes indifferent to them. A subjective-objective distinction exists. Western secular bioethics regards values as human phenomena, which are relative to human observations and experiences. Besides, values do not have a supernatural origin and are never conserved and realized through the will of a transcendental being.

In contrast, Islamic ethics provides a clear and authoritative source of value on what is ethically good and bad according to well-defined principles found in the Qur’an, prophetic tradition, and human reasoning. These principles are derived directly from revealed knowledge. The legal value of human action using Islamic principles is categorized as follows: a) *mubāḥ* – every act which is not specified as

being mandatory, commendable, detestable or forbidden; b) *mustahab* – that which is commendable/recommended but is nevertheless not obligatory; c) *farḍ* – that which is mandatory; d) *makrūh* – that which is considered detestable and discouraged but not forbidden; and e) *ḥarām* – those acts, which are absolutely unlawful and prohibited for a Muslim.

Chapter Five

Artificial Insemination and Western Secular and Islamic Bioethics: A Comparative Analysis

Artificial insemination (AI) is a technique in which the sperm is placed in the female reproductive tract by mechanical methods that precludes sexual ejaculation into the woman's vagina.¹⁶ There are three main points regarding AI: (a) AI is a technique in which sperm is placed in the female reproductive tract by mechanical methods, rather than sexual intercourse; (b) the man does not ejaculate into the woman's vagina; and (c) the sperm has to be placed into the female reproductive tract with an instrument.

There are two types of AI depending on the source of the sperm employed in the procedure: Artificial Insemination Homologous (AIH) and Artificial Insemination Heterologous/Donor (AID). In AIH, the sperm is collected from the male partner. The name of the process is commonly abbreviated as AIH and the 'H' frequently refers to the 'husband.' However, the male partner does not necessarily denote the legal husband. That is, a legal marriage bond is not a strict requirement in this procedure. Rather, the male partner needs only to be the functional equivalent of a husband.¹⁷ AID uses sperm from a donor other than the 'husband'. It is employed when the problem is one of the irreversible sterility of the 'husband'. AID is recommended when the male is unable to produce no or little sperm.

In Shari'ah, AI is acceptable under the following conditions: (a) it must be between a lawfully wedded couple; and (b) it is not valid after a divorce. The European Council for Fatwa and Research states, "It is permissible for the wife to use the sperm of her husband for fertilization unless she is divorced or the husband dies."¹⁸ The view that AI should take place between lawfully married couples is based on the fact that in Islam sexual intercourse can only take place between married

couples. However, there should be absolute surety that the sperm being injected into the uterus of the woman are those of the husband. Using donor eggs or donor sperm is prohibited in Islam as this obliterates lineage, which is a highly protected aspect of the faith. The practice is considered akin to adultery.

In a Western secular context, most of the ethical issues concerning AI are related to AID, and not AIH. Thus, aside from posthumous semen retrieval, most moral debate is concerned with AID and, therefore, the issue of donors. The majority of scholars have declared masturbation to be *ḥarām*,¹⁹ but in the context of AI, masturbation is permissible if the intention is to collect semen (sperm) for the purpose of AI between legally married couples.

In the Western secular philosophical context, ethical judgment on the use of AID is twofold. It is both positive and negative in ethical measurement. It is argued that AID offers certain potential psychological benefits over the alternative of adoption, because both husband and wife can be involved in the pregnancy from conception onward, sharing the experience of delivery and the early days of the baby's life. Interpreted from an Islamic perspective, although AID is not legally a punishable crime, it is still morally wrong and prohibited.

In Western secular bioethics, ethicists worry about the risk of selective breeding associated with AID. In response to the preferences of parents, doctors and clinics may attempt to match the mother with a genius, good-looking, sperm donor to create the 'perfect' child. The darker undertones of this concern the eugenics movement to create a master race that would rule the world. In order to bypass this and other ethical difficulties, it is sometimes asserted that adoption would be a better solution to infertility than AID.

The ethical question also arises as to whether single women, unmarried heterosexual couples, or same-sex couples should or should not have access to AID. Western secular bioethicists may not have any ethical issue with an unmarried woman using AID. Not to permit homosexuals or single people to be candidates for in vitro fertilization, artificial insemination or adoption is to label such people as unfit for one of the most important roles in life. There is no reason to think that homosexuals or single parents are bad parents. However, Islamic ethics clearly holds the opposite view in relation to the right of homosexuals to assisted reproduction.

