



THE *ADAB AL-ṬABĪB* OF AL-RUHĀWĪ: ITS  
SIGNIFICANCE AND RELEVANCE TO  
CONTEMPORARY MEDICAL ETHICS

BY

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## **ABSTRACT**

This research studies the first book written in Islamic literature on medical ethics. The main aim of this work is to identify the foundation on which al-Ruhāwī, the author, built medical ethics. The thesis shows that this book was written according to the Islamic worldview - despite the claims that the author was a Nestorian Christian. The second finding is that the author placed emphasis on belief as an important criteria. He bases his other arguments on medical ethics on this point of view. The ethical standard of al-Ruhāwī stems from both responsibilities on and rights for the mind, the body and the soul. The study also shows how a theoretical (philosophical) base will affect the practical ethical codes: professionalism test and the treatment fees. According to this thesis, the philosophy in general and Islamic philosophy in particular can deliver a better understanding of and effect on Muslim medical students, and will also reduce the dichotomy between what they believe (religion) and practise in medicine.

## خلاصة البحث

يقوم هذا البحث على دراسة أول كتاب متخصص بأخلاق الطب في الأدب الإسلامي. الهدف الرئيسي الذي تطلع الباحث للكشف عنه هو إبراز الأساس الذي بنى عليه مؤلف الكتاب الرهاوي أخلاق الطب. أظهرت الدراسة أن هذا الكتاب قد كتب على أساس النظرة الإسلامية للوجود -على الرغم من بعض الآراء التي تقول بأن الرهاوي كان مسيحياً نستورياً-. كما بينت الدراسة أن الرهاوي أكد على أن الركيزة الأساسية هي صحة اعتقاد الطبيب، وعلى أن حسن الأدب يبدأ من تحمل المسؤولية وإعطاء الحقوق اتجاه العقل والجسم والروح للفرد والجماعة، ومن هذا المنطلق يكمل الرهاوي شرحه لتفاصيل أخلاق الطب. أما الهدف الثاني من الدراسة فهو إظهار كيف أن الأساس النظري (الفلسفي) يظهر تأثيره على الساحة العملية الطبية، وذلك باستعراض بعض القضايا المعاصرة مثل المهنية، وأجور العلاج، والطب والروح والحياة اليومية للطبيب. يُستخلص من هذه الدراسة أهمية تقديم الفلسفة بشكل عام، والإسلامية بشكل خاص لطلاب الطب لإيصال مفهوم أشمل لمعنى أخلاق الطب ولتترك أثراً أعمق في نفوس الدارسين المسلمين منهم على وجه الخصوص، كما أن هذا له أثر في تقريب العلوم الطبية من المعتقد الديني لديهم.

## APPROVAL PAGE

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# CHAPTER ONE

## INTRODUCTION

### 1.1 INTRODUCTION

Ethics, also known as moral philosophy, is the rule of conduct regarding various departments of human life.<sup>1</sup> This moral philosophy systemizes and recommends concepts of right and wrong conduct. Ethics is a wide field that is divided into three major areas: meta-ethics, normative ethics and applied ethics. The last one, applied ethics, consists of the ethics of each particular domain in life, such as business, economic, engineering and medicine. Most professionals develop their own code of ethics. Medical ethics is a cornerstone of the medical field and a fundamental factor that guides medical professionals in their practice. It shapes policy that preserves patients' and professionals' rights, and informs the principles of biological and medical research in order to ensure the best way of delivering medical services to one and all. It is this which guides the physician in his relation with patients, colleagues and society, and leads him to the proper way of decision-making in the medical dilemma. This is why when we look back to the past, we see that medical ethics was highly appreciated by previous cultures<sup>2</sup>. Beginning with the Hippocratic Oath<sup>3</sup> (4<sup>th</sup> BC), and passing on to the Chinese code of conduct (2<sup>nd</sup> BC) in addition to the Indian, Roman, and Islamic cultures. All of these cultures made major contributions to which we still refer until now.

