Overcoming Religious Illiteracy: Towards a More Inclusive Approach to Islamic Bioethics

Javad T. Hashmi* | ORCID: 0000-0001-7554-6874
Committee on the Study of Religion, Harvard University, Cambridge, MA, USA
javad_hashmi@mail.harvard.edu

Abstract

Islamic bioethics is an emerging phenomenon, with a recent proliferation of introductory literature seeking to describe the scope, parameters, and players of the field. However, this paper critically assesses the enterprise of Islamic bioethics as it stands today and argues that it lacks conceptual clarity. This leads to some very problematic assumptions made by Muslim and non-Muslim authors alike, which results in essentialist and reductionist discourses that privilege majoritarian, authoritarian, and conservative forms of religious and state authority at the expense of competing, dissenting, and reformist voices. I suggest using the principles of religious literacy (as endorsed by the American Academy of Religion) to bring much needed conceptual clarity to the field, to understand Islamic bioethics as a contested space of academic theology, and to promote a more inclusive discourse.

Keywords

bioethics – religious literacy – modernism – traditionalism – inclusivity

* Dr. Javad T. Hashmi is an American board-certified emergency physician, fmr. Fellow of Medical Ethics at Harvard Medical School, and PhD candidate in the Study of Religion (Islamic Studies) at Harvard University. In addition to this medical training, Dr. Hashmi holds a bachelor's and master's degree in Arabic & Islamic studies from U.C. Berkeley and Harvard University, respectively.

The title and approach of this article are inspired by Diane Moore's Overcoming Religious Illiteracy: A Cultural Studies Approach to the Study of Religion in Secondary Education. I would like to thank Prof. Ali Asani for introducing me to this approach to the study of religion and his tireless efforts to educate his students in a more inclusive understanding of religion.
Introduction

Whereas the recent uptick in relevant articles and conferences indicates that Islamic bioethics may no longer be in its fetal or infancy stages, a perusal of the introductory literature indicates a glaring lack of conceptual clarity about what exactly Islamic bioethics is. Therefore, in this author’s opinion, Islamic bioethics is still very much in its awkward adolescent years wherein it struggles
to define itself. Certain nagging questions continue to linger: Does an Islamic (or Muslim) bioethics even exist, and who gets to be an expert of it? Is Islamic bioethics the realm of normative judgments made by particular religious figures or is it instead the domain of social scientists who “merely” describe the views of religious subjects? How does Islamic bioethics relate to secular or non-Muslim (say, Catholic or Jewish) bioethics and the clinical world of medical practitioners and patients? My review of the introductory Islamic bioethics literature suggests that although many scholars and experts have struggled with these difficult questions, comprehensive and cohesive answers are still wanting. More disturbingly, I have identified certain problematic trends in the way Islamic bioethics is depicted.1 Despite many authors warning against the portrayal of a monolithic Islam, the introductory literature of Islamic bioethics consistently fails to adequately convey the true internal diversity within Islamic thought.

Because many of those who write on Islamic bioethics come from medical or scientific backgrounds, they often lack training in the academic study of religion and they, therefore, may not have the tools necessary to properly describe religion. Consequently, attempts to promote religious and cultural awareness can inadvertently backfire and instead reinforce tokenized or monolithic views. For example, in an article on medical ethics and Islam, the authors argue that “a minimum level of cultural awareness is a necessary prerequisite for the delivery of care that is culturally sensitive” (Gatrad and Sheikh 2001, 72). Although this statement can hardly be disagreed with, the article goes on to make sweeping statements about Muslim attitudes towards adoption, abortion, and even corporal punishment of minors – as if these were not hotly contested issues amongst contemporary Muslims. Like many other articles and books I perused on Islamic bioethics, the authors prioritize certain expressions of Islam over others, and, whether intentionally or not, ignore other competing or dissident religious perspectives. This has a constraining and dogmatizing effect whereby certain statements are posited as incontrovertible truths instead of contested religious claims.

1 With the burgeoning literature on Islamic bioethics, no review can be considered exhaustive and, therefore, one is always open to the charge of being selective or unrepresentative in one’s sampling of the literature. All I can say to this potential charge is that I sought to read as many introductory books and articles on Islamic bioethics as I realistically could. Suffice to say that all I am claiming in this article is that certain problematic trends exist in the introductory literature and this does not mean that exceptions do not exist. In fact, I point to some of these in this very article.
In my view, what is necessary to possess before diving into either a normative or descriptive analysis of Islamic bioethics is a proper framework for viewing religion. I suggest that we, i.e. academic scholars of Islamic bioethics, adopt the Principles of Religious Literacy as articulated by Diane Moore, a rubric that was endorsed by Harvard Divinity School’s Religious Literacy Project (RLP) and the American Academy of Religion (Appendix). The starting point of this approach, according to the RLP’s website, is to “presume the religious legitimacy of diverse normative claims.” Even though I will defend the right of Islamic bioethicists to engage in academic theology – and, indeed, consider it to be the *sine qua non* of the very enterprise – I think a reasonable starting point (at least for those of us in the academic setting) is to recognize the complexity of beliefs and internal diversity of views within various Muslim communities. This does not mean that we all agree on what the correct normative stance is on any specific issue nor does it mean that we must remain agnostic thereof. But even as we put forward our own particular truth claims, we ought to understand that we do so under the assumption that Islamic bioethics occupies a contested space between competing actors.

Islamic bioethics is not a discipline with a unified approach but is instead an interdisciplinary field of study within the realm of academic theology. Islamic academic theology is itself an emerging phenomenon, and I understand it to refer to the normative and confessional work of Muslim scholars who are usually (but not always) situated in the academy and who use the language, methods, tools, and insights of modern scholarship to critically engage the discursive tradition of Islam. Such engagement can result in a myriad of views that may either support, challenge, deepen, or complicate traditional interpretations.

The failure of Western scholars to appreciate the diversity within Islamic communities leads to the regrettable privileging of certain forms of Islam over others. This phenomenon is itself based in many Muslim authors presenting their interpretation of Islam as the only valid one, and sometimes even as the only one. Even where religious plurality is admitted, the acceptable difference of opinion is constrained, such that certain interpretations of Islam

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2 One anonymous reviewer rightfully cautioned against “arrogat[ing] to [non-Muslim?] Western scholars the authority to judge which interpretations should be chosen/adopted.” This is exactly what I am warning against: from a religious literacy perspective, non-Muslim Western scholars are not in a position to consider one religious expression more *Islamic* than another. Meanwhile, Muslim authors may argue for their own confessional viewpoint as the correct one although I would argue that they should not do so by dressing this up as a descriptive as opposed to a normative claim.
are deemed insufficiently genuine or “Islamic,” and are, therefore, excluded from analysis. In this article, I seek to not only offer some conceptual clarity to Islamic bioethics, but also to push back against the (often unintentional but nonetheless very real) epistemic violence that is done by scholars and experts who essentialize Muslims and thereby privilege majoritarian, authoritarian, and conservative forms of religious and state authority at the expense of competing, dissenting, and reformist voices. The goal, then, is to use Harvard’s Principles of Religious Literacy in order to overcome what Diane Moore calls religious illiteracy and what I see as a myopic view of the diverse religious landscape of Islam. The hope is that this will lead to a more inclusive approach to Islamic bioethics.

2 The First Principle: Internal Religious Diversity

My review of the introductory literature reveals that several authors acknowledge diversity within Islamic bioethics, but many of them do not seem to know where to look for this diversity. One possible area of diversity suggested is that between the “prescriptivists” and the “descriptivists,” as Jonathan Brockopp (2008) writes:

The very category of “Islamic bioethics” is contested, and not everyone agrees on how Muslim attitudes towards bioethical dilemmas are to be characterized. For example, at the Penn State conference, a division developed between those who granted primary authority to principles derived from pre-modern texts (theologians, jurists, and historians) and those who depended on “lived experience” of the modern world (physicians, anthropologists, and sociologists). The former group viewed bioethics as a set of prescriptive norms that set the bar for ideal, orthodox behavior. The others saw these ideals in constant flux, as pragmatic considerations ... (4)

However, this division itself does not adequately convey the diversity within Islamic bioethics proper. Here, I agree with Brockopp and Thomas Eich (2008) that “ethics must have normative statements”:

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3 In this regard, readers are encouraged to read Shahab Ahmed’s magisterial *What is Islam? The Importance of Being Islamic*. 

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Whether generalized rules, such as “Do unto others as you would have them do unto you,” or specific guidelines on the permissibility of abortion or euthanasia, normative statements are central to the ethicist’s task (57).

Therefore, those who employ “social science approaches [that] redefine religious traditions as purely social phenomena” – and who “bracket [] off any truth claims that religious systems may propagate” (Padela 2013, 72) – are not doing Islamic bioethics. Quite simply, they are not Islamic bioethicists. They are instead social scientists studying the output of Islamic bioethicists – a valuable and scholarly endeavor in its own right, but an etic and not emic approach (even if the observer herself be Muslim). In other words, the internal diversity of Islamic bioethics cannot be explained by the existence of non-prescriptive or non-normative approaches. Diversity must be sought within the prescriptivist camp itself.

I understand Islamic bioethics to pertain to Islamic religious views in regard to ethical issues in healthcare and biomedical research; because Islamic religious views are characterized by a great deal of internal diversity, Islamic bioethics will never be monolithic and will instead be as variegated as Islam itself. Just as one would never imagine a universal Islamic stance on social or political issues, so too would it be misguided to seek out or discern a uniform view on healthcare or biomedical topics. In fact, one should even expect Islamic bioethics to be a space full of clash and conflict between competing actors. Here the first principle of religious literacy (as elaborated by Harvard’s Religious Literacy Project) is relevant: “religions are internally diverse as opposed to uniform” (Appendix).

A common mistake is to consider this internal diversity to be limited to the existence of various sects or schools of Islam. Whereas the Islamic bioethics literature emphasizes the distinction between the Sunnī and Shi’a sects of Islam – and repeatedly tells us of the four (or five) major schools (madh-ḥabs) of jurisprudence – what is rarely mentioned or explained is that great diversity exists within (and apart from) specific sects or schools. Sectarian or school identification is only one factor amongst many, and it is all too often overemphasized. In fact, I would argue that a single-minded focus on sectarian or school diversity often actually backfires and serves only to reinforce a monolithic understanding of each of them. Hasan Shanawani and Mohammad Hassan Khalil (2008) warn against this trend in their insightful review of the Islamic bioethics literature:

We found fewer than expected reports [in the Islamic bioethics literature] that explicitly framed the Muslim legal discourse as monolithic
and referring to all Muslims around the world, although some did ... [However,] several reports referred to Sunnis and Shiites monolithically. For example, one article noted that the fatwa it reports on “has the backing of ... both the major Muslim groups, the Sunni and the Shia” (221).

This problem can also occur when it comes to discussing the four schools of Islamic jurisprudence. For example, Atighetchi (2007) writes in his book *Islamic Bioethics* that “these [four] schools, which are still active, are considered the canonical schools as they share the juridical guidance of Muslim orthodoxy in Sunni Islam (which accounts for about 90% of Muslims), whilst the Shi'ites (the remaining 10%) have their own juridical schools” (6). The implication of this claim is that one needs simply to look at the opinions of each of the four schools to understand “90% of Muslims.”

Somewhat ironically, this fixation on sects and schools serves only to flatten out Islam and thereby obscures its true diversity. This is because it seems to imply that the differences of opinion over specific issues are rooted solely in the difference of sect or school – whereas this is not the case. For example, if we wish to catalogue Pakistani views in regard to female circumcision – also known as *female genital cutting* (FGC) or, more judgmentally, as *female genital mutilation* (FGM) – simply knowing if a person is Sunnī or Shīʿa would not in and of itself be enough to predict a pundit's respective view. Similarly, although the Ḥanafī⁴ school of jurisprudence prevails in Pakistan (to the exclusion of the other three schools), it would be deeply misguided to believe that only one view on this issue dominates. Atighetchi claims that there are “three main [Islamic] opinions in reference to female circumcision: (1) compulsory (*wajib*) practice; (2) a good practice ... (3) a noble or meritorious or free act which confers dignity on the woman” (308). One thus gets the impression that female circumcision is an inherent part of Islam, and is, at minimum, an encouraged practice. We are also told that the generally accepted Ḥanafī position is that female circumcision is a preferred but not mandatory act. The fixation on sect and school might then lead us to the erroneous conclusion that this is the predominant or even the only opinion on this issue within Pakistan.