Posthumous conception raises a large number of complex ethical and social issues. The decision to help a woman conceive by use of the sperm of her deceased partner, whether voluntarily frozen for that purpose before death or retrieved posthumously, should consider the welfare of the coming infant. Different governments have different laws and, thus, there is a difference of opinion in Western philosophical thinking regarding the acceptance of posthumous semen retrieval. In contrast, Islamic ethics holds a clear-cut negative view regarding posthumous semen retrieval. In the Islamic framework of ethics, marriage is seen as a legal contract between spouses, becoming invalid after divorce or death. Therefore, posthumous semen retrieval to produce children, even if a deceased husband has given consent, is regarded as a violation of the marriage contract and morally and legally unethical.

Chapter Six

In Vitro Fertilization: Western Secular and Islamic Bioethics Perspectives

In vitro is a Latin phrase meaning ‘in glass’. In embryology, it is used in contrast to in utero or ‘in the uterus’. Normally, human fertilization takes place in utero, strictly speaking in the fallopian tubes. IVF then is fertilization that is carried out artificially outside the woman’s body in a test tube.²⁰ The primary reason for attempting IVF is to by-pass unhealthy, damaged or blocked tubes whose functions were inadequate to produce a normal pregnancy. If a woman’s fallopian tubes are blocked, the egg cannot travel to the uterus. In fact, the motive of IVF is to replace tubal function by bringing the sperm into contact with the egg in vitro and then transfer the embryo into the uterus. Male infertility also may act as a factor in IVF when the number, movement or structure of sperm is considered to be abnormal.

Ethics of IVF: Islamic Bioethics Perspectives

Maqāṣid al-sharī‘ah provides us a guide to understanding the Islamic perspective. In light of the necessity of procreation and the preservation of progeny (*Hifẓ al-Nasl*), Islamic bioethics has a positive attitude towards IVF, provided it is for a legally married couple. According to an Organization of the Islamic Conference (OIC) Resolution, the following methods, in case of necessity, are permissible, provided all required precautions are taken: 1) In vitro fertilization of a woman’s

ovum by her husband's semen and implantation of the fertilized ovum in the womb of this same woman; and 2) External insemination, by taking the semen of a husband and injecting it in the appropriate place in the womb or uterus of his wife, for in vivo fertilization.²¹ There is nothing wrong in freezing and preserving sperm and fertilized ova, provided that a) serious steps are taken to ensure that no mixing of the donor's sperm with those of other donors can occur, and b) the sperm is only used to impregnate the donor's own wife (with consent of the spouse).

In light of the protection of progeny in terms of the necessity of preservation of lineage (*Hifz al-Nasab*), IVF treatment using donated sperm is absolutely forbidden in Islam. Children can only be conceived through the union of husband and wife. In sum, IVF must follow these conditions: 1) It must solely involve the husband and wife with treatment performed during the span of their marriage only. 2) The union of sperm and ovum must not take place after the husband dies or after divorce. 3) The fusion of sperm and ovum should take place only within the marriage contract. 4) Any donation of alien semen is forbidden. 5) A divorced woman is not permitted to receive the fertilized ovum (embryo) of her ex-husband. 6) A widow is not allowed to take sperm after the death of her husband. 7) A woman can use the frozen sperm of her husband only when both of them are alive. 8) Using frozen sperm before marriage is not permitted.

Regarding the protection of life (*Hifz al-Nafs*), anything that disrupts life and brings about chaos in the natural order is prohibited in Islamic ethics. Producing embryos for research concerns should be prohibited. Creating human embryos for research purposes alone does not satisfy our consensus. However, Islamic ethics finds no problem in destroying surplus fertilized ovum. This is not abortion because abortion only takes place after the implantation of the fertilized ovum in the womb and secondly abortion takes place in a woman's body not in a laboratory dish or test tube. The OIC Resolution states that if an extra fertilized ovum exists, it should be left without medical care until its life ends naturally.²² Further, embryos can be used for research purposes because research using surplus fertilized embryos could benefit humanity, premised on principles of *ijtihad*, *maṣlahah mursalah* (considerations of public interest).