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<sup>1</sup>PuteriNemieJahnKassim, *Law and ethics relating to Medical Profession*,( Selangor: international law book services, 2007), 1.

<sup>2</sup> Albert R. Johnson, *A history of Medical Ethics*,( London: Oxford University Press, 2000), 11.

<sup>3</sup> Hippocratic Oath is one of the oldest binding documents, describing the basic ethics of medical practice.

Historically, doctors were and still are highly trusted by people. However this trust is withering away. Trust in the medical profession is important because it promotes willingness to seek advice, accept medical recommendations, and adhere to treatments given by doctors. As it is said, trust “comes on foot and leaves on horseback”. The decline of trust in the patient-doctor relationship will be hard to reverse if ignored<sup>4</sup>. Among the major causes of the decline of trust decline are: 1) lack of confidence in a doctor’s integrity, 2) declining faith in his clinical knowledge and skill, and 3) disbelief in his promise to put the patient's interests before other financial interests. The last cause, as explained by Dana Safran in her chapter “Patients’ Trust in Their Doctors: Are We Losing Ground?” indicates that trust is a central theme in ethics.<sup>5</sup> It is for this reason that ethics continues to be studied and great effort is made to establish the best way to inculcate the seeds of bioethics<sup>6</sup> in the souls of doctors and to keep ethicists by their side to consult them whenever they need<sup>7</sup>.

Furthermore, one of the main reasons for suffering nowadays is due to psychological diseases (which is supported by the increasing demand of antidepressants and the rise of suicide). The rise of such diseases is a result of ignoring the spiritual needs of humans and giving way to secular dominance. This is also due to the inability of determining the long term results of particular medical technologies, such

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<sup>4</sup> Dana Gelb Safran. “ Patients’ Trust in Their Doctors: Are We Losing Ground?” In *The Trust Crisis in Healthcare: Causes, Consequences, and Cures*. (London: Oxford University Press, 2006).

<sup>5</sup> Ibid.,

<sup>6</sup> Bioethics includes medical ethics, bio-research ethics, environmental and animal ethics.

<sup>7</sup> Raanan Gillon, “Teaching Medical ethics: impressions from the USA” in *Medicine, Medical Ethics and the Value of life*, ed. Peter Byrne, (New York: John Wiley and Sons, 1990), 89-110.

as surrogacy which leads to emotional trauma for surrogate<sup>8</sup> mothers spoils lineage which then ruins societies). Medicaments are not the radical treatment of depression which is the result of ignoring the humanitarian spiritual nature. Rather, the treatment should be derived from a comprehensive system that regulates societies in a holistic way and which combines the short term and long term outcomes on an individual and social level. It should also care for both the materialistic and spiritual aspect. Islam proved its ability to cure and regulate medicine comprehensively through hundreds of years in its golden age.

Let us now examine Islamic medical ethics. It is derived from a comprehensive and coherent Islamic general ethics, as Prophet Mohammad (peace be upon him) said: “I have only been sent to perfect moral integrity”[Ahmad]. As Muslims, we should turn to our intellectual and practical heritage as a source for ethical guidance. Islamic medical ethics should be revived in a manner that enables anyone related to the medical industry to apply it, especially in our present fast-growing medical world of new techniques and increasing issues.

Islam considers seeking healthcare a fundamental right and duty of every Muslim. Islamic medical ethics are derived from two sources of Islamic law (the primary sources consists of the Qur’an and *Sunnah* and the secondary sources like *Qiyās*). The main principles that regulate them will be discussed later on in this paper. The unique character of religious ethics in general and Islamic ethics in particular is its spiritual dimension which is currently missing in secular ethics.<sup>9</sup> The Islamic

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<sup>8</sup>Yehezkel Margalit, “In Defence of Surrogacy Agreements: A Modern Contract Law Perspective,” *William & Mary Journal of Women and Law*, Vol. 20, no. 2 (6), 20-23.