The reality, however, is far more complex: the real divide on such an issue is not between the different sects or schools, but rather, between different religious *leanings* and *paradigms* within Islam; these, in turn, can be mapped onto a spectrum of belief ranging from conservative to liberal (although even this approach has its obvious limitations and can also be reductive if

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⁴ The Ḥanafī, Ḥanbalī, Mālikī, and Shāfī’ī schools represent the four traditional schools (madh-ḥabs) of Sunni jurisprudence whereas the Ja'farī school represents the major Shi'ī school.
overemphasized). In other words, knowing if a Muslim pundit is religiously conservative or liberal will correlate more strongly to his or her view on the issue of female circumcision, rather than merely knowing that person’s sect or school affiliation. It is, thus, not simply a matter of looking up the Ḥanafi position in a medieval text, but rather, understanding Muslims as complex individuals, influenced not just by their sect and school, but also by their religious leanings, ideology, culture, and social setting. Individual Muslims view the world not through a single lens but through a kaleidoscope of multiple lenses and mirrors, all of which influence how they see the world and how they formulate their personal Weltanschauung.

If Atighetchi is cited as a cautionary example of what not to do, I consider Rosie Duivenbode and Aasim Padela’s “The Problem of Female Genital Cutting” (2019) as a stellar example of how to get it right. Without necessarily agreeing with their overall policy proposal, I appreciate the sophisticated manner in which Duivenbode and Padela represent the Islamic intellectual landscape. They write:

Islamic bioethical debates on FGC ... comprise two camps. “Traditionalists” find normative grounds for a minor genital procedure in statements from the Prophet Muhammad and in classical law manuals. “Reformers” seek to decouple FGC from Islam by reexamining its ethico-legal status in light of the deficiencies within narrations ascribed to the Prophet, the health risks posed by FGC, and contemporary perspectives on human rights, and thereby delegitimize the practice (273).

These two camps, the “traditionalists” (who include most of the religious establishment or ‘ulamā’) and “reformers” (who are typified by the Islamic modernists and others amongst the religious intelligentsia), represent the two general Islamic trends in regard to not just female circumcision but many of the other pressing bioethical and human rights concerns in the Islamic world.

It would be worthwhile, then, to pause and provide working definitions of both terms. Islamic traditionalism can be understood as a modern conservative ideological trend that

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5 I believe a two-pronged approach could be developed, whereby female circumcision is delegitimized on a religious level even as harm reduction strategies are tactically employed as needed. My fear with Duivenbode and Padela’s overall argument is that it ultimately legitimizes female circumcision on a religious level, if but in the form of the less offensive ritual nick.
places the accent on the historical continuity of ideas and generally [does] not consider recent history as a major rupture with the past that has decisively interrupted the pertinence of the authority of the accumulated [Islamic] legal tradition.

DAHLÉN 2004, 107

Islamic modernism, on the other hand, can be described as

the aspiration and the effort to rethink Islamic norms, reinterpret foundational Islamic texts, and reform particular Muslim institutions in ways that simultaneously align with the “spirit” of Islam [as opposed to the letter of the law] and bring them in accord with what are taken to be “modern” needs and sensibilities.

ZAMAN 2016, 177

In their article, Duivenbode and Padela fairly describe the two camps and their respective positions, revealing a great deal of complexity even within the side that endorses a very limited form of female circumcision; and, unlike Atighetchi and many others within the Islamic bioethics literature, Duivenbode and Padela actually mention (instead of efface) the Islamic modernists (who are often ignored or deemed insufficiently “Islamic” by many Muslim and non-Muslim authors).

Great internal diversity exists even within these two groups. The Islamic traditionalist camp, for example, includes ultra-orthodox, centrist, and “enlightened” elements. Interestingly, many of those who don the mantle of traditionalism are accused of being clandestine “modernists,” used here in a pejorative sense.6 This is to say nothing of Islamic extremists and fringe elements who might also make (what we would view as dubious7) claims on the tradition. Of course, none of these divisions are formal or rigid. One can also discern diversity within the ranks of the Islamic modernists as well, and I suggest a division between Enlightenment-influenced Islamic liberals, on the one hand, and contemporary progressive Muslims, on the other. Both sides are interested in embracing modern notions of freedom and human rights, but they differ in their respective attitudes towards the Enlightenment, modernism, and postmodernism, as well as their approach to family values and human sexuality. Liberal modernists since the time of Sayyid Aḥmad Khān (d. 1898) and Muhammad ʿAbduh (d. 1905) have wanted to embrace the best of modern

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6 See, for example, https://twitter.com/Haqiqatjou/status/120483903989728960.
7 Admittedly, this must be understood as a normative value judgment.
Christian societies, even as they remained critical of what they viewed as the rampant sexual libertinism of an increasingly irreligious and secularized West. On the other hand, progressive Muslims – a movement that has emerged more recently (such as Muslims for Progressive Values) – are often more willing to embrace evolving sexual standards (and seem to be less worried about the secular lifestyle in general). Where Islamic modernists wear their religious belief on their sleeves, at least some Muslim progressives would understand themselves to be secularized “cultural Muslims.”

Suffice to say that all of this diversity of belief, within the two general camps of traditionalism and modernism, has profound implications for Islamic bioethics. Furthermore, this heterogeneity of Islamic thought cannot be reduced to sectarian affiliation or school of thought nor even to the traditionalist-modernist spectrum that I have outlined above. At most what has been provided here is one additional lens through which the diversity of the Islamic landscape can be viewed. One does not necessarily need to embrace a postmodernist view of religion – in which anything goes and there can be no universal truths outside of historical, social, and cultural contexts – to appreciate the fact that there exist multiple and competing claims of truth sincerely held by various confessional actors and groups. This has long been appreciated by the Islamic tradition itself: Islamic scholars have simultaneously held their view to be the most correct even as they acknowledged the possibility of error and the validity (if not correctness) of other viewpoints. The acknowledgement of internal religious diversity and a plurality of views does not necessitate a hopeless relativism.

3 The Second and Third Principles: Historical, Social, and Cultural Contexts

Even if universal moral truths exist (as I believe they do), it is difficult to argue against the idea that our articulations of such claims are situated in specific historical, social, and cultural contexts. If the first principle of religious literacy pertains to the internal diversity of religions, the second principle acknowledges that “religions evolve and change over time as opposed to being ahistorical and static” (Appendix). Again, even if we assume that something called

8 This is not to deny that the same classical scholars would view some opinions as wholly illegitimate.

9 This is, of course, a claim that needs to be justified. However, such a lengthy metaethical discussion is beyond the scope of this article.
Islam exists out there in some metaphysical space (in a Platonic sort of way), it is an undeniable truism that religious interpretations vary with time and place. Yet, many authors within Islamic bioethics fail to fully appreciate how dynamic religious interpretation is.

To come back to our earlier example, it would be unreasonable to expect Muslim views about female circumcision to be the same as they were a thousand years ago. Again, we simply cannot look to a medieval book of fiqh (Islamic jurisprudence) to understand contemporary Islamic views on such an issue. Many Islamic traditionalists are engaging with the tradition and modernity in unique and creative ways (a fact that many of their modernist opponents may fail to appreciate); as we see in Duivenbode and Padela’s article, these traditionalists move to limit the harms of female circumcision even as they affirm the overall practice. These traditionalists are obviously affected by distinctly modern concerns, and are, thus, a product of their times. Meanwhile, the Islamic reformists or modernists affirm those parts of the Islamic tradition they deem to be acceptable, but they have no problem jettisoning those aspects that clash with their modern sensibilities (which, in this case, includes the practice of female circumcision). On the other hand, many Islamic modernists would want to hold on to what they consider to be the ethical core of scripture (i.e. the Qur’ānic worldview) even as they exhibit a more cavalier attitude towards tradition (understood as either the ḥadīth or Islamic law).

It should also be noted that views that were at one time limited to the modernists can at a later point in time gain wider acceptance. The paradigmatic example of this process is that of slavery: whereas some two hundred years ago many in the conservative religious establishment defended slavery, today very few defenders of slavery can be found in their ranks; the expressed consensus (ijmā’) has completely shifted on this issue. Therefore, it is possible that future generations of Muslims will take an even more critical view of female circumcision than they do now. My point here is that it is important for scholars of Islamic bioethics to see the dynamic nature of Islamic interpretation, and to eschew Orientalist attitudes that see the West as dynamic and progressive in contradistinction to the inherently static and regressive world of Islam.

We must, however, not go to the other extreme and consider that religious ideology alone has an effect on normative practice; culture plays a significant role as well. The third and final principle of religious literacy is that religion and culture are deeply and inexorably intertwined: “Religious influences are
embedded in all dimensions of culture as opposed to the assumption that religions function in discrete, isolated, ‘private’ contexts” (Appendix). Despite the very real divide between Islamic traditionalists and modernists on this and many other issues, the reality is that female circumcision is not widely practiced in Pakistan (aside from the minority Shi‘ī Ismā‘īlī Dawoodi Bohra community). Even if the traditional Ḥanafī school would in theory consider a type of female circumcision to be part of the Sunna (the normative practice of the Prophet), the scholars of the Indian subcontinent do not usually emphasize this practice. There is, instead, an almost willful neglect of female circumcision. This is not a case of “cafeteria religion,” but is rather a reflection of the very normal and internally sophisticated phenomenon by which believers emphasize certain aspects of their religious texts and not others. Once again, simply reading something in a person’s religious books is not enough to understand praxis. Rather, there is a need to contextualize Islamic texts, beliefs, and ideologies, and to understand the complex role that socio-historical, geographical, and cultural factors play.

It is a symptom of what I call the “Islam 101 approach” whereby Islam’s diversity is reduced to the existence of four (or five) jurisprudential schools. Whereas many centuries ago these four (or five) schools may have characterized one major fault line11 within the Islamic community, in today’s context the more relevant question to know is how a Muslim relates to these traditional schools. Some Pakistanis, such as the Deobandīs, certainly do believe that it is important to cling to one of the four schools, and they themselves favor the Ḥanafī school (madhhab). Other Muslims of the region, however, take a more eclectic approach, freely borrowing opinions from other schools, and even mixing and matching opinions. Still others operate outside of the traditional madhhab paradigm altogether: there are groups on both sides of the conservative-liberal divide – such as the (Salafī/“Wahhābī”) Ahle Hadīth and the Islamic modernists – who reject the madhhab approach altogether. Many of the Ahle Hadīth pundits would endorse female circumcision (even if they would not emphasize it), whereas the Islamic modernists stand in firm opposition to it. Coming back to the Ḥanafīs, we see that more conservative and reactionary types insist on this practice (at least in theory), whereas more moderate and reformist pundits would move away from it. In general, however, the Islamic bioethics literature fails to appreciate this sort of diversity of opinion. Yet, any informed assessment should include recognition of the specific historical, social, and cultural contexts at play.

11 Other fault lines would include a person’s adherence to a particular theological (as opposed to jurisprudential) school or philosophical tradition.
4 Overemphasis on a Law-Based Approach

The failure to appreciate the internal diversity of Islam is further exacerbated by the tendency (displayed in the academic literature in general and the Islamic bioethics genre in specific) to favor the ‘ulamā’ (the clerical religious establishment) to the exclusion of other voices. A noteworthy example of this is an article by Khalil Abdur-Rashid, Steven Woodward (Musa) Furber, and Taha Abdul-Basser (2013). They write that the three essential agents of Islamic bioethics are (1) the muftī (Islamic jurist) (2) the mudarris (teacher) of the muftīs (who is himself a muftī), and (3) the muṣannif (author) who records the muftī’s rulings (and who is, “in many instances[,] … also an ethicist-consult [muftī]” (85–6)). In other words, muftīs, muftīs, and muftīs (i.e. the ‘ulamā’ and those operating under their authority) must be “the primary actors fashioning Islamic ethics in the biomedical realm,” and only they can “provide ‘Islamic’ solutions to contemporary bioethical problems …” Only they can “do so authentically, because they will rely solely on the methodology, techniques, and devices provided by the Islamic tradition” (92). All other voices, viewpoints, and approaches are deemed inauthentic and, thus, un-Islamic.

Not surprisingly, all three authors are themselves trained in seminaries or at the proverbial feet of the very same ‘ulamā’, and they thus derive their own authority to speak on Islamic bioethics from them. In other words, their view – of who gets to speak for Islamic bioethics (and, more importantly, who does not) – is far from neutral, as it reinforces their singular voice as anointed representatives of the clerical religious establishment. Whereas Duivenbode and Padela recognize the diversity of belief between traditionalists and reformists (which includes the modernists), Abdur-Rashid et al., as traditionalists themselves, completely silence the Islamic modernists and thereby commit an act of epistemic violence against them.12 These traditionalist authors are, of course, entitled to their view and they have every right to make a confessional claim that restricts religious authority to a specific class of persons. The problem, however, is that their claims can easily be construed as “objective” statements

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12 Violence is admittedly a loaded term, but I think it is appropriate, given the fact that conservative and reactionary forces in the Islamic world often use threats, state force, and sometimes physical violence against their reformist, modernist, and liberal rivals. On the flipside, it should be appreciated that violence is not a one-way street: autocratic modernizers and secularists in the Islamic world have often directed violence against religious elements, including against traditionalists, Islamists, and average Muslims. This is to say nothing of the violence and war making of Western powers, often done at the behest of liberalism.
of facts; in other words, a contestable confessional claim masquerades in the guise of academic descriptive analysis.