Regarding protection of the mind (*Hifz al-ʿAql*), IVF must fulfill the requirement of mental satisfaction. As such, if IVF leads to their mental

satisfaction, why should couples not attempt it? Regarding the protection of wealth (*Hifẓ al-Māl*), a couple wanting IVF treatment should take stock of their finances so that they are not left to face any adverse situations in the future. Regarding protection of faith (*Hifẓ al-Dīn*), there should simply be no conflict through such procedure.

Ethics of IVF: Islamic Bioethics Perspectives

While there is some overlap in perspectives, the Western secular bioethics and Islamic bioethics differ often considerably over IVF. For example, Western secular bioethics debates whether to validate the use of donor sperm and eggs in IVF; Islamic bioethics is primarily concerned with the problem of lineage. Western secular bioethics intends to allow lesbians the right to assisted reproductive medicine; Islamic bioethics rejects this, and as well, forbids single women assisted reproductive medicine. As mentioned, Islam forbids using sperm and ovum after divorce, whereas Western secular bioethics does not. Western secular bioethics finds using sperm or ovum of the legally married couple after the death of one of them controversial, whereas in Islam it is forbidden. Islamic bioethics prohibits the use of donor sperm and donor eggs in order to maximize the greatest welfare and stability for society and human relations. Embryonic stem research is controversial for Western secular bioethics, whereas under Islamic bioethics it is allowed with spare embryos.

Where Islamic bioethics' focus is both on the temporary and ultimate good, Western secular bioethics' emphasis is on apparent good. AID from the Islamic standpoint presupposes that goodness is not a narrow concept; rather the ontology of good bears an all-inclusive character. Islamic bioethical ideas about IVF are dynamic and focused, they give great value to human life, maintain marital integrity, and prove that long-term good should always prevail over the temporary satisfaction of desires for the welfare and stability of society and its members. The ends do not justify the means.

Chapter Seven

Surrogacy: Western Secular and Islamic Bioethics Perspectives

The word surrogate is from the Latin *surrogatus* and literally means, “substitute.” In terms of reproduction, it simply refers to a woman

bearing a child for another woman. The concept of surrogacy is actually a by-product of artificial insemination (AI) and in vitro fertilization (IVF). In a surrogacy arrangement, a woman carries a baby in her womb through pregnancy and after delivery hands the child over to another person at which point she is freed from all responsibilities to the child or its family. Surrogacy is of two types, genetic and gestational surrogacy. In genetic surrogacy, the egg of the surrogate is artificially inseminated by the donor's sperm (the father of the child). In contrast, in gestational surrogacy, the ovum of a woman is fertilized by the sperm of a male in vitro and is implanted in the uterus of another woman whose uterus is ready to bear the fetus up to birth.

Islamic bioethics cannot be positive towards this practice because surrogacy is a clear form of using a foreign element – donor sperm – in the womb of a woman. The case of genetic surrogacy is more critical and troublesome because here the woman is not only carrying the fetus but also donating her egg. A very basic purpose of the Shari'ah (*maqāṣid al-sharī'ah*) is to protect lineage (*Hifz al-Nasl*) or progeny. Surrogacy can lead to a struggle between two mothers: who is the real mother, the egg provider or the womb provider? How could the surrogate mother be considered the real mother if she is leasing her womb, has no legal marital bond with the father of the child, or a genetic link with it? Similarly, how can an ovum donor have full claim over a child when she does not bear it as mentioned in the Qur'an? "... none are their mothers save those who gave them birth..." (58:2).

Generally, both Western secular and Islamic approaches are concerned with the well-being of the mother and child, and place the good of society as a primary objective. Nevertheless, there are clear differences. Islamic ethics first determines the intrinsic value of a woman's womb and then justifies the moral worth of renting it on an extrinsic basis. Islamic ethics views surrogacy negatively because it fails to protect progeny, is open to exploitation, and thereby risks many harmful practices entering society. Western secular philosophers criticize surrogacy based on the idea that instead of leading to better family ties, the procedure threatens it. There may be future social implications; the adoptive couple may eventually divorce in which case the adoptive mother would have no biological link to the baby but the father would.