<sup>9</sup>Robin Gill, *Health Care and Christian Ethics*, (New York: Cambridge University Press, 2006), 210-213

spiritual dimension is based on the classical Muslim motto of accomplishing every deed for the sake of Allah SWT in a manner that pleases him. This means treating a patient in the very best technical way while smiling at him and soothing his soul is better than treating him also in the very best technical way but while frowning and with spiritual inertia. Although both approaches are legal and do not interfere with the four principles of secular medical ethics, Islam prefers and rewards the second one. Moreover, al-Razi considered that it is the duty of the physician toward the patient to be soft-spoken, compassionate, and behave modestly. He insisted that doctors should encourage their patients to have hope of recovering, even those who have diseases which have little chance of recovering.<sup>10</sup> Kasule points out a very important issue regarding the definition of the term “ethics.” According to him, it has different implications when looked at from the Western or Islamic perspectives due to the differences in scope covered by each type of law. In the secular view, ethics came to deal with those issues that are not covered by secular law, while in Islam, the law (*shari’ah*) is comprehensive to the degree that it includes every aspect of life.

“Ethics is an indivisible part of Islamic law, unlike in the west, where it has in the recent past evolved into a distinct area of study and practice that deals with moral issues that secular law cannot approach because it divested itself of religious elements.”<sup>11</sup>

Islamic civilization was one of the most dynamic civilizations of the world since its dramatic rise in the seventh century C.E. It spanned a large part of the globe,

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<sup>10</sup> Abu Bakr Al-Razi , *Physician’s Ethics [Akhlaq al-Ṭabīb]*, editor Al-Abd AL. Cairo (Egypt: Dar Al-Turath, 2001), p. 130-133.

<sup>11</sup> Omar Hasan Kasule. “Biomedical Ethics: An Islamic Formulation”. *Journal of Islamic Medical Association* vol.48, no. 1, (March 2010):38. Via <http://jima.imana.org/article/view/5129>.

integrating many subcultures and languages within it, and actively embracing the peoples around it. It became well known as a civilization of knowledge.

The science of medical knowledge (al-Ṭibb) was highly appreciated in medieval Islamic culture. Physicians and scholars in that era developed a large medical literary corpus which explored and made progress in many fields of medicine. This medical literature is different from the contemporary one in that its special character was integrating medicine with other fields such as the natural science, mathematics, religion, philosophy, etc. Moreover, many of these works showed great admiration for the theoretical and practical knowledge developed in ancient Greece. Islamic scholars translated medical works from Greek into Arabic and produced valuable medical knowledge by integrating, adapting, and sifting the wisdom of the Greek with their own knowledge and expertise.

As Islamic medicine incorporated what was in harmony with Islam from the Greeks and other cultures, medieval and early modern scholars in Europe drew upon Islamic literature and scientific legacy to shape their own medical knowledge. The same way Galen's and Hippocrates' books influenced Muslims, Ibn Sīnā's *Canon of Medicine* influenced the West and was the primary reference in Western Europe. It was translated into Latin and then spread throughout Europe. During the fifteenth and sixteenth centuries alone, the *Canon of Medicine* was published more than thirty-five times (Savage-Smith 2014). Al-Rāzi (Rhazes), the greatest physician of the Islamic world, wrote *Kitāb Al-Mansūrī*, ten chapters on medicine, and also published on smallpox and measles. His texts continued to be reprinted until the 19th century.<sup>12</sup>

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<sup>12</sup>AzeemMajeed, "How Islam changed medicine: Arab physicians and scholars laid the basis for medical practice in Europe," *British Medical Journal* (2005), vol.331 no. 7531, 1486–1487.