My review of the literature reveals almost no scholarly pushback to this monopolizing vision of Islam, which is instead uncritically echoed. In this regard, Khalid Alali et al. (2018) write:

The concept of Islamic bioethics is contested, and there is controversy how to characterize Islamic bioethics ... However, there is a fairly broad consensus that Islamic bioethics is in fact a series of Islamic perspectives on bioethical dilemmas ... (231).

I agree with this assessment, and it is as good a definition of Islamic bioethics as any: Islamic bioethics is a series of Islamic perspectives on bioethical dilemmas. Yet, the authors go on to say in the same breath: “Islamic jurists decide about the ethical evaluation of an act in specific circumstances and guide others ...” (231). The Islamic jurists are granted the primary role in ethical decision-making. Similarly, while claiming that “Islam admits no clergy,” Abdul Rashid Gatrad and Aziz Sheikh (2001) argue that “the ‘leaders’ (Ulema), often scholars from Islamic universities such as Al-Azhar in Cairo, are charged with interpreting and contextualizing religious teachings for the wider Muslim community” (73). Similarly, Hassan Chamsi-Pasha and Mohammed Ali Albar (2013) comment on “the absence of an organized ‘church’ and ordained ‘clergy’ in Islam,” but hold that “the determination of valid religious practice, and hence the resolution of bioethical issues, is left to qualified scholars of religious law [i.e. the ‘ulamā’]” (9). Meanwhile, a Shi’i author, Mohammad Ali Shomali (2008), answers the question “Where does authority lie in the [sic] Islamic bioethics?” by saying “In Shi’a Islam, determination of valid religious practice is left to Grand Ayatollahs (marji’ of taqlid) who are the most qualified jurisprudents of each generation” (4). Whether Sunni or Shi’a, our authors agree that authority lies with the “orthodox” establishment; religious dissenters be damned.

Many Western scholars reproduce this trend; part of the problem lies in an enduring historical bias, whereby preconceived notions of what Islam is – or should be – binds some Westerners to a certain form of Islam and blinds them to others. In some of their minds, true Islam must be austere, cold, and legalistic; who else, then, could speak for Islam more authoritatively than the scowling and heavily bearded “mullahs”?13 Muslim intellectuals, with their sometimes clean-shaven faces and modern suits, and their liberal and rationalistic approaches, cannot possibly represent true Islam. So, it is that some in the

13 Of course, even this caricature of the Islamic cleric can be viewed as problematic.
West choose who speaks for Islam, and who is not allowed to do so. To put this into perspective, this would be the equivalent of completely ignoring Catholic academics and lay intellectuals, and instead declare that only the pope – or ordained bishops, priests, and deacons – can speak for Catholic bioethics. This point is accentuated by the fact that Islam does not have a pope.

If the Islamic bioethics literature unquestioningly reinforces the untrammeled authority of the ʿulamāʾ, it also disproportionately focuses on one religious paradigm over others: a legal one. Islamic bioethics is subsumed under shariʿa and fiqh, which are understood to be specific conceptions of Islamic law and jurisprudence. Once Islam is seen through this lens, who else but the jurists represent the religion? Moreover, once the ʿulamāʾ’s totalizing approach to religion – whereby their fatwās (religious edicts) regulate every aspect of life – is accepted, the ʿulamāʾ’s far-reaching authority is thereby reinforced yet further. In the opening line of his book on Islamic bioethics, Atighetchi (2007) writes:

Life, including aspects of daily life, in Muslim societies has always been moulded and characterized by the precepts and values of Islamic law, i.e. by the Shariʿa ... The Shariʿa is an almost omni-comprehensive system according to the definitions of jurists (fuqaha, ulama, and muftis) ... The result is the totalising character of Islam as a life system ... For Muslim law, each human act belongs to one of the following five categories: compulsory (fard, wagib), recommended (mandub, mustahabb), free (jaʿiz, mubah), reprehensible or unadvised (makruh) and forbidden (haram, mahzur) (1).

Chamsi-Pasha and Albar (2013) write simply: “Islamic bioethics is an extension of Shariʿah (Islamic law)” (9). Islamic bioethics is thus subsumed under the law and jurisprudence paradigm, as if no ethical discourse could take place outside of this framework (or even in competition with and in opposition to it).

Even those authors who accept multiple paradigms seem to prioritize the legalistic approach. Ayman Shabana (2014), for example, writes, “[Islamic] law has assumed the most important role as the primary locus of Islamic normativity.” Tariq Ramadan (2017) argues that “the field of [Islamic] jurisprudence ... is the most related to bioethics” (10). Where plurality is acknowledged, it is only within the narrow space of Islamic law and jurisprudence. In regard to stem cell research, for example, Hakan Ertin and Ilhan Ilkilic (2017) write that there exists a “plurality of opinions in the Islamic debate,” but they restrict this diversity of thought to the jurists and “the different schools of law throughout the Islamic world” (152). Even while attempting to depict Islamic bioethics as
diverse, many of our authors inadvertently constrain the parameters of that very diversity they are seeking. An Islamic law paradigm ensures that Islamic bioethics remains firmly in the hands of the ʿulamāʾ, who are themselves often ensconced in powers of authority.

At least two reasons can be adduced as to why the Islamic bioethics literature disproportionately identifies one class of people (and one paradigm of religion) as the most important. The first reason is that Islamic jurists are highly adept at issuing fatwās, which assign a normative value to every act; this is, after all, the very job of a muftī. This approach is very conducive to study by outsiders. It is only a matter of searching for a question about a specific bioethical issue and reading the relevant answer. Search engines have made this task incredibly easy. To figure out various Islamic positions on something, one simply needs to sift through fatwās of various collections. In his pioneering study, Vardit Rispler-Chaim (1993) writes:

One of the difficulties in tracing contemporary Islamic ethics is the understandable dearth of written material on the subject. I found, however, that contemporary legal responses (fatāwā) largely provide the necessary information on most Islamic medical ethics. The fatwā literature, a branch of Islamic law, deals with many topics, not only medical. For the study of twentieth century Islam it is almost the only channel through which Muslim scholars’ attitudes and legal opinions can be learned (3).

As noted, the fatwā literature is a very easy source for scholars to glean information from. Moreover, the totalizing approach of the legal paradigm is such that the clerics feel the need to issue a ruling on each and every action, from the profound to the mundane. It is, therefore, with great alacrity that they issue legal rulings on new biomedical technologies and become an easy source to obtain information from.

Yet, the ease with which one finds answers in a source should not exhaust the search for more catholic understandings offered by Islamic intellectuals and philosophers. Many of these Muslims are often critical of what they see as a “fatwā culture”14 and the outsourcing of ethical responsibility to religious clerics. Moreover, many Islamic intellectuals are in the business of constraining the ambit of religion, or, in the words of the Iranian scholar AbdolKarim

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14 This is a commonly heard phrase, but to cite one example of its usage, the Islamic intellectual Ziauddin Sardar decries, “Islam has become beset with the fatwa culture.” Quote found in Ziauddin Sardar, “My Fatwa on the Fanatics,” The Guardian, published September 22, 2001, www.theguardian.com/world/2001/sep/23/afghanistan.religion.
Soroush, of constructing a “leaner” Islam (Abbas 2006). Indeed, the Pakistani scholar Javed Ahmad Ghamidi (2016) often responds to fiqh-related questions by saying, “This is not a religious issue.” He, like Soroush, is critical of the ‘ulamā’ for (in his view) arrogating to themselves every aspect of life. This explains the much leaner resources available to the bioethics scholar from this reformist perspective.

The mass proliferation of fatwās by conservative fiqh bodies stands in stark contrast to the often more roundabout discourses of Islamic intellectuals, who, in any case, are far busier in the reformulation of frameworks of ontology, epistemology, and metaethics. This could also explain why Islamic intellectuals and modernists may be late to the bioethics dance. Their absence from this discourse, however, should not be construed as their non-existence. Furthermore, using a more inclusive approach to describe Islamic bioethics may in fact have the effect of enticing more thinkers of diverse backgrounds to enter the field, an observation that applies to the gender disparity as well.

Finally, it should be noted that a discomfort with an overemphasis on Islamic law would be felt not just by many modernists but also by some within the traditionalist camp. There is, after all, precedence within the Islamic tradition itself for such a view; none other than the great Imām Abū Ḥāmid al-Ghazālī (d. 505/1111), himself a prominent Islamic jurist, expressed his frustration over a single-minded focus on the niceties (and trivialities) of ritual law. For al-Ghazālī and others like him, the highest expression of Islam is not legal but spiritual and mystical. More important than formalistic ritual practice is ethical behavior and social conduct. Fortunately, several authors have pointed to the importance of non-legal approaches to Islamic bioethics. Such disciplines as Sufism, kalām (scholastic theology), and adab-akhlāq (humanistic literature), amongst others, should also be engaged with. In other words, Islam and Islamic bioethics must not be reduced to law and law alone.

5 Exclusivist Approaches to Islamic Bioethics

The tendency to view Islamic bioethics as primarily law-based has another distorting effect: it can silence opposing religious voices. This is sometimes done intentionally, as is the case in the article by Abdur-Rashid, Furber, and Abdul-Basser – all three authors of whom not only espouse distinctly traditionalist forms of Islam, but who also seem to express anxieties over modernist

15 Abdulaziz Sachedina is one prominent example that comes to mind.
interpretations. The authors are not simply describing how Muslims are, but they are rather prescribing how Muslims ought to be (in their view). A perusal of their other writings gives the proper context and explains the confessional work they seek to do in their bioethics article: as Islamic traditionalists, they seek to preserve the tradition (against the “onslaught” of modernity) and to secure the authority of its preservers, i.e. the ‘ulamā’, against their liberal and modernist rivals. This view, of the absolute authority of the ‘ulamā’, is espoused or simply taken for granted by many other Muslim authors in the Islamic bioethics literature. These authors are, of course, entitled to their own religious views, but it is important for academic scholars to recognize the confessional and contested nature of certain statements made by them.

As the starting premise of Harvard’s Principles of Religious Literacy puts it, we must appreciate the “difference between the devotional expression of particular religious beliefs as normative and the nonsectarian study of religion that presumes the religious legitimacy of diverse normative claims” (Appendix). This statement stands in some tension with my recognition that Islamic bioethics is in the business of making normative confessional statements, but as I said before, we can advance these statements even as we acknowledge competing claims. At minimum, we should not disguise confessional claims as being simply descriptive in nature. Finally, we should be cognizant of this attempt to hegemonize the discourse and thereby silence dissenting voices, as is the case with Abdur-Rashid et al. Many other authors are less intentional in this respect, but they too project their idealized conception of religion and make sweeping, normative statements that coincide with their own traditionalist religious worldview. Admittedly, some of them may have never been exposed to anything else and may simply be unaware of competing and dissenting voices – which, by their very nature, must be sought from the margins.

Overall, the problem is that the Islamic bioethics literature views the Islamic tradition in a blinkered way, mirroring as it does the dominant “orthodox” discourse. In the words of the late Naṣr Ḥāmid Abū Zayd (2018), “[The] contemporary religious discourse relies on [one] aspect of tradition, [while] deliberately ignoring the other aspect[s], such as … the Muʿtazila and the [Islamic] philosophers [falāsifa]” (62). This is to say nothing of certain Sufi and non-Sunnī discourses. If the case is made against modernists and others

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16 See, for example, Musa Furber’s comments in Zawiyah 2014 Notes, http://static1.squarespace.com/static/54e6208ee4b3586c4600103/t/5598343fe4b20aa857f9b3f/143638207390/Zawiyah+2014+Notes.pdf.
that the *historical* tradition must be cherished, then we should look to what Mohammed Arkoun calls “the exhaustive tradition,” which would include not just the two strands battling for Sunnī orthodoxy today, i.e. the Ash'arī and Ḥanbalī camps, but also other groups such as the Mu'tazila and *falāsifa*. If one is taking a historical approach as one often does in Islamic bioethics, it should be remembered that the Mu'tazila and *falāsifa* are to be included in the wider Sunnī tradition. This fact is “forgotten” for partisan reasons, even as the exegetical commentary of al-Zamakhsharī (d. 538/1144) and the legal manual of Ibn Rushd (d. 595/1198) continue to be utilized. There is reason, then, to look beyond a narrow sectarian lens.

Yet, what we see is that one group has “monopolized the discourse on Islam” (Arkoun 2003, 18). It is, of course, possible here to assert, as one anonymous reviewer did in the submission process for this article, that we must “pay more attention to the objective and historical reasons that contributed towards the emergence of more established, orthodox, and mainstream interpretations or perspectives.” This so-called “objective” view speaks to the very phenomena of narrow Sunnī exclusivism and triumphalism that I am here warning against. There is no reason for an intellectual historian to assume that the hegemonic dominance of one group over others says anything at all about which group is “correct.” Sunnīs made up a majority of the population in Persia up until their forced mass conversion to Twelver Shi‘ism by the Safavids during the sixteenth to the eighteenth centuries. Had the Safavids conquered the Ottomans to the West and the Mughals to the East – and had they enacted the same mass conversion program there – would the fact that the majority of Muslims were now Twelver Shi‘īs be proof for the truth of Twelver Shi‘ism?