Furthermore, some refer to surrogate motherhood as commercial motherhood (CM) or the arrangement as a 'baby contract' because reproduction becomes a commercialized affair. There is the psycho-

logical danger to the child that he/she may not be ready to learn of his/her birth through surrogacy. Islamic bioethics not only sees the interest of the child and whether he or she is being used as a commodity but also protects the dignity and honor of a woman's womb.

There is no fixed and uniform view regarding surrogacy in the Western philosophical system, largely due to different philosophical perspectives and relative liberal views of morality. What is clear is that surrogacy is growing in popularity, particularly in the West. While Western secular bioethics puts forward various arguments and counter arguments to judge the moral worth of this practice (mainly along the lines of human dignity, effects on the child, effects on the surrogate, the financial motives of surrogates, the motives of self-indulgent couples who choose this over adoption, etc.), Islamic bioethics denounces the practice according to the five purposes of the Shari'ah. The main issues are concerned with adultery, family inheritance, possibility of incest with unwitting half-siblings marrying one another, etc. Overall, surrogacy's harm outweighs its benefits.

Chapter Eight

Human Cloning: Western Secular and Islamic Bioethics Perspectives

Cloning is derived from the Greek word 'klwn' meaning 'twig'. With Dolly the Sheep successfully cloned in 1996, global interest and widespread rejection skyrocketed. Cloning is the process of producing an animal or human that has almost the same genetic makeup as its parents. The technique of somatic cell nuclear transfer (SCNT) is the basis of cloning. In SCNT, the nucleus of a somatic cell is transferred into an enucleated egg cell (one which has had its own nucleus removed), under specific circumstances. The somatic nucleus is then reprogrammed by egg cytoplasmic factors to become a fertilized egg (zygote nucleus). Reproductive cloning occurs when an SCNT-derived blastocyst is implanted into a uterus where the embryo develops into a fetus.

Current techniques of assisted reproductive medicine do not have high success rates and couples desperate to have children can theoretically turn to cloning. For instance, human cloning can solve the problem of male infertility: if a husband's sperm is not viable, he may exhibit total germ cell failure, in which case the wife could only conceive a child

genetically related to a father by marrying another man. Through application of the cloning technique however a husband could provide DNA taken from a cell from any part of his body with the nucleus of the cell containing the DNA being fused with the ovum of his wife. The resulting embryo could then be implanted into the uterus of the wife to the point of delivery. Under cloning male infertility would no longer be a problem as the need for sperm is eliminated. Moreover, the spouse in this case, would not have to rely on anonymous donor sperm. In fact, the child would be 100 percent genetic.

Cloning would also solve female infertility. This can be of two types: a problem with the ovum or a problem with the uterus. A wife may not be able to produce effective ovum or may not have a uterus, the uterus may be affected with cancer or any other disease, or she may not be willing to use the uterus etc. In the case of the absence of ovum, she can use the ovum of another woman to fuse it with the DNA of the husband. The embryo can be gestated up to term, and she can give birth to the child. In fact, a child could be exclusively hers without any male participation.

Human cloning would avoid the risk of children being born with genetically induced diseases. Cloning would solve the problem of finding a transplant donor. Going deeper into the realms of the extraordinary and bizarre, a person on their deathbed could feasibly be cloned, in which case loved ones would have an exact replica of the person just lost. Perhaps, the suffering of losing children can be pre-empted: embryonic clones of children could be frozen to produce their genetic twin.

Islamic Bioethics and Human Cloning

The appropriate way of producing offspring is through the proper union of sperm and ovum of a legally married couple. Here, the child carries the genes of both father and mother. Human cloning in contrast allows for single cell production. The majority of Islamic scholars view human cloning as *ḥarām* (prohibited) for the following reasons:

- a) It corrupts the basic concept of reproduction as approved by the Shari'ah, which is the union of sperm and ovum in a legally valid marriage.
- b) It leads to negative effects, mainly disturbance and impurity of lineage, family relations, social structure, and disruption of many Shari'ah principles dependent on lineage.
- c) There is no guarantee that cloned humans will be normal, either shortly after birth, or later in life.²³