The classical Muslim physicians placed an emphasis on ethical principles in their practice and recognized it as an essential requirement in the character of the physician<sup>13</sup>. Their ethical arguments always started from a philosophical basis and medical science involved both the study of theology and medicine. Doctors were required to act in accordance with all the rules of Islamic ethics. Muslim doctors were a mix of metaphysician, philosopher, astrologer, religious scholar, etc. This is why the physician in medieval times was called *ḥakīm* which means “man of wisdom.”<sup>14</sup>

Most Muslim physicians designated a section of their books for medical ethics. In the 9th century, Abu al-Ḥasan ‘Ali Ṭabarī (807-861 AD), described in his book, *Firdaus al-Ḥikmah* (The Paradise of Wisdom)<sup>15</sup>, the Islamic code of ethics. Rhazes (Ṭabarī’s student) was also strictly committed to the principles of medical ethics. He made commentaries on principles of medical ethics for his medical students and his book titled *Ṭibb al-Rauḥānī* (*Spiritual Medicine*) is about ethics. Avicenna has also included comprehensive moral advice regarding clinical medicine and the practice of physicians in his medical books<sup>16</sup>.

One of the earliest and most thorough books on medical ethics in Islam is *Adab al-Ṭabīb* (Etiquette of the Physician) by Ishaq ibn ‘Alī al-Ruhāwī. Al-Ruhāwī was a Muslim physician<sup>17</sup> who was a contemporary of Abū Bakr Al-Rāzi and lived in the second half of the ninth century C.E... His book consisted of 112 folios with 17

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<sup>13</sup> International Organization of Islamic Medicine, *Islamic code of Medical Ethics* (n.p.: IOIM, 1981).

<sup>14</sup> Zunic, Lejla, Emina Karcic, and Izet Masic. "Medical ethics in the medieval Islamic sciences." *Journal of research in pharmacy practice* 3, no. 3 (2014): 75.

<sup>15</sup> This book was printed in Berlin by Professor Edward Browne in 1928.

<sup>16</sup> Azeem Majeed, "How Islam changed medicine: Arab physicians and scholars laid the basis for medical practice in Europe," *British Medical Journal* (2005), vol. 331 no. 7531, 1486–1487.

<sup>17</sup> Aksoy, Sahin. "The religious tradition of Ishaq ibn Ali al-Ruhāwī : the author of the first medical ethics book in Islamic medicine," *JISHIM* (2004), vol. 3, 9-11.

lines per page. It was found in SuleymaniyeKitabhane in Istanbul and was translated into English by Martin Levey in 1967. In the first chapter, although Al- Ruhāwī quoted from Aristotle', Socrates', Galen', and Hippocrates' writings, he primarily depended on Islamic philosophy to explain the art of healing. It was through this inclusion that he was able to incorporate a sensitive, humane, and enlightened approach towards medical care. This art of a spiritual humane touch is not so apparent in modern medical science.<sup>18</sup>

Al- Ruhāwī was dealing with the subject of medical ethics in a society that was shifting from a tribal primitive society to a larger one that embraced many different cultures that emphasized human values and strong religious sentiments. This was a time of great change which demanded a universal code that could be adopted by all. Therefore, this historical setting is relevant to our current globalized world.

*Adab al-Ṭabīb* does not deal with judgement or jurisprudence of medical procedures, rather it concerns itself with building the personality of the physician all the way from the roots to the final delicate details. Islamic medical ethics can be argued through two discourses, either as ethics from an Islamic intellectual discourse or as ethics from an Islamic jurisprudential discourse<sup>19</sup>. Al-Ruhāwī deals first with the intellectual discourse then goes on discussing the etiquette of the physician based on that intellectual pillar.

This research will try to answer the following questions:

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<sup>18</sup> Robin Gill, *Health Care and Christian Ethics* (New York: Cambridge University Press, 2006), 210-213.

<sup>19</sup> Aasim I Padela, "Islamic medical ethics: a primer," *Bioethics*, (2007), vol. 21, no. 3, 169-178.

