

Islamic Medical Ethics in Brunei Darussalam Hospitals

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INTRODUCTION

Today, one of the most pressing controversial debates pertains to the ethics surrounding the medical field. Due to the effervescent technological advancement, the lines between what is ethical and unethical are obscured. Thus, there is a necessity to draw a fine line between what is deemed ethical and unethical. In Muslim societies, any issues or concerns, including those relating to medical ethics, are addressed, and often resolved by issuing *fatāwā* (religious rulings), derived from the learned Muslim scholars' *ijtihad* (reasonings). These *ijtihad* stemmed from two principal knowledge sources, the Qur'ān and the Sunnah of Prophet Muhammad ﷺ. To clarify, medical ethical issues are essentially concerns faced in the medical field in general; however, they are discussed from an Islamic perspective in this chapter. The question that poses itself now is: what exactly is Islamic medical ethics? More specifically, how does it differ from the Western opinion of medical ethics? To grasp the difference between Western and Islamic ethics, particularly in a medical environment, it is important to understand that the connotation of ethics and law in the West is distinctive than that of ethics and law in Islam. What is generally meant by ethics here, according to the *Oxford English Dictionary*, is a set of rules that governs a person's behaviour, or conduct, activity, or action, based on his moral values. From a Western perspective, medical ethics are moral principles that apply values and judgements to the field of medicine, including clinical practice and scientific research (Beauchamp & James, 2013).

Medical ethics in the West functions as a guideline for medical professionals and scientists towards protecting and defending human dignity and rights of the patients (World Medical Association Declaration on the Right of the Patient, 1981), whereas for Muslims, both practitioners and patients are obligated to adhere to medical ethics as defined by Islam. Simply put, there are specific guidelines on how a Muslim should behave and what he should undertake for certain duties in a personal or medical situation. For example, it is imperative for a Muslim patient in a critical condition to practise patience, or *ṣabr*, and contentment, or *riḍā*, (two ethical manners encouraged by Islam), and to pronounce the *shahādah* prior to death. Thus, the moral principles of medical ethics in Islam are based on the *Sharī'ah*. Furthermore, what may seem like a moral issue in the West may actually be ethical and legal issues in Islam. For example, in cases of induced abortion. In some Western societies, a non-Muslim woman may have a right to abort her foetus without facing legal consequences. However, if a Muslim woman aborted her foetus, then such an act is illegal under the *Sharī'ah*, as