Perhaps many traditionalist Sunnīs today operate under the assumption that their group has never been guilty of such sort of coercive action, that their lasting power is a result of nothing but divine providence and the veracity of their ideas. But this sort of “saved sect” mentality is a delusion sustained only by pious ignorance. Although it may be true that there never was a forced mass conversion like the one seen in Safavid Persia, the truth is that state power has always been used and abused to restrict the freedom of religious thought and to persecute various religious minorities. We can take the example of the Ismā‘īlī Shi‘īs as a case in point. There has been a sustained millennium-long campaign of state persecution of this group, leading one prominent Russian scholar to wonder in amazement that such a community could even survive this “most brutal persecution, wholesale slaughter, age-long hostility and suppression” (Ivanow 1977, 16–7). It seems a cruel irony to now use their meager numbers as justification for their obliteration in contemporary Islamic discourses.
Even within the Sunnī camp can we witness a process of forcible marginalization: historically, the Muʿtazila and falāsifa were actively targeted by their traditionalist rivals. The Muʿtazilī-led Miḥna (Inquisition) – related to their doctrine of the createdness of the Qurʾān – is rightfully remembered and scorned, with Ahmad ibn Ḥanbal (d. 241/855) lionized as a champion against state-led religious coercion. Yet, Ibn Ḥanbal himself “was willing to anathematize anyone” with a position counter to his, i.e. “anyone who insisted on the createdness of the Quran including adherents of the compromise position that the material and audible manifestations of the Quran were created” (El Shamsy 2013, 197). Declarations of takfīr (infidelity), which could result in the handing down of the death sentence, were legion. Whereas the Miḥna is seared into the collective memory of the Muslim community, little remembered is the far more successful “Counter-Miḥna” that followed once the ‘Abbasid caliphs switched sides. If the Miḥna lasted fifteen years and was a failure, the Counter-Miḥna was sustained and wildly successful; Muʿtazilī scholars were forced to renounce their beliefs, persecuted, and driven out:

Under [Caliph] Mutawakkil (847–861), the orthodox ʿulamāʾ had the support of the government in the persecution of every form of heresy, as well as of the fanatical mob … The zeal of Mutawakkil was directed against whole sects, such as the Shiʿahs, whom he persecuted throughout his reign … [and] the Muʿtazilah.

HASTINGS 1917, 766

For his part, Ibn Ḥanbal decreed that anyone who held the Muʿtazilī doctrine was an apostate who deserved state-sanctioned execution, a belief that persisted into the modern period. The Muʿtazilīs were forcibly driven into marginality and virtual oblivion, although their ideas lived on in some ways.

A similar sordid fate faced the Islamic philosophers. Even as he absorbed many of their ideas, Ghazālī issued his famous refutation of the philosophers, decreeing three of their key doctrines to constitute infidelity and deserving of the sword. “About a century after al-Ghazali’s death,” Abū Zayd (2018) writes, “experts in Islamic law were inciting the rulers against anyone who studied or taught philosophy” (83). The “Shaykh of the Shāfiʿī scholars” Ibn al-Ṣalāḥ (d. 643/1245) decreed:

Those who meddle in philosophy, either as teachers or students, will meet disappointment and deprivation and will fall into the grip of Satan. The sultan has a duty to protect believers from the evil of these inauspicious people, expelling them from schools and exiling them, punishing those
who practice their art and offering those who believe the doctrines of the philosophers a choice between the sword and Islam, so that their fire will die out and all the traces of it, and of them, will be obliterated (83–4).

Like the Muʿtazila, the falāsifa would all but disappear from this earth, even as some of their ideas lived on (and were even absorbed by their ideological rivals).

Orthodoxy is a problematic term. What is considered orthodox today was not necessarily considered so in a previous age. If we transported ourselves back to the time right after the Prophet’s death, there would be no reason for us to think that (proto-)Sunnism would go on to become orthodoxy. Views of divine providence notwithstanding, had the early Islamic empires accepted (proto-)Shīʿism, Sunnī Islam would have become the minority sect (or even have gone into oblivion). There is an understandable religious tendency to favor priority, i.e. the closer we can get to the time of the Prophet, the better. Traditional Sunnis do not usually consider, however, that the first theological group in Islam was the Qadariyya (advocates of free will) and the subsequent Muʿtazila: “Islamic tradition locates the beginnings of Muʿtazili kalam in the teaching circle of the ascetic and pious Shaykh al-ʿHasan al-ʿAṣārī (d. 110/728),” who is considered to be from the venerated third generation of Islam (Martin et al. 2016, 25). The underappreciated fact is that the Muʿtazilis thus predate the now orthodox Ashʿarīs: Abū al-Ḥasan al-Ashʿarī (d. 324/936) died almost two hundred years after the purported founder of the Muʿtazila, Wāṣīl b. ʿAṭāʾ (d. 131/748).

Indeed, al-Ashʿarī was taught by Muʿtazilis and was himself a follower before breaking away. Meanwhile, Ahmad b. Ḥanbal, the eponymous founder of the rival school of modern orthodoxy, died more than a hundred years after Wāṣīl b. ʿAṭāʾ. From the perspective of the non-sectarian historian, it is not a stretch to claim that the first major dominant theological group in Islam was the Muʿtazila, firmly ensconced as they were at that time in the structures of power and authority. Put another way, were we transported back in time to ninth- or tenth-century Baṣra or Baghdād, we could be excused for thinking that the orthodox group within Islam was the Muʿtazila.

Orthodoxy is tied to power. The Muʿtazila gained the ear of the Caliphs and were thus able to enforce their doctrine on others. Their dominance was not to last, however, as the political wheel of fortune turned against them, as Abū Zayd (2018) explicates:

One particular group appropriated the name Ahl al-Sunna wa-l-Jamāʿa (The People of the Sunna and Community) and monopolized state
support after eliminating the Muʿtazila. This group became the arbiter [of religious truth] ... and, by supporting the political authorities and enjoying their protection, it acquired the status of final authority on all matters related to religion and doctrine (124).

Even the idea we have today of orthodoxy, i.e. *Ahl al-Sunna wa-l-Jamāʿa* consisting of four legal schools and three creedal schools – all living in peace, harmony, and mutual recognition of each other – is a later development in Islamic history.

What we find in the second century of Islam, for example, is extreme competition and contestation. Muḥammad b. Idrīs al-Shāfiʿī (d. 204/820), whose paradigm would come to define Islamic orthodoxy, faced severe opposition from “the majority of the senior Mālikī scholars of Egypt,” culminating in “a violent public outburst against al-Shāfiʿī, who was subsequently attacked by a mob and thereafter confined to his house until his death” (El Shamsy 2013, 115). Far from being considered orthodox, he and his followers faced persecution and bans on teaching. It was only later that “the 'golden age' of Shāfiʿism in the second half of the third/ninth century was inaugurated by the repeal of the long ban on Shāfiʿī’s teaching in the central mosque” (137) and a subsequent period of state sponsorship. Eventually, al-Shāfiʿī’s paradigm was able to spread to the other schools of Islamic thought, leading to the formation of what can be called Islamic orthodoxy. Yet, none of this would have happened if not for contingent social and political factors at play.

The role of state sponsorship (and persecution) often goes underappreciated. The establishment in the eleventh century of the Niẓāmīyya, a government-backed string of Islamic institutes, boosted not just Shāfiʿism but Ashʿarism as well. Meanwhile, the Karrāmiyya, a theological group that followed the Ḥanafī school of law, flourished in the central and eastern parts of the Islamic world from the ninth to the thirteenth century, securing state sponsorship by the Ghaznavids and Ghurids. However, once their school fell out of favor with the rulers, the Karrāmiyya went into a state of decline and near oblivion. Yet, it is not difficult to imagine a different fate had they continued to curry the ruler’s favor. In an alternate universe, the Karrāmiyya sect could very well have survived and eventually been absorbed as one of the acceptable strands of Islamic orthodoxy.

Today, one of the two groups claiming Islamic orthodoxy includes Salafism, which has roots in the Ḥanbalī school of law. Yet, Ḥanbalism, at least the more hardcore strain that Salafism tends to promote, remained a minority group in the Islamic world, a state of affairs that lasted until the Wahhābī movement arose at the cusp of modernity. One can certainly thank divine providence for
the movement’s success, but a more proximate cause seems to be an alliance with a local warlord and eventually with the British, who ended up backing the Saudi family over and against their rivals. Petro dollars have allowed the “Wahhābī”\textsuperscript{17} or Salafī brand to assert itself on the world stage, thereby making it a contender for the mantle of orthodoxy. One can equally imagine a Muʿtazīlī reviver striking an alliance with the right Arabian tribal leader and history manifesting itself differently.

All of this is a very long and drawn-out way to belabor the point that when modern Islamic intellectuals look back to the views of the Muʿtazila and the falāsīfa, we should not simply dismiss them out of hand. If today we take seriously the views of the intellectual progeny of Ibn Taymiyya (d. 728/1328) – who, by the way, stood equally condemned as a heretic and infidel by his opponents (El-Rouayheb 2010) – then why not the sons of Ibn Rushd? I am here arguing not just for a big tent view of contemporary Islamic academic theology, but also for a less gullible view of the political and state factors at play in the promotion and survival of religious thought.

Indeed, Harvard’s Principles of Religious Literacy have us acknowledge that “all knowledge claims are ‘situated’ in that they arise out of particular social/historical contexts” (Moore 2017, 5). It is my view that the situatedness of religious claims, and especially the implications of power and structures of authority, have not yet been fully appreciated within Islamic bioethics. This is so despite the fact that Islamic bioethics is especially well-suited to co-optation by those structures of power and authority (and has, in fact, already been co-opted to a large extent). What is especially pertinent in this regard is the “growth in the number of international sharīʿa committees, such as the Majmaʿ al-Buḥūth al-Islāmiyya at al-Azhar, the Islamic Fiqh Academies of the OIC, of the Muslim World League or of India, and the IOMS” (Eich 2008, 62). This sort of “group \textit{jītihād}” has – and is intended to have – the force of authoritative might. These bodies are staunchly traditionalist, decidedly conservative, and overwhelmingly male-dominated. They do not reflect the broad swath of opinion in the Islamic world but instead represent specific theological trends that seek to spread their hegemony in the region. Many of these jurisprudential bodies are hosted and sanctioned by authoritarian regimes, first and foremost amongst them the Kingdom of Saudi Arabia.

The consequence of this phenomenon is that more liberal, modernist, and feminist voices are drowned out. Ingrid Mattson (2017), one of the few

\footnote{\textsuperscript{17} This term is often considered to be pejorative (unless referring to the immediate movement of its founding figure).}
women authors noted in my review of the introductory literature, alerts us to this danger:

When the opinions of well-known or state-sanctioned legal scholars are published as the current state of “Islamic bioethics,” the views of many faithful Muslims who approach the same issues from different perspectives are marginalized. What is particularly salient in discussions about Islamic approaches to gender and sexuality in bioethics is the domination of the legal tradition by men (60).

It is not just men, but very conservative men; men who see themselves as the preservers of tradition against the “onslaught” of modernity. Echoing what I said earlier, Mattson argues that “Islamic bioethics [should not] be reduced to legalism” (79); “[we] need to look beyond fiqh to other normative religious discourses if we are to argue for an ‘Islamic’ perspective on bioethics, especially when it comes to seriously attending to the priorities and values of many Muslim women” (64).

Why should we automatically accept the idea that the ʿulamāʾ are the (sole) source of authority in Islamic bioethics? Or, as Sherine Hamdy (2013), another woman scholar of Islamic bioethics, pointedly asks: “Why would a single fatwa written by an Islamic scholar (most often within the confines of state bureaucracies and political pressures in the Muslim world) comprise the ultimate Islamic position on complex bioethical conundrums?” The same question can be asked about a body of Islamic clerics issuing a group fatwā. Why shouldn’t the opinion of a Muslim woman, like the venerable scholar of Islamic studies Ingrid Mattson, not hold the same weight? Or how about Ruaim Muaygil, a professor of healthcare ethics in Saudi Arabia who holds a dual doctorate in medicine and healthcare ethics? Muaygil (2018a) writes:

In its current model, Saudi [Islamic] bioethics does not and cannot further the health interests of women. Its approach creates and maintains practices and policies largely unfavorable to women... This model not only fails to present adequate solutions for ethical dilemmas... but also risks doing violence to Saudi women seeking health care (126).

Why is her voice silenced in favor of the opinions of the exclusivist all-male ʿulamāʾ? One does not even need to hold the view that the ʿulamāʾ are misogynistic to appreciate the fact that they lack adequate female representation.