1. Does teaching medical students philosophy as a prerequisite echo contemporary medical ethics literature?
2. How can contemporary Muslim physicians benefit from Western progress in medicine without violating their Islamic principles?
3. What are the practical ethical codes that al- Ruhāwī mentioned as being the fundamental elements in building the etiquette of the physician (rooted in Islamic philosophy) that still can be used in a contemporary medical context?

## 1.2 STATEMENT OF THE PROBLEM

Bernard Lown, the famous Boston cardiologist, wrote in 1996 his book *The Lost Art of Healing* which describes the essential role of a health care provider's bedside – behavior in producing quality medical care. He expresses his concern that important bedside skills are disappearing in our technology-focused practice of medicine.<sup>20</sup> This is why the study of ethics should be continued and great effort must be exerted to establish the best way to inculcate the seeds of ethics<sup>21</sup> in the souls of doctors. Great effort should also be made in keeping ethicists by the side of doctors so that they can consult the ethicists whenever they need.<sup>22</sup> I believe that Islamic ethics, as developed by al-Ruhāwī, can contribute to the progress of medical ethics in contemporary Muslim societies. The purpose of this study is to extrapolate relevant ideas from al-

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<sup>20</sup> Barry D Silverman, "Physician behavior and bedside manners: the influence of William Osler and The Johns Hopkins School of Medicine," *Baylor University Medical Center Proceedings*, (2012), vol. 58 no. 1: 58. via *Academic OneFile*, EBSCOhost (accessed March 26, 2015).

<sup>21</sup> Bioethics includes medical ethics, bio-research ethics, environmental and animal ethics.

<sup>22</sup> Raanan Gillon, "Teaching Medical ethics: impressions from the USA" in *Medicine, Medical Ethics and the Value of life*, ed. Peter Byrne, (New York: John Wiley and Sons, 1990), 89-110.

Ruhāwī's book and analyze them under the light of contemporary works in the field of medical ethics and etiquette.

### **1.3 RESEARCH OBJECTIVES**

This research aims at achieving the following objectives:

- To understand the wisdom of al- Ruhāwī in *Adab al-Ṭabīb*: To identify the base of the Islamic medical ethics upon which the classical physician (Iṣḥāq ibn ʿAlī al- Ruhāwī) built his work. To discuss this work and compare it with modern day medical ethics.
- To study how classical Muslim scholars benefit from other cultures without violating their principles which will in turn encourage us to deeply study the western experience and selectively benefit from it.
- To show how the practical ethics (or etiquette) of the physician described by al- Ruhāwī directly emerges from Islamic metaphysics and is strongly grounded in it.
- To find out what is relevant and useful within *Adab al-Ṭabīb* in our modern times and which can be applied to the contemporary medical ethics context.

#### 1.4 LITERATURE REVIEW

The word *ethics* is derived from the Greek word “*ethos*” meaning habit or custom,<sup>23</sup> or the word “*ethikos*” meaning character, manners and morals.<sup>24</sup> In Greek history, Socrates referred to ethics as “the critical scrutiny of moral thought and practice,”<sup>25</sup> while Plato referred to an ethical person as one who “in his mind, attended to and was guided by the ‘form’ of the good.” However, Aristotle delved more deeply than Socrates and analyzed ethics according to human excellence which differentiated him by his thinking, association with others and his functioning as a member of the natural order. So what accounts to this excellence is to discover how one should act.<sup>26</sup>

According to *The Encyclopedia of Islam*, ‘*Adab*’ is defined as “a habit, a practical norm of conduct.” It also means “an ethical high quality of soul, good upbringing and courtesy.”<sup>27</sup> In *Taj al-‘arous adab* means the process of acquiring virtues and also means praised deeds and speech.<sup>28</sup> *Encyclopedia Britannica* defines ‘*Adab*’ as “norm of conduct” or “custom.” Another comprehensive definition of ‘*Adab*’ as a concept is one given by al-Attas. “*Adab* is recognition and acknowledgement of the reality that knowledge and being are ordered hierarchically according to their various grades and degrees of rank, and of one’s

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<sup>23</sup> Thomas Mauther, *A Dictionary of Philosophy*, (Oxford: Blackwell, 1996), 137

<sup>24</sup> Plueckhahn, V.D. & Cordner, *Ethics, Legal Medicine & Forensic Pathology*, 2<sup>nd</sup> edn. (Victoria: Melbourne, University Press, 1991), 1.