Human Cloning: Western Secular and Islamic Bioethical Perspectives

Western perspectives are split with being highly critical and in favor of human cloning. Some critics are worried about the complicated relationships entailed by cloning technology. Others believe that cloning is a threat to good family relationships and family harmony. Islamic bioethics takes a negative stance regarding this. According to Western secular bioethics, human psychology cannot support human cloning. Every human being is naturally concerned with his or her origins and history. Yet, others argue that human cloning should not be criticized for the dangers of violating individual uniqueness. Some argue that human cloning treats people as objects rather than people. In other words, through human cloning, a person's worth or value becomes diminished because in this case, a human being can be manufactured. Others claim that the worthiness of a being depends on the nature of a being, and not on how it is reproduced. Islamic bioethics views human cloning as inconsistent with the pattern of creating things in pairs as is mentioned in the Qur'an (for example, 51:49).

'Do no harm' is an important principle of Western bioethics. Critics are suspicious whether human cloning can satisfy this principle. In sum, Western secular bioethics is still examining and debating the different ifs and buts of human cloning technology before issuing any conclusive judgment regarding its ethical permissibility. On the other hand, although the permissibility of this technique in Islamic bioethics is disputed, a majority of scholars still express a negative judgment.

Chapter Nine

Western Secular and Islamic Bioethics Perspectives in Relation to Assisted Reproductive Technology (ART): An Overall Comparison

This chapter sets out a comparative study of ART from the Western secular and Islamic ethical viewpoints, concentrating on their philosophical variation. Bioethics, whether Islamic or Western, is essentially about ethics and, as such, both perspectives agree on following some ethical guidelines in resolving life and death issues. The fundamental difference between them lies in their epistemological foundation as well as their metaphysical level.

As bioethics was born in the West it reflects the moral principles and traditions of the West, meaning that these principles may be alien to the socio-cultural realities of the rest of the world and therefore should not be superimposed upon them. Epistemologically, Western secular bioethics appeals to the individual as the standard of morality. Islamic bioethics points to the Divine: God.

Beneficence is not only a tool of Western secular bioethics but also of Islamic bioethics. The implication of beneficence in a medical context is very clear in Islamic bioethics. Doctors are encouraged to see the good of the patient irrespective of any circumstance. But there is a striking difference between Western secular bioethics and Islamic bioethics in interpreting the term 'good.' The common good is defined by Utilitarianism as "the greatest good for the greatest number of people," but Islamic ethics renounces the common good as good which all human beings have in common, such as food, water, clothing, housing, and companionship.

Another important question in bioethics is, who decides? While Islamic bioethics respects individual freedom and autonomy, there is a difference between how it and Western secular bioethics perceive this, in the sense that the Islamic concept of freedom is relative while the Western secular concept of freedom is absolute. Islam states that the individual's awareness is based on his or her recognition of the Creator, Allah. Belief in Allah is the prime source for human understanding.

In a further instance, a community starts not with the individual but the family unit, which becomes the base of a macro-vision for a harmonious universe. In fact, in Islamic ethics, the center of an individual's life is not the individual himself but the family. A man is a member of the social fabric. For example, when a couple is diagnosed as infertile, they should consult with each other as to the next step, whether ART or not, and this decision should be a joint one, not individually taken. Further, the decision must be compatible with the rules of the Shari'ah, because the individual is part of the larger self rather than the individual smaller self.

There is a difference in kind between autopsy and organ transplantation on the one hand and sperm retrieval on the other. Giving consent for autopsy or organ transplantation is to benefit people, but requesting sperm collection after death without the deceased's consent (but with the consent of his family members) is different. Organ transplantation

from the dead body of one person into the living body of another person is allowed in Islam, provided the deceased's permission has been obtained before his or her death. But the concept of rights also involves the idea of obligations, because where there are rights, there are obligations. These obligations may be the obligations of the spouse, the parents, relatives, children, and in a broader spectrum, the society and the state. While Western secular bioethics gives humans absolute freedom, Islamic bioethics renders all subjects to the highest sovereignty of Allah.

One common portrait of the difference between these two perspectives posits a radical incommensurability on the very nature of philosophical inquiry. Western secular bioethics deals with systematic argumentation and theory but Islamic bioethics is revelational. At the same time it should also be pointed out that even in the case of difference, we are speaking more of a matter of degrees than absolute contrast. Muslims themselves need to think and ask themselves how they understand or interpret the Qur'an. Furthermore, much like different cultures and civilizations, mutual exclusion, competition and conflict can be overcome through mutual understanding.