The idea that religious authority rests with the ʿulamāʾ alone should not be unquestioningly accepted as a starting point in Islamic bioethics; instead, it
must be viewed as a contested confessional claim. There have always existed competing sources of religious authority throughout Islamic history. Moreover, with the democratization of knowledge, the authority of the ‘ulamā’ is being challenged like never before (which, in turn, explains attempts by some traditionalist authors to reassert the authority of the ‘ulamā’). Brockopp (2008) writes that “Azhar-trained scholars must compete with popular preachers and ideologues who also speak in the name of Islam and sometimes even issue ‘fatwas’” (5). However, it is not just the lowly street preacher whom we must consider. Another powerful competitor has arisen in the modern period: the Islamic intellectual (mufakkir Islāmī). Indeed, the Islamic reformer Sayyid Aḥmad Khān (1217–1315/1817–1898), the father of Islamic modernism in South Asia, had sought “to eliminate the ‘ulama as the arbiters of Islamic doctrine and practice in favour of ‘educated Muslim gentlemen’” (Saikia and Rahman 2019, 95). Ever since, a whole slew of Islamic intellectuals – from Muhammad Iqbāl (1294–1357/1877–1938) to Fazlur Rahman (1337–1408/1919–1988) to Javed Ahmad Ghamidi (b. 1370/1951) – have challenged the ‘ulamā’. I have focused on the South Asian context, but this analysis can be extended to elsewhere in the Islamic world and the West. Today, Islamic intellectuals – including many women professors – occupy positions within the academy and other institutions, which they use as a safe space to engage in the emerging phenomenon of Islamic academic theology. The relationship between these intellectuals and the ‘ulamā’ is complex and oftentimes fraught with tension.

It is undeniable that the ‘ulamā’ hold a position of power and prestige within Muslim communities, but it would be incorrect to suppose that this position is uncontested and that all segments of society are beholden to them. In Pakistan, for example, there is even a latent anti-clericalism in some segments of society. For instance, Iqbāl (considered by many to be the spiritual founder of Pakistan), decried what he saw as “Mullahism.” Of Pakistani descent myself (and having lived in Pakistan for the better part of a decade), I can attest to the fact that even the term mullah and its correlate, maulvi, are used derogatorily by many of the educated and elite class, and invoke in the mind of many a close-minded religious zealot (even if, of course, such a

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18 Another bias in the academy is an overemphasis on the Arab Middle East, which is why I have chosen to center South Asia. I appreciate the anonymous reviewers’ concerns that Pakistan cannot be conflated with the Islamic world at large. Even so, the fact that such trends exist in other parts of the Islamic world seems too obvious to need to justify nor would it be feasible to do so for all fifty or so Muslim-majority countries in the world. Finally, I wonder if this criticism would have been levied had I selected an Arab country like Egypt or Saudi Arabia.

19 See, for instance, Khalīfa ‘Abd al-Ḥakīm’s Iqbāl Awr Mullā.
caricature is contestable) (Qasmi 2015, 23). For such people, the mullahs or maulvis are only good for leading the prayer and teaching their children how to read the Qurʾān. They are not, however, to be delegated the delicate task of running the affairs of society, reflected by the fact that the religious parties in Pakistan have never come to power (Jones 2002, 5). Of course, there is no denying the fact that clerics are highly influential in Islamic societies (including Pakistan); but the point is that their religious authority is not uncontested.

Religious debates take place in the public sphere, and the ‘ulamāʾ are but one party in this discourse. For example, let us consider the institution of purda (extreme seclusion of women), which has many bioethical implications. According to Shaireen Rasheed (2004), a systematic bias against females “has serious repercussions for the health of the woman, particularly adolescents and married women, where access to services is curtailed by their low decision-making power in the household, limited mobility, and strict purdah norms” (177–8). Whereas we can expect significant difference of opinion to exist on this issue within the ranks of the ‘ulamāʾ themselves, the most passionate defense of women’s rights – and the fiercest opposition to purda – would be demonstrated from without. In a debate broadcast on the Pakistani channel Geo, four participants were divided into two sides: one side in support of purda and the other opposed to it. Of the participants, only one was a mawlānā (religious cleric) coming from the ‘ulamāʾ class; quite unsurprisingly, he was on the pro-purda side alongside a completely veiled woman. On the other side of the divide was the Islamic intellectual Javed Ahmad Ghamidi and women’s rights activist Fauzia Wahab. If we were to take the Islamic bioethics discourse at face-value, we would only listen to the voice of the mawlānā (“Debate – Javed Ghamidi & Ulema” 2017).

Yet, this would not only be taking sides in an internal debate within Islam, it would also be taking the side of power, and, meanwhile, silencing the voices of the vulnerable. Ghamidi is Pakistan’s most well-known reformist scholar of Islam, despite not being considered (nor considering himself) a part of the ‘ulamāʾ class. As an Islamic intellectual, Ghamidi is a dogged competitor to the authority of the religious establishment, and his reach is vast thanks to his

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20 Qasmi (2015, 23) writes: “Mullah … was a generic term which was applicable to those who reflected a certain state of mind … [T]he term was not necessarily identified with the mosque and traditional Islamic learning but extended to anyone who believed in a literalist interpretation of Islam.” Moreover, “this cultural construct of the mullah – conjuring up images of violence, bigotry and intolerance – was further ideologically appended to writings which discredited mullahism as irrelevant to the state and society of Pakistan. This is best exemplified in the pamphlet Iqbal and Mullahism, penned by Khalifa Abdul Hakim, director of a government-sponsored center for Islamic studies.”
extensive appearances on Pakistani media outlets (although religious extremists were successful in forcing Geo to cancel Ghamidi’s show). Yet, reading the Islamic bioethics literature one would hardly know that such voices exist. One of the few authors to mention such competitors to the ‘ulamā’ is Jonathan Brockopp (2008), but even his writing on this topic seems a bit dismissive; he speaks of “popular preachers” and “ideologues,” and in the footnotes he gives the example of Osama bin Laden (1376–1432/1957–2011). Nowhere does Brockopp mention that the liberal opposition to the conservative ‘ulamā’ comes from the religious intelligentsia. However, Brockopp is correct in stating that “norm-production ... depends on cogency of argument, clarity of precedent, and the power to make one’s voice heard” (5). In the public sphere, the ‘ulamā’ and the religious intellectuals must battle for hearts and minds.

Moreover, I would argue that we should strain our ears to hear those voices that do not have power, lest we inadvertently partake in the epistemic (and physical) violence being waged against religious dissenters. Ghamidi, for example, was forced to flee the country of Pakistan due to threats of violence by the religious right-wing; some of his staff and affiliates were even killed, and his own house was targeted for bombing (Murphy 2013, 4). Similar was the case for the late Fazlur Rahman, Pakistan’s most prominent liberal Islamic intellectual before Ghamidi: Rahman was also run out of Pakistan by religious conservatives (Saeed 2004, 39). This sort of activity has an intended chilling effect on the freedom of religious expression in the country. Not all of the ‘ulamā’, for their part, are innocent bystanders in this process; many of them generate the fatwās and decrees of takfīr (infidelity) that then, predicably, motivate extremists to take matters into their own hands.21 By favoring the ‘ulamā’ and their authoritarian-sponsored fiqh councils, the field of Islamic bioethics is taking part in this process of epistemic violence and silencing.

Alongside the Islamic intellectuals are other members of Islamic civil society, including human and women’s rights activists, such as the above-mentioned Fauzia Wahab. In the debate on the topic of purda, Wahab prefaces her statements by saying, “I am not an esteemed Islamic scholar,” to which the

21 For example, the unofficial “Grand Mufti” of Pakistan, Muḥammad Taqī ʿUthmānī (b. 1362/1943), gave a wink and nod to the vigilante killer of a “blasphemer,” stating that although what the killer did was against the technical letter of Islamic law, “we hope that due to his intention (and motive) he will be rewarded due to the Mercy of Allah.” Moreover, “[the killer] thinks that the [Pakistani] Government won’t do anything so I will take care of this myself or he becomes overwhelmed due to his intense love for [the Prophet].” This quote is taken from https://central-mosque.com/index.php/General-Fiqh/blasphemy.html. It should be noted that ʿUthmānī sits on many of the international fiqh councils discussed earlier in this paper.
host responds by saying, “But, you are, mā shā’ Allāh, a Muslim.” Wahab then goes on to explain her own understanding of the Qur’ān and the Sunna. She concludes that the face veil is not a part of the religion, and, in her mind, its promotion by certain segments of the ‘ulamāʾ is meant only to prevent women from advancing, “to limit their ambit to the kitchen, and to cut them off from all their rights” (“Debate – Javed Ghamidi & Ulema” 2017). At the end of the day, Wahab’s conscience is a greater religious authority to her than the Islamic clerics are. This, of course, is a reality for everyday Muslims: at the end of the day, they themselves must decide what their religion imposes upon them. In this way, every Muslim is an exegete and her own mujtahid (independent reasoner). Moreover, the Information Age and the democratization of knowledge has made a reality of Sayyid Aḥmad Khān’s “educated Muslim gentlemen.” And, if we want to include women’s voices in the Islamic bioethics discourse, then we must also listen to the Muslim gentlewomen as well.

6 Competing Paradigms

The overemphasis of Islamic law and jurisprudence within the Islamic bioethics literature has a distorting effect. Brockopp (2008) is correct in his assessment that “students of religious ethics must be on guard against inscribing a legalism upon a tradition that is itself pluriform” (9). Many Islamic intellectuals, especially those of a modernist persuasion, are in fact critical of what they deem to be the excessive legalism (and “Pharisaism”) of the ‘ulamāʾ. After complaining that “Muslim scholars have never attempted an ethics of the Qurʾān,” the quintessential modernist Fazlur Rahman (1982) argues that “its ethics [as opposed to its laws], indeed, is its essence” (154). Ghamidi (2010), meanwhile, wants to do away with fiqh altogether (611). This is consistent with a wider trend, as Zaman (2016) writes: “Modernist ethics comes across as being an alternative to the Sharīʿa [understood as law] rather than a part of it” (197). Another author writes under the sub-heading Beyond “Law”?

Some contemporary Islamic thinkers are developing approaches to ethical questions, particularly in the social and political realms, which are both indebted to and also unconstrained by traditional jurisprudential methods.

BOWERING ET AL. 2013, 154

Instead of speaking about “laws,” these thinkers speak “about Islamic normativity almost entirely in these general terms or even to invoke a more abstract
‘spirit’ of justice, equality, mercy, spirituality, or self-sacrifice” (154). Moreover, this “nonparticularist Islamic ethics emphasizing universal interests and a ‘spirit’ of justice and mutual human concern might be regarded as fundamentally ‘postlegal’” (154). Zaman (2016) writes further: “Islam, as imagined by the [Islamic] modernists, has strong ethical sensibilities”; he notes, for example, that “this modernist foregrounding of ethics is ... at the heart of Fazlur Rahman’s influential book, Major Themes of the Qurʾān” (195). At first glance, it would seem that the modernists would take center stage in Islamic bioethics, since they reformulate Islam as ethics as opposed to law. Yet, this is not the case, perhaps due to the reasons discussed above. Instead, the Islamic bioethics literature tends to favor the traditionalist trend.

Having understood this divide between traditionalists and modernists, we can now view the literature with a more critical eye. Multiple introductory texts on Islamic bioethics repeat the claim that the sources of Islamic law are four: 1) the Qurʾān, 2) Sunna or ḥadīth, 3) ījmāʿ, and 4) qiyās (Atighetchi 2007, 2–4; Brockopp and Eich 2008, 184). Yet, not only does this differ between sect and school, but Islamic traditionalists and modernists have major disagreements with each other over all four of these categories. Whereas both groups revere the Qurʾān, their methods of interpretation differ dramatically. The Islamic traditionalists place the ḥadīth (Prophetic traditions) alongside the Qurʾān, whereas Islamic modernists tend to be wary or suspicious of this genre. Considering how voluminous the ḥadīth collections are, the debate over their role and authenticity can have profound implications for Islamic bioethics. Moreover, it can mean that various Islamic actors in the field of Islamic bioethics are, in essence, dealing with a different corpus of revealed scripture. Islamic modernists can, for example, jettison female circumcision much more easily than traditionalists, since the practice is endorsed by a handful of ḥadīths but is not found in the Qurʾān. Scholars of Islamic bioethics, therefore, need to be cognizant of this internal debate.

Aside from scripture, Islamic traditionalists and modernists differ on the other two traditional sources of Islamic law as well. Ījmāʿ (consensus) is a powerful tool used by traditionalists and is even considered by some pundits “to be the most crucial element of the whole legal structure” (Rippin 2005, 95). Ījmāʿ can bind the community to the opinions of the ancestors, and is, thus, a highly conservative force in Islam. Atighetchi (2007) writes, “When schools agree on some specific point, it is stated that this is the effect of ījma’ or consensus and, therefore, ‘compulsory doctrine’ for believers” (6). Many Islamic modernists, however, question or altogether reject ījmāʿ as a source of religious belief. Rahman (1982), for example, decries the “conservatism or the spirit of ījmāʿ (consensus)” that makes it “extremely difficult to move the community
“(146). Others, like Iqbāl, reformulate ḥijmā, casting it as a modern and progressive parliamentary-like institution. As for the fourth source of traditional Islamic law, i.e. qiyās or analogical reasoning, here too a major difference emerges between traditionalists and modernists. For traditionalists, qiyās is seen as a way of limiting the use of human rationality (‘aql) to a minimum, whereas many Islamic modernists want to see a more expansive and holistic use of what they view to be God-given human reason. In other words, they wish to go beyond casuistic reasoning and, more importantly, use reason as an independent source of religion and moral law.