<sup>25</sup> Alastair Campbell, 2-3.

<sup>26</sup> *Ibid*, 3.

<sup>27</sup> Lent Van, *The Encyclopaedia of Islam: New Edition*, (Netherland: Brill, 1997), 3.

<sup>28</sup> Muhammad Murtadha Al Zabidi. *Taj al-arus*. Edited by Ali Syiri, (*Beirut, Dar al-Fikr*, 1994), 296.

proper place in relation to that reality and to one's physical, intellectual and spiritual capacities and potentials."<sup>29</sup>

*Adab* developed during the glorious height of Abbasid culture in the 9th century and continued throughout the Muslim Middle Ages.<sup>30</sup> *Adab* literature is related to character ethics, both in the personal and professional realm.<sup>31</sup> In the eighth and ninth centuries, there were a flood of translations from Persian and Greek cultures to the Muslim world which thereby introduced a large number of *adab* works like *Siyar Mulūk al-‘Ajam*, *Kalīlah wa Dimnah* and *al-Adab al-Şaghīr*, *Adab al-Kabīr* by Ibn al-Muqaffa. Afterwards, Muslim scholars started integrating their Islamic philosophy with other cultures and produced unique works like *‘Uyūn al-Akhbar* by Ibn Qutaybah, *Firdaus al-Ĥikmah* by al-Ṭabarī, *Adab al-Ṭabīb* by al-Ruhawī, etc.

The literal translation of ethics into Arabic is “*Akhlāq*”, and the translation of morality is “*ada*.” So “*adab* addresses what is the proper or improper behavior of man and *‘akhlāq* addresses why such action is proper or otherwise.”<sup>32</sup> Islamic ethics are the universal standards of right and wrong as taught by the Qur’an and demonstrated by the Sunnah (exemplary life including actions and words of the prophet Mohammad peace be upon him).<sup>33</sup> For an action to be ethical in Islam, it should be first according to the Divine law (*shari‘ah*). Secondly, it should achieve or maximize the accredited and unrestricted interests (and this interest must be approved by the *shari‘a*). Thus, in

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<sup>29</sup> Syed M.N. al-Attas, *The Concept of Education in Islam*, (Petaling Jaya: Muslim Youth Movement of Malaysia, 1980), 27.

<sup>30</sup> "Adab." *Encyclopædia Britannica* (September 2014): *Research Starters*, EBSCOhost (accessed March 26, 2015).

<sup>31</sup> Padela, (2007).

<sup>32</sup> Abdurazek A. Hashi, "Islamic Ethics: An Outline of Its Principles and Scope," *Revelation Science*, vol.01, no.03(2011): 122-130.

<sup>33</sup> *Ibid.* 123.

Islamic ethics, both the goal and the means to achieve it are required to justify the action.<sup>34</sup>

The contemporary definition of ethics is derived from Kantian philosophy. It<sup>35</sup> is the conduct that one should do in “a way that, in a community whose members all acted that way, one’s life would be enhanced.” Plato and Aristotle saw that morality does not consist in adherence to principles and roles but it depends on the expression of a virtuous character internal to the person who needs no external rules to specify right conduct. Kant, on the other hand, saw that “the moral worth derives from a good will attempting to meet the demands of duty.”<sup>36</sup> For example, if we took the Aristotelian theory over Kant’s, then we will admire people who perform charity spontaneously from their own motivation more than those who do it from a sense of duty. Conversely, we would admire one who does so from a sense of duty if we were to take the view of Kant’s philosophy.