Chapter Ten

Concluding Remarks

In the application of bioethics in medicine, we learn there is a need for a medical ethics to address many of the arising issues and challenges. Deontology as a theory of bioethics espouses that the basic rightness or wrongness of an act depends upon its intrinsic nature rather than upon the situation or the consequences. Thus, with regards to the acceptability of AID, Islamic bioethics prohibits the involvement of donor sperm, not only to prevent adultery and preserve lineage but also to maintain the purity of human sexual relations. Accordingly, the ultimate ramifications on the child, parents and wider society would be negative. Emphasis here is upon the correctness of an action, irrespective of the possible benefits or harm it produces.

Consequentialism places moral emphasis on the consequences or outcomes of an act rather than the act itself. According to this view, any action is considered morally right provided its consequences are beneficial. However, Islamic bioethics takes a long-term view of consequences and its approach. Rather than looking at the immediate

benefits of AID (i.e., babies born), Islamic bioethics prefers to take a long-term view of what is good for the couple, with the wellbeing of all involved plus the wider society strongly advocated. Hence, the teaching of Islamic bioethics is consistent with consequentialism from a wide perspective.

Western secular bioethics is also similarly concerned with the weakening of family ties and the psychological risk to children, would-be parents and even donors of sperm, etc. However, Islamic bioethics makes clear that the marital bond is pure and that the psychological risk to children, problems of inheritance, potential chaos to society and other complications, are dangers which far override the ultimate benefit of having a child.

In discussing the issue of human embryonic stem cell research, it seems that both Islamic and Western secular bioethics embrace it for its benefits. Regarding surrogacy, Islamic bioethics is clear-cut and straightforward in its prohibition, both on an intrinsic and extrinsic basis. Western secular bioethics is relative. Regarding human cloning, the Western secular bioethical view is both for and against cloning. Islamic bioethicists are against human cloning, reasoning that it is an unnatural method of reproduction, contrary to the way of Allah.

Considering the relation of Western secular bioethics to Islamic bioethics with regard to assisted reproductive medicine, philosophies are either commensurable or incommensurable depending on the light in which one prefers to see them. The Islamic model provides a viable and clear alternative that goes beyond the dominance of the Western perspective and its secular utilitarianism, giving Revelation and spiritual understanding precedence.

The Author

SHARMIN ISLAM is Assistant Professor, Department of General Education, Northern University, Bangladesh.

Notes

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IIIT Books-In-Brief Series is a valuable collection of the Institute's key publications written in condensed form to give readers a core understanding of the main contents of the original.

Ethics of Assisted Reproductive Medicine compares and contrasts Western and Islamic models of **bioethics**, a little understood but hugely important field in the world of genetics, advanced medicine, and medical ethics, which has developed over the last few decades into a major field of inquiry. With advances in medicine progressively transforming our understanding of what constitutes life, there is need for a medical ethics to address many of the issues and challenges arising, particularly in genetics and reproduction. This is vital as developments in modern medicine (controversially stem-cell research, human cloning, and the right to end life) can lead to potentially harmful practices being legitimized through health care policies into practice, with the general public largely unaware that some powerful lobbying is taking place behind the scenes. What is ethical, and what is not? Who decides and on what basis?

Of central significance are serious moral dilemmas confronting medical experts which require a theological perspective. Yet it is secular bioethics that is defining what constitutes human life and it is secular bioethics that is influencing policy on matters which concern us all and are likely to have grave societal impact. Is it right for a woman to act as surrogate for her sister? Or for a childless couple to resort to artificial insemination by donor? What does Islam have to say? **Human cloning, surrogacy, and IVF, are some of the more hotly contested topics.** The author analyzes these rigorously.

This work makes the case that the Islamic perspective (taken from the Qur'an and the Sunnah) provides a viable and clear alternative that goes beyond the dominance of the secular and its various philosophical bases, to give Revelation and spiritual understanding precedence. In doing so, keeping to principles, it charts the way out of a confused circle of opinion that is making it very hard to decide "what is best." It also challenges a secular understanding which sees the human body as little more than tissue, organ, and brain, not soul, consciousness and mind.