Indeed, Islamic modernists do not shy away from a full-throttled embrace of reason in its most expansive form, in line with the pre-modern Muʿtazili (Islamic rationalist) view in the Islamic world and the modern Enlightenment project of the West. In “Bioethics in Islamic Thought,” Shabana (2014) writes:

Two main attitudes were developed during the formative period of Islamic theology of the third/ninth century. The rationalist attitude, spearheaded by the Muʿtazili school, gave primacy to human reason and its ability to reach an objective understanding of moral values. On the other hand, the traditionalist attitude, predominant in the Sunni tradition, gave primacy to divine revelation and emphasized the limits of human rationality (338).

Sachedina (2008), meanwhile, correctly identifies the major difference between traditional Sunnī and Shīʿī views: Sunnīs followed divine command theory, whereas Shīʿīs adopted the Muʿtazili meta-ethical theory (247).

However, a key point that is missing in this discussion is that many Islamic modernists are in fact inspired by the Muʿtazilīs (who, it should be noted again, were within the greater Sunnī fold) and they adopt the Muʿtazili meta-ethical theory. Why this is important is because the divine command theory endorsed by Sunnī traditionalists (at least of the Ashʿarī theological persuasion) is less amenable to dialogue in a secular or interfaith space; for them, it is only a matter of looking into the texts to see “what God and His prophet say” about a certain matter. Meanwhile, the Muʿtazili view, i.e. that God enjoins the good because it is inherently good (and forbids the evil because it is inherently evil), allows one to use human reason (independent of specific revelation) to discern
the good and the evil for oneself. Meanwhile, the classical Islamic philosophers (falāsifa) would hold up human reason to an even greater degree, earning them the wrath of the orthodox religious establishment.

The classical traditions of Islamic rationalism and philosophy inspire many Islamic modernists today, and yet are hardly known or appreciated in the Islamic bioethics literature. The classical Islamic philosophers, theologians, and literary humanists penned prolific works on ethics (the adab-akhlāq literature), which seem to me to constitute a rich yet underexplored resource for Islamic bioethics today. This source would also disabuse those who think that Islamic modernists and other reformists operate wholly outside of an Islamic paradigm and that they do not have a native historical legacy to draw upon for authority and inspiration. It should also be noted that such ethical and humanistic thinking was done across confessional lines even back then, and it is only natural to assume that such an attitude is more conducive to dialogue in a secular or interfaith setting today. Moreover, such a broadminded approach would lead to a more open attitude towards bioethical enquiry and analysis.

Of course, we should not overlook the diversity and dynamism within the Islamic traditionalist camp itself, which has its own reformers and resources to operate from. For one, the Māturīdī school of creedal theology offers possibilities for the use of human reason that strikes a middle ground between the Ashʿarī and Muʿtazili camps; yet, the Māturīdī school is often ignored in academic discussions, being overshadowed by its sister school. Moreover, the post-classical Ashʿarī school thrived under rationalistic thinkers like Fakhr al-Dīn al-Rāzī (d. 606/1210), making any hasty generalization of Ashʿarism to be unwarranted. Furthermore, later Ashʿarī theologians have long recognized the benefits and wisdoms of God’s laws, which can open up a space for interfaith and “secular” dialogue. Meanwhile, the contemporary emphasis on the maqāṣid al-sharīʿa (objectives of Islamic law) is a promising approach within the Islamic law paradigm itself; fortunately, this approach has been taken up within the field of Islamic bioethics. The appreciation of diversity and dynamism outside of the law paradigm does not negate their presence within it. The intent here is not caricature Islamic law but rather to resist attempts to restrict Islamic bioethics to it.

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23 The Māturīdī school also grants human reason the ability to discern God’s reasons for permitting or prohibiting certain acts, although in recent centuries the differences between Māturidism and Ashʿarism have largely collapsed.
7 Autonomy and Women’s Rights

One of the results of what we have called religious illiteracy is to conceptualize Islamic and secular bioethics as two monolithic, hermetically sealed categories. Yet, once we appreciate the internal diversity of Islamic discourses, this polarized view starts to break down. Admittedly, some Muslim thinkers would want to sharply differentiate Islamic from non-Islamic bioethics, and they might hold a resistant or even hostile attitude towards secular, Western, and/or Christian (bio)ethics. This cautious attitude reflects deeper anxieties about the hegemonic effects of Western liberalism.

On the other hand, some traditionalist reformists and many Islamic modernists are more open to modern ideals, liberalism, and the idea of individual rights. Fazlur Rahman (1982) differentiates between these two approaches: the first holds that “the traditional Islamic system of belief already provides satisfactory answers” to the issues confronting modern Muslim communities, whereas the second approach embraces new ideas and believes that “Muslims without fear can and ought to acquire not only Western technology but also its intellectualism” (46–7). Rahman recognizes the existence of “various nuances of these views and also ‘middle-term’ positions,” but concludes (and I agree) that “the two approaches set out here provide a good starting point” for discussing modern Islamic discourses (47). These two general approaches can be discerned in the emerging field of Islamic bioethics.

The conservative traditionalist paradigm is strongly favored in the Islamic bioethics literature, and this, in turn, leads to some very essentialized (and problematic) comparisons of Islamic and Western attitudes. Starting with Rispler-Chaim (1989), for example, we are told that

the Western code of medical ethics, influenced by Western law, rationalism and history, and perhaps by what Max Weber already in 1904 termed ‘the Protestant Ethic,’ emphasizes the rights of the individual more than the Islamic code (146).

Many Muslim authors seem to assume this comparison as well; for example, Shomali (2008) writes: “If secular western bioethics is mostly based on individual rights ... Islamic bioethics is expressed primarily as duties and obligations” (232); this view is echoed by Chamsi-Pasha (2013, 9) and Alali et al. (2018, 232). From here, it is a small step to erode patient autonomy in Islamic bioethics. Alali et al. (2018) write:
Among the four principles of bioethics, autonomy has caused the most controversy ... For instance, it has been argued that in Islamic communitarian ethics, autonomy is far from being recognized as one of the major bioethical principles ... (233–4).

Mehrunisha Suleman (2017) writes even more strongly:

Muslims may not share the “western” secular construct of autonomy and may prefer “collective autonomy” where healthcare and health research decisions are made not only by the individual, but the entire family unit. In some Muslim societies, this decision-making process may even include religious leaders and friends (Oguz 2003). The decision-making unit, or a group (jama’ah), is favored in Islam over an individual’s decision (204).

We see that this sort of characterization of Muslims – as communitarian as opposed to individualistic, favoring the family as opposed to the individual, relying on the religious leader over one’s own moral conscience – quite easily moves from descriptive analysis to prescriptive endorsement of diminished patient autonomy.

That this is the case in many traditional Muslim societies is undeniably true; the question, however, is whether or not we as bioethicists should condone this practice or seek to change it. After all, our job is not simply to describe medical practice, but rather, to enjoin ethical behaviors and eschew problematic ones. The diminished patient autonomy in traditional Muslim societies should give us an even greater incentive to raise awareness about this issue and seek to redress it. Furthermore, much of this discussion in the Islamic bioethics literature skirts the underlying issue of paternalism and male chauvinism.

Having closely witnessed the clinical care of patients in Pakistan, I can attest to the fact that autonomy is disproportionately restricted when it comes to women and the elderly. The virile male patriarch will often block the flow of information between patient and physician; sometimes this can be a literal blocking, as the patriarch positions himself between the physician and the patient. When the physician asks questions, the patriarch will often answer for the patient, and the patient meanwhile reverts to being a purely passive object.

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24 Here, my use of the words enjoin and eschew are purposefully invoked in order to echo the Qur’anic refrain to enjoin the good and eschew the evil.
that is to be examined. The patriarch will also insist on being a filter, such that life-altering diagnoses and treatment plans are often hidden from the patient, many times with physician collusion. Unthinkingly celebrating Islamic respect for the family is, in my opinion, obfuscating the underlying problem of patriarchal and chauvinistic attitudes.25

The truth is that such diminished patient autonomy is a problem in many developing countries (not just Muslim ones), and is more a result of traditional attitudes rather than something necessarily intrinsic to Islam itself. Moreover, physicians cannot remain neutral on this issue. Either autonomy is protected, or it is not. Chamsi-Pasha and Albar (2013) write:

The codes of ethics of a number of Asian and Eastern countries require that any fatal diagnosis or prognosis first be disclosed to a family member. Following discussion with the treating physician, the family judges whether communicating the truth is in the best interests of the patient. The truth is often concealed for fear that it will extinguish patient hopes, leading to desperation, physical suffering, anxiety, and a hastened death (101–2).

The authors go on to say, “Physicians working in Muslim communities are required to balance between the patient’s rights to be informed with the relative’s request to avoid emotionally upsetting the patient,” and that “a physician may withhold information from the patient if he has good reason to believe that divulging the information to that patient will cause harm, impair management of the disease, or cause distress” (102–3). Yet, we could in fact take the exact opposite view on this matter: physicians must uphold their duty to truthfully convey information to their patients, and the codes of ethics in those Asian and Eastern countries should change (especially when they can entail physician collusion in deception!).

Physicians in the Islamic world turn to Western sources for technical medical knowledge; many of them also look to Western bioethics to inform their ethical practice. Ruaim Muaygil (2016), for instance, writes: “Saudi medical students are instructed in a Western style of medicine ... They gain exposure to universal, and traditionally Western, ethical principles and adopt those values

25 On the other hand, I am sympathetic to certain academic (as opposed to so-called “Asian”) communitarian critiques of liberalism and would consider myself to be a liberal communitarian in at least some sense. Yet, I find certain liberal commitments to be non-negotiable, such as those that pertain to many individual human rights that we now take for granted in the West. These play an important role in the realm of bioethics, especially in regard to patient autonomy.
Overcoming Religious Illiteracy

as their own guiding principles” (483, emphasis added). This is, in fact, no longer a one-way street, and we should no longer speak of Western but modern medicine, of which Muslim physicians are an integral part of. In my own clinical experience at the Aga Khan University Hospital in Pakistan, I noted that the physicians there (many of whom were pious Muslims) refused to hide diagnoses from patients, or to collude in acts of deception, which, in their view, violated both Islamic and universal ethical norms. Far from clashing with their own religious values, their training in Western bioethics melded seamlessly with their Islamic sensibilities.

Meanwhile, Muaygil (2018b) gives a case vignette of an American physician who bypasses his patient, “a young Saudi Arabian woman,” to obtain consent from her husband. The physician justified this through some ill-begotten idea of “cultural competence,” falling prey to the essentialized descriptions of “Islamic and Saudi culture” (14). Muaygil notes that other commentators too “justified [this action] through an overly simplistic cultural explanation of women’s roles in Muslim and Saudi societies” (19). This speaks to what I worried about at the start of this article, that attempts to promote religious and cultural awareness can inadvertently backfire and instead reinforce tokenized and monolithic views.

Patients can, of course, opt to designate their decision-making capacity to someone else, and they can even express their desire not to be informed of a fatal diagnosis. This is, however, no different than the case in the Western world, as no less than Beauchamp and Childress (2001) acknowledge:

There is a fundamental obligation to ensure that patients have the right to choose, as well as the right to accept or to decline information. Forced information, forced choice and evasive disclosures are inconsistent with the obligation (63).

A woman can certainly designate her husband as a surrogate decision-maker. Muaygil (2018b) advises that the medical team “must meet privately with the wife to ascertain her preferences” (27). I would go even further and argue that Muslim physicians can and should, within the bounds of reason and respect, encourage patient involvement in her own care. This can create a sea-change in the culture of medical practice in Muslim-majority countries. I noticed this trend at the Aga Khan University Hospital in Pakistan, and most husbands took it in stride. In my opinion, there should even be hospital-led campaigns to increase awareness about the need to involve the patient in her own care. From a strategic perspective, the help of sympathetic religious clerics can and should be employed to further this agenda.
Most importantly, physicians in the Islamic world should be made especially aware of the problem of diminished patient autonomy and be on guard against attempts by family members to deny autonomy to the patient. Additionally, we should be cognizant of the learned helplessness and docility that is promoted in Muslim women and the elderly by this very behavior.\(^\text{26}\) This is indicative of wider trends in the Islamic world where a culture of independence of mind is still lacking in some quarters and critical thinking in matters of religion is to be left to the religious class. Whereas in the West we physicians and medical ethicists have become aware of the dangers of a paternalistic model of medicine, in the Islamic world some clerics will invoke the patriarchal image of the physician or surgeon to justify their own specialist role as religious experts, with the idea that lay persons should blindly follow them.