One authentic reference used in the secular world to lay down decisions regarding ethical medical issues is *Principles of Biomedical Ethics*, by Tom Beauchamp and James Childress. This book is unique in that it does not deal with a series of problems like abortion, contraception, euthanasia, etc. Rather, it treats medical ethics as applied ethics in need of general theories and principles that would serve as applicable guidelines for medical problems. This book presents four fundamental principles (autonomy, beneficence, nonmaleficence and justice). Each principle is analyzed in separate chapters and its meanings and implications for the

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<sup>34</sup> Ibid, 128.

<sup>35</sup> Ibid, 4.

<sup>36</sup> Tom Beauchamp and James Childress, 2<sup>nd</sup> edn., *Principles of Biomedical Ethics*. (New York: Oxford University press, 1983), 262.

medical field are illustrated.<sup>37</sup> However, these principles are criticized by some scholars like James A. Marcum in his article, "Philosophy of medicine" in the *Internet Encyclopedia of Philosophy*,<sup>38</sup> where he considers confining ethics to a few principles and does not comprehensively cover all aspects. Even in particular cases, the application of one principle may contradict with others, leading to confusion and misperception. For example, with regards to *beneficence* and *non-maleficence*, immediate treatment will result in more good than harm for the patient. But if the patient were to refuse the treatment and is clearly competent, then according to *respect for autonomy*, the treatment cannot be given. *Justice* is no help here unless the patient's refusal seriously endangers another person's vital interests. The problem with the four principles, in other words, is that they provide no decision-making procedure for resolving conflicts or reaching practical conclusions.

Recently, as medicine is becoming more and more a technology-focused practice, some practicing doctors have made attempts to draw attention towards giving sufficient focus on building the ethical character of physicians.<sup>39</sup> The most prominent western work on this issue is *The Lost Art of Healing*, written by Bernard Lown. After his long experience in cardiology, Dr. Bernard realized that contemporary medicine is losing the human element. Doctors are dealing with patients as cases meant to be

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<sup>37</sup> Ibid.

<sup>38</sup> James A. Macrum, "philosophy of Medicine" via *Internet Encyclopaedia of Philosophy*, <http://www.iep.utm.edu/medicine/#H5> (accessed on May 22, 2015)

<sup>39</sup> Silverman, Barry D. "Physician behavior and bedside manners: the influence of William Osler and The Johns Hopkins School of Medicine." *Baylor University Medical Center Proceedings* no. 1 (2012): 58. Via *Academic OneFile*, EBSCOhost (accessed March 26, 2015).

treated with high-tech tools but lacking sufficient compassionate and mutual emotional contact.<sup>40</sup>

However, eliminating the religious perspective from ethics resulted in a lack of spirituality in medical practice. Robin Gill, in *Health Care and Christian Ethics* compares a purely secular medical ethics to theological ethics, particularly Christian health care virtues as he called them. He suggests that if these virtues are shared with secular principles, they can enrich them and better serve pluralistic communities.<sup>41</sup> This suggestion gives a clue towards understanding the cause of the loss of ethics in modern medicine.

Mark Cherry argues that, although western Europe claims to depend solely on secular-based ethics, it still, in reality, is committed to preserving significant elements of a moral vision justified by religious values. He concluded that the reality is that kingdom of reason is indeed containing plurality of moral cultures and is not a single coherent one. Finally, he says “the result is a cardinal difficulty in providing a morally authoritative foundation.”<sup>42</sup>

Hans-Georg Gadamer, in his book, *The Enigma of Health: The Art of Healing in a Scientific Age*, delves deeper to the roots of the problem by pointing to the importance of metaphysics in determining the meaning of health care. Gadamer says that, “we have reached a limit situation in which thus knowledge, ultimately, has

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<sup>40</sup> Ibid.