In any case, there is a basic ethical argument here in regard to patient autonomy: most patriarchs of the family will admit that even though they may seek to deny information to the women and elderly in their family, they themselves would always want to know everything about their own condition, including a fatal diagnosis. This should be understood as a basic human right of a person, in order to make their own life decisions, and, in the case of a fatal diagnosis, allow themselves to get their affairs in order. Moreover, the idea – of the frail patient who will lose all hope to live, or have an instant heart attack and die if they were to ever receive a fatal diagnosis (such as the dreaded “c word,” i.e. cancer) – should be laid to rest as the melodramatic (and sexist) imaginings of local soap opera. It is, in fact, almost always better to break the bad news to the patient directly, who, in any case, will likely figure it out for him or herself over the course of time as information leaks out in a haphazard way. At least this way the patient can attain some level of clarity and have any lingering questions answered.

The principles of religious literacy can help physicians and administrators better understand religious communities so that more appropriate hospital policies can be put in place. For example, once it is understood that religions are internally diverse, physicians and hospitals will no longer seek to impose one standard on all Muslim patients. It would not be appropriate, therefore, to assume that all Muslim (or Saudi) women would want to delegate their decision-making capacity to their husbands, fathers, or sons. Moreover, “the belief that Muslim women uniformly defer to male relatives for medical decision making ... can lead to a systematic and widespread exclusion of Muslim

\(^{26}\) At the same time, we should not essentialize or infantilize Muslim women by overemphasizing this portrayal of them.
women from healthcare decisions” (Muaygil 2018b, 19). Even speaking of “Muslim women” in monolithic terms is problematic. Religion does not operate in a void, but instead interacts with, and within, particular social factors and cultural contexts. Muslim women in Saudi Arabia are not the same as those in Pakistan, and even women in the same region may differ dramatically based on their socio-economic status. While it is true that a poor uneducated woman from a rural area in Saudi Arabia or Pakistan might “view dependency on and deference to male relatives as a cultural good” (Muaygil 2018b, 13) the same cannot be said of educated urban women coming from higher socio-economic classes.

Ideas and attitudes also differ across generations. Two generations ago, women in higher education were almost unheard of in Pakistan. Today, “more than 70% of medical students [in Pakistan] are women,” and “female students outshine and outnumber their male counterparts” (BBC News 2015). It does not seem reasonable to think that many of these medical students and doctors would cede their medical decision-making authority to their husbands. Could it be said that education level plays a greater role in this matter than religion? Of course, there is a circle of influences at work: religious and cultural values affect what educational opportunities are afforded to women, just as education influences religious and cultural values. Neither are religious or cultural values static, a point Muaygil (2018b) makes in her article: the “paternalistic and gendered attitudes” ascribed to Saudi Arabia today “could have just as easily reflected … 1950s America” (20). If the United States could progress in this way, why not Saudi Arabia? We have already witnessed a monumental shift in Pakistani attitudes, as modernist and reformist ideas of women’s education are now widely diffused in the higher socio-economic segments of society. Unfortunately, Orientalist ideas of a dynamic West and stagnant Islamdom persist.

Uncritically accepting existing local attitudes is highly problematic, as evidenced by many troubling statements I found in the Islamic bioethics literature. Tied to the diminished autonomy of women is the idea, for example, of special rules for women (Atighetchi 2007, 40). Atighetchi notes that the University of Al-Azhar decreed that women need the permission of their husbands to work in healthcare, and conversely, women patients are often expected to refuse examination if no woman doctor is on duty, especially “if male relatives are present” (41–3). Atighetchi writes further:

This trend can lead to curious situations. For example, in the event that the female doctor is foreign whilst only a male translator is available,
it may happen that the doctor speaks to the translator who (as a male) must remain behind the curtain, the translator speaks to the patient’s husband who in turn asks his wife the question (42).

Physicians are not neutral entities in this encounter and can either partake in this unequal power dynamic or else circumvent it. In this specific scenario, for example, physicians can either agree to use the husband as a translating mediator or else politely refuse to do so. Additionally, we should not fail to appreciate that many physicians might share sexist attitudes towards their female patients; on the other hand, we bioethicists should seek to enjoin better practice. Of course, none of this is to deny the imperative of obtaining basic cultural competency and of respecting, within reasonable bounds, the religious and cultural norms of sexual modesty that many Muslim women share.27

Furthermore, we ought to question the basis for reducing patient autonomy based on misinformed essentialist arguments about Islam’s supposed inherent communitarianism. Many Islamic thinkers seek to reevaluate, in the words of the Islamic modernist Javed Iqbal (2007), the idea “that individualism and liberalism have no equivalent in Islam” (325). In fact, “a large number of Muslims all over the world ... have either accepted modern ideas or have reconciled them with Islam” (328). Of these ideas include those of individualism and liberalism. In an article entitled “The Status of the Individual in Islam,” Rahman (1966) writes, “Islam is generally believed – both by many of its modern believing exponents and a large number of non-Muslim writers – a religion emphasizing society rather than the individual” (319). Rahman, however, seeks in his article “to bring out the status of the individual in Islam,” (319) which he considers essential to the Qur’ānic worldview. The Turkish journalist and public intellectual Mustafa Akyol (2011) looks to the Qur’ān and Islamic history to justify not only individualism and human rights, but a comprehensive Islamic liberalism. Decades earlier, the Islamic bioethicist Abdulaziz Sachedina (2001) had written a similar book on the Islamic roots of democratic pluralism. It seems then that there should be no major hurdle reconciling secular bioethics with Islamic principles, or to draw connections to Jewish and Christian bioethics.

Critics, of course, would see this modernist project as highly derivative; modernists seem to be merely mapping on Western principles and values onto Islamic language. Meanwhile, reform-minded traditionalists are accused of being clandestine modernists and thus guilty of the same. There is thus a fear

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27 My own experience has been that some American clinicians can look down upon or even demean such Muslim women patients, refusing even basic accommodations based on some ill-conceived notions of cultural superiority.
of “trying to superimpose ‘western’ secular ethics onto an Islamic ethico-legal framework” (Suleman 2017, 204). However, in the view of many modernists and reform-minded traditionalists, they are not blindly or uncritically accepting all Western values; for example, they adamantly reject sexual libertinism. As Muaygil (2018b) notes, Islamic and Saudi feminism also diverges in some ways from Western forms of the same (24). On the other hand, Islamic modernists, feminists, and many reform-minded traditionalists call to accept those universal moral values that correspond to the Qur’ānic spirit. As Shabana (2014) notes, these groups can cite the precedent of the classical Islamic philosophers and thinkers who developed the genre of adab, which in the past “refer[red] to ethics” (338). The Muslim ethicists of the past freely incorporated Greek, Persian, Indian, Jewish, and Christian ideas into the Islamic framework. Reformists of all stripes can point to this precedent to justify an openness to Western bioethics in the modern day.

Sachedina (2009) is one bioethicist who represents this open attitude: even as he warns against merely grafting secular ethics onto Islamic understandings (11), Sachedina (2012) believes Islamic bioethics must be conversant with secular and Jewish-Christian bioethics (245). Instead of embracing an oppositional worldview, Sachedina (2009) wants to emphasize the universal moral principles that undergird Islamic bioethics (224). We see this tendency also in the claim that all four principles of bioethics, as elucidated by Beauchamp and Childress, can be found in the Islamic sources (Chamsi-Pasha and Albar 2013, 9). Of course, we should understand that many Muslims operate somewhere along a traditionalist-modernist spectrum. Even so, conceptualizing these two general approaches allows us to better understand specific issues and correct some of the essentialist (and misleading) claims in the Islamic bioethics literature.

8 Other Pressing Bioethical Issues

We are now ready to see how this more nuanced view of Islam and Muslims can be used to understand other pressing bioethical issues. For instance, the question arises: can Muslims accept the basic equality of human beings, at least in terms of their fundamental moral worth? One approach is to look to the medieval historical tradition of Islamic law and thereby claim that equality is not compatible with Islam. Atighetchi (2007) writes that “Muslim law” prioritizes believers over “the unfaithful and the dhimmis (Christians and Jews)” (20). He cites a religious edict (fatwā) of the contemporary Islamic scholar
Yūsuf al-Qaraḍāwī, who opines: “If there is a Muslim and a non-Muslim and both are in need of organ or blood donation, the Muslim must be given priority” (39). Another author writes that Muslims cannot accept organs from non-Muslims (due to spiritual contamination?), unless “no organs are available from Muslims” (Ebrahim 2017, 122). Meanwhile, Rispler-Chaim (1993) argues that Muslims prioritize their doctor based on religion and gender: for the female patient, she should “[first] approach a female Muslim doctor; if one is not available, a male Muslim doctor, and only if neither is available, a non-Muslim doctor” (65). The overall impression one gets then is that religious discrimination is part and parcel of Islamic religion and law – a claim that would pose serious threats to any equitable bioethical discourse in an Islamic framework.

However, it is important to note that these views represent only one side of the religious and political spectrum, and a highly conservative and reactionary side at that. In fact, it has been the case for the past two centuries that “many modernists argue that the Qurʾan sanctions equality between men and women and between Muslims and non-Muslims and that such equality is an expression of the values of a ‘true’ Islam” (Bowering et al. 2013, 152). And, although the Islamic modernists were the first to champion this view, it is now more widely held. Even some Islamists can, at least on the face of it, accept this premise of basic political equality: “The Egyptian Muslim Brotherhood has recently argued for the compatibility of Islamic law with the principle of Egyptian nationality whereby all citizens, Muslims and non-Muslims, enjoy equal rights” (152). This, in turn, reflects changing attitudes amongst more traditionalist scholars, including those operating out of prestigious institutions like Al-Azhar University.

To critics, the legalistic means that Islamic traditionalists often use to justify such equality may seem unprincipled, hodgepodge, and even anemic. Unlike Islamic liberals and modernists who argue that human beings are divinely dignified with basic moral worth and equality – based on ideas of imago dei and the Qurʾānic creation story of God’s personal ensoulment of Adam – Islamic traditionalists instead tend to argue that non-Muslims today (as opposed to yesteryear) are granted legal contractual immunity (muʿāhid status) on the basis of international covenantal agreements. In the spirit of Rahman and others before me, I am critical of the excessive legalism of the Islamic religious establishment and wish to see a turn away from jurisprudence or law and a move towards ethics and moral philosophy. Even so, we cannot deny the underlying ethical concerns behind such legal maneuvering on the part of the traditionalist clerics nor can we take the views found in medieval fiqh books and simply superimpose them onto contemporary Islam.
Yet, much of the Islamic bioethics literature seeks to impose a continuity and uniformity of belief where none exists. It is common to see solitary opinions given on complex ethical issues, such as, for example, organ transplantation, end-of-life matters, contraception, abortion, and adoption. The truth is that a plurality of views exists on these and other matters, something one should expect from a religion boasting over a billion followers. This plurality of thought exists even within the discourse of the ‘ulamā’ themselves, and its scope considerably widens if we make the effort to hear Islamic views outside of the religious establishment. Moreover, the consideration of these voices, coming from the intellectual class and civil society, results not only in a greater plurality of views on specific issues, but it also widens the gamut of bioethical issues under discussion.

The narrowness that characterizes much of the current Islamic bioethics discourse is not only highly derivative, in the sense of mirroring the specific concerns of the historical Western experience of bioethics, but it also ignores the even more acute concerns of the contemporary Islamic world. As Marcia Inhorn (2008) writes:

The future challenge in the study of Muslim medical ethics is to move beyond these categories of reproduction, human organs, and death and dying. Without denying the importance of these topics, it is nonetheless fair to say that they have become hackneyed as the subjects of Islamic ethics and perhaps bioethics more generally. It is time to broaden the focus to include some of the other pressing but seriously underemphasized issues of moral/ethical concern in the Muslim world (255).

I agree with Inhorn that we cannot “deny [] the importance of these topics” and actually think that a moral philosophical approach would shed new light on these so-called “hackneyed” topics. It is possible to envision Islamic bioethics modeling itself along Christian or Catholic lines, whereby the sanctity of life becomes the starting point of bioethical discussion. This is a matter of “moral/ethical concern” and not something that should be left to a purely legalistic treatment. Recent technologies bring into sharp focus the moral urgency these issues take on. On the other hand, I recognize, along with Inhorn, that there are other pressing concerns that many reformist Muslims are concerned about, including particular topics related to human and women’s rights.

For instance, Ruaim Muaygil (2016), the above-mentioned women’s rights activist and Saudi professor of bioethics, has written an article on the troubling issue of physician participation in mutilation and judicial killing carried out by governmental authorities. In some Muslim-majority countries, physicians
can be called on by the state to participate in punishments sanctioned by traditional sharīʿa: the so-called ḥudūd, qisṭis, and taʿzīr punishments. These can range from whipping and hand amputation all the way to beheading and crucifixion. The question arises: how should Muslim physicians and Islamic bioethicists react? Islamic versions of the Hippocratic oath exist, but there is an obvious tension here when it comes to what are thought to be divinely ordained punishments. Codes of medical ethics and human rights are similarly conflicted. Several Muslim-majority states are signatories to the Cairo Declaration of Human Rights in Islam (CDHR), seen by many as a response to the United Nation’s Universal Declaration of Human Rights (UDHR) adopted in 1948. While it takes the issue of human rights seriously, the CDHR ultimately sanctions judicial corporal and capital punishments under traditional interpretations of the sharīʿa. In the case of Saudi Arabia, the Code of Ethics for Healthcare Practitioners dictates that doctors and other healthcare providers should not participate in torture or corporal and capital punishments except in the case of punishments “approved by the Islamic shariʿa ... with a ruling from the religious judiciary” (Muaygil 2016, 482). Saudi physicians can and do participate in these punishments, in both direct and indirect ways.

Again, the question arises: what stance should Muslim physicians and Islamic bioethicists take on this issue? If we were to limit our analysis to the Saudi (and/or Egyptian) ʿulamāʾ, we will no doubt find some (or even a lot of) variation in how often and extensively such so-called sharīʿa punishments should be carried out. Many would argue for the severe limitation of these punishments, to the point of an almost total suspension of their enforcement; these arguments are rooted in traditional Islamic ideas of doubt and legal procedure. However, few (or perhaps none) of these clerics would call for the total abolition of such punishments. On the other hand, if we expand our search to Islamic actors aside from the clerical religious establishment, a different image emerges. Tariq Ramadan (2005), who could be considered a reform-minded traditionalist, famously called for a moratorium on all Islamic corporal and capital punishments. Meanwhile, Islamic modernists going all the way back to Sayyid Aḥmad Khān and Muḥammad Iqbāl have gone even further and argued that such punishments are no longer applicable in the modern context (Noman 2009, 155). This viewpoint is echoed by the likes of Rahman, Sorush, Abū Zayd, Akyol, and the author of this paper: such corporal punishments made sense in the “desert-based tribal society with no correctional facilities” (Akyol 2011, 270), i.e. in the distant past, but, not today. As Akyol goes on to write, “Today, though, we can interpret these penalties less literally, as some modernist theologians are already arguing” (270). Muaygil (2016), for her part, concludes that “participation by Saudi physicians in state-sanctioned corporal
punishment cannot be ethically justified under Islamic and universal bioethics" (487). There exists no shortage of Islamic voices calling for the suspension or abolition of these judicial corporal and capital punishments, which explains why Pakistan, often ruled by a governmental elite sympathetic to Islamic modernism, has historically tended not to enforce them.

From my standpoint, such punishments in the present-day fly in the face of the Qurʾānic ethos of forgiveness, reform, and rehabilitation. I would point to the little publicized fact that the Qurʾān considers murder to be the gravest of crimes and yet encourages family members of victims to accept financial restitution in lieu of capital punishment, or – as an even higher ethic and sign of piety – to offer condition-free pardon and amnesty to the murderer. This actually goes against biblical law, which demands that murderers be killed: “Moreover, you shall accept no ransom for the life of a murderer, who is guilty of death, but he shall be put to death” (Q 35:31). The Qurʾān, meanwhile, declares:

\[
\text{[In the Torah] We prescribed for them: a life for a life, an eye for an eye, a nose for a nose, an ear for an ear, a tooth for a tooth, and for wounds, equal retribution. But whosoever forgoes [retribution] out of charity, it shall be an expiation [of sins] for him.}
\]
\[Q 5:45\]

This is not some isolated verse that is being cherry-picked, but rather constitutes a recurrent theme in the Qurʾān that our classical and modern Islamic jurists have not paid sufficient attention to. Perhaps it can be said that their legalistic frame of mind prevented them from unlocking the “turn the other cheek” ethic evident in the Qurʾān. It also permitted them to create a hodgepodge legal code whereby murder is forgivable, but theft is not. The upshot of this logic is the following: If I kill you, your family can forgive me; if I steal your car, my hand must be chopped (notwithstanding, of course, procedural considerations). A moral philosophical approach would remedy these deficiencies (and would bring Islamic bioethics in line with recent Christian and Catholic bioethical discourses centered around the sanctity of life).

By overemphasizing the fatwās of the ʿulamāʾ, however, Western scholars are not just silencing Islamic reformists but also ignoring their natural allies in the struggle for human rights across the globe. Whereas Abdur-Rashid et al. consider the muftī to be the primary actor of Islamic bioethics, Muaygil's article places Muslim physicians at the forefront. Muaygil (2016) writes:

As a direct result of the high moral status granted to physicians in Islam, they [i.e. Muslim physicians] have a major responsibility and role to place
in the debate over state-sanctioned corporal punishment ... As medical professionals practicing in an Islamic country, physicians have not only a duty to refrain from involvement in judicial corporal punishments but also a positive responsibility to actively help bring the practice to an end (489).

Instead of turning to jurisprudential bodies under Saudi (or Egyptian) patronage, Muaygil looks to medical organizations, societies, and schools to dictate ethical practice:

Medical organizations and societies, medical schools, and training programs play an important role in ensuring that the ethical obligation to not use one’s medical skills or knowledge to cause harm extends beyond the realm of the hospital or clinic. Their role is pivotal in clarifying and changing the role and responsibilities of Saudi physicians (487).

The importance of physicians and medical associations should not be underestimated in this regard. In the case of Pakistan, the state has been severely impeded in its ability to enforce the so-called *shari'a* punishments, in no small part due to physician opposition. (As has been noted already, however, the ruling elite of Pakistan has often been sympathetic to the ideas and ideals of Islamic modernism.) The Pakistani Medical Association (PMA) adopted a resolution in 1983 against any physician involvement in judicial corporal punishments (British Medical Association 1992, 92). State authorities, meanwhile, have been unable to procure a willing surgeon to carry out the punishment of hand amputation, effectively rendering this a dead letter in Pakistan. On the other hand, although “there have been protests [against it] from Pakistani doctors,” individual physicians have supervised floggings, making this as an enforceable (although rare) punishment in Pakistan (British Medical Association 1992, 92).

If Saudi physicians, therefore, take a strong stand against judicial corporal and capital punishments, this could make it more difficult for the state to implement its program of punitive criminal justice (although, of course, Saudi Arabia is an authoritarian state and may coerce physician involvement). The same analysis applies to other countries where these punishments are enforced. These judicial punishments are symbolic of a wider battle in contemporary Islamic thought (i.e. between radical extremists, conservative traditionalists, reformist traditionalists, and liberal modernists). Physicians find themselves at the forefront of this ideological and theological conflict. This fact can support the idea that the physician, not (just) the *muftī*, is a/the primary actor in Islamic bioethics.
Bioethics Education

Like Muaygil, I believe that medical societies, associations, and ethics organizations should be strengthened in the Islamic world, and that they should take the lead in dictating ethical practice for the physician. This would, of course, require proper education and training in biomedical ethics. Many authors in the Islamic bioethics literature suggest or at least consider the possibility of medical schools in the Muslim-majority world teaching Islamic bioethics as a distinct subject, perhaps in place of secular bioethics. In the book *Muslim Medical Ethics* (2008), the authors write, “Only through teaching will Muslim medical ethics become a discipline in its own right” (211). However, I am concerned about the dangers of this possibility, especially if it does indeed result in the supplantation of secular bioethics and if it means vesting the ‘ulamā’ with even more power.

We should not assume that Muslims, especially highly educated medical students and physicians, will necessarily subscribe to the view that a separate bioethics is needed for their own clinical practice or that they should seek guidance from the religious clerics. For one thing, the medical school curriculum is already jam-packed, and the bulk of what limited time is available for bioethics should, in my opinion, be allocated for the typical bioethics that are studied throughout the world. This is an integral part of training to be a physician and should not be denied to Muslim students based on some misguided sentiments of moral and cultural relativity. This is to say nothing of the non-Muslim students who also attend medical schools in Muslim-majority countries! Realistically, medical students in any case only obtain a very basic and rudimentary education in bioethics during their initial schooling period. Specialized topics, such as Islamic bioethics, can be left for those who have an interest in further pursuing this course of study.

If it is found necessary to teach medical students or physicians a separate field of Islamic bioethics, the question arises as to how we are to do so, especially when we have seen how (at least) two competing visions of Islamic bioethics exist. If current trends are followed, my fear is that an Islamic bioethics curriculum will heavily favor the hegemonic paradigm, heavily implicated, as we have seen, in oppressive structures of power and authority. Therefore, what I suggest is that any teaching on this subject be limited (at least initially) to instruction in religious literacy. Before students and physicians dive into the subject matter of religion, they at least first need to know how to approach the subject in an academic setting (which medical school is). The approach provided by Harvard’s Religious Literacy Project is a useful place to start, and realistically we should not expect to have more than a few conference days allocated.
for this. Once students and physicians become religiously literate, they can then learn about the general approaches within Islamic bioethics and make their own religious decision as to which of these speak to their conscience.

10 Concluding Remarks

If Muslim medical students and healthcare workers should be instructed in secular bioethics, Western students and scholars of Islamic bioethics should be educated in the religious literacy approach, so that they can do justice to the full scope of Islamic opinion. In its current state, the Islamic bioethics literature is implicated in the epistemic violence waged against Islamic reformists, modernists, liberals, and intellectuals, whereby their views are either ignored or deemed inauthentic. I would argue further, and quite controversially, that much of what passes for Islamic bioethics today is not very inspired, neither being Islamically constructive nor creative. Instead, many Muslim authors simply reproduce the religious edicts of the ʿulamāʾ, or at most tinker with them in superficial and derivative ways. In my mind, the goal of the Islamic bioethicist should be to actively promote ethical practice, a motivation born out of a deep-seated desire for the ethical life and a concern for human rights. As Sherine Hamdy (2013) writes, bioethics “requires more from Muslims than following fatwas, or identifying with things labeled ‘Islamic.’” Furthermore, “bioethics needs to look beyond the cutting-edge life-or-death scenarios and speak to the everyday inequalities.” Instead, the point is to “struggle for a world of greater social justice, equality, peace, and environmental health.”

Overall, my argument is that Islamic bioethics must be understood as a contested space, within the wider field of Islamic academic theology, in which religious discourse about bioethical issues takes place. Some authors have suggested that the more neutral term Muslim bioethics be used – or even a differentiation be made between those engaging in Islamic versus Muslim bioethics. However, I do not find this terminological distinction to be very helpful, because I think what is really going on is an internal religious debate between various Islamic actors about what constitutes Islam. Put more simply, this is not a distinction between Islamic and Muslim visions of bioethics, but rather, an internal debate about what an Islamic bioethics constitutes. As such, Islamic bioethics will be characterized by a plurality of views and approaches that are in conflict with each other, and which reflect the wider debates in contemporary Islamic intellectual thought.

Moreover, it should be considered that reformist, modernist, and liberal intellectuals in many parts of the Islamic world are vulnerable to intimidation and even acts of physical violence; by disproportionately favoring one side over
the other in this internal religious debate, Western scholars are inadvertently participating in epistemic violence against an already beleaguered group. It is hoped that the tools and principles of religious literacy, as proposed by Diane Moore and adopted by Harvard's Religious Literacy Project and the American Academy of Religion, can help Western scholars of Islamic bioethics to better navigate the tricky waters of Islamic intellectual discourse.

This academic approach to the study of religion "presumes the religious legitimacy of diverse normative claims" (Appendix), and does not, therefore, prioritize claims of orthodoxy over minority or dissident expressions of faith. With this approach in mind, it is hoped that Islamic bioethics can disentangle itself from the structures of authority and power, and can instead become a protected space for free religious expression, open enquiry, and the unfettered exchange of ideas. It can be a place for constructive and creative Islamic activity, and a safe space and refuge that Islamic reformists can use to promote their bioethics and human and women's rights concerns, born as they are out of deep-seated feelings of religious obligation, pious compassion, and a heart-felt sense of virtue. However, in order for this to happen, Western scholars must take the time to listen to the courageous but vulnerable voices coming out of the Islamic world as well as from their own Muslim colleagues in the academy.

Appendix

_The Principles of Religious Literacy as Proposed by Harvard's Religious Literacy Project (RLP)_28

Starting premise: There is a difference between the _devotional expression_ of particular religious beliefs as normative and the nonsectarian study of religion that presumes the religious legitimacy of diverse normative claims.

Three principles:

1. Religions are internally diverse as opposed to uniform.
2. Religions evolve and change over time as opposed to being ahistorical and static.
3. Religious influences are embedded in all dimensions of culture as opposed to the assumption that religions function in discrete, isolated, "private" contexts.

28 Reproduced with slight modifications from “Religious Literacy Project: Four Principles.” Also, see Diane Moore, “Methodological Assumptions.”
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