<sup>41</sup> Robin Gill, *Health Care and Christian Ethics* (New York: Cambridge University Press, 2006), 210-213.

<sup>42</sup> Engelhardt Jr, H. Tristram. "Japanese and Western Bioethics: Studies in moral diversity." In *Japanese and Western Bioethics* (n.p.: Springer Netherlands, 1997), 213.

turned destructively against nature itself.”<sup>43</sup> His suggested solution is to treat the world through “another perspective from which the world can be considered.”<sup>44</sup> In other words, Gadamer came to the conclusion that, although philosophers are dealing with metaphysical things that are “away from concrete things,” still they are illuminating our attention by making the connection between “medical treatment and the reference to the ‘whole’ or the ‘totality’.”<sup>45</sup> However, When Gadamer refers to Greek philosophers, one can feel the distance he keeps himself away from believing in Divine power to answer many questions raised in his book regarding the reality of the soul, death, falling asleep, etc. He comments on Aristotle’s picture of Divine existence that is permanently present and where “everything is presented to its contemplation.” Gadamer mentions that he is “disturbed” by that “Divine being.”<sup>46</sup> So it is clear that although Gadamer, a contemporary philosopher, and al-Ruhāwī, the author of the first book on medical ethics in the Islamic medieval period, both quoted from Greek philosophers, each accepted it in different ways. Whelton, in his review of Gadamer’s book, *The Enigma of Health*, sees that contemporary medicine is “shaped by its metaphysical agnosticism”<sup>47</sup> and believes that what is beyond the scope of human understanding cannot produce any real knowledge. What only counts as genuine knowledge is what can be obtained through scientific experience and its experimental methods. Gadamer suggests that it is rather reflection on the whole of reality which is needed to understand health. He makes this clear by saying, “Given the metaphysical

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<sup>43</sup> Hans-Georg Gadamer, *The Enigma of Health* (California: Stanford University Press, 1996), 101.

<sup>44</sup> Ibid, 101.

<sup>45</sup> Ibid, 116.

<sup>46</sup> Ibid, 130.

<sup>47</sup> William Meyer, "The Enigma of Health: The Art of Healing in a Scientific Age," *Nature Medicine* (September, 1996), no. 9, vol.2, 1043-1044.

agnosticism of modernity, it is not surprising that we have difficulty understanding and discussing the meaning of health.”<sup>48</sup>

Al-Qaradawi, in his book, *Introduction to Islam*, describes the comprehensive character of Islam among other religions and ideologies for “Its capacity to manage the whole life at all human existence.”<sup>49</sup> Another way of expressing this is given by Hassan al-Banna: “The message of Islam is with a length that covers time from the beginning and forever, with a width that encompasses the horizons of all nations, and with a depth that contains the affairs of this life and the life to come.”<sup>50</sup>

Islam is surely able to construct its own code of ethics, particularly since it is a religion based on morality. It lays great emphasis on morals and virtues which are clearly expressed in the Qur’an and the Sunnah. The Qur’an describes the messenger of Allah (pbuh) as “*and surely you are of great morality*” (68:4). The Prophet himself defined his mission similarly when he says, “I was mainly sent by Allah to perfect moral integrity” [Ahmad]. So ethics is an integral part of Islam which influences every aspect of life, whether it be politics, economics, education, worship, medicine, etc. Because of Islam’s capacity to provide an absolute moral compass, there is no need for Muslims to adopt principles from other ideologies. Rather, they must do their best efforts to properly establish their own. However, this does not conflict with the fact that some commonality can be found between different ideologies’ conception of morality. Since Islam is a religion in harmony with natural human nature, it will not be hard to also find commonality with moral principles of other ideologies.

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<sup>48</sup> Ibid.

<sup>49</sup> Yusuf Al-Qaradawi, *Introduction to Islam* (Cairo: Islamic INC., n.d.), 140.

<sup>50</sup> Ibid, 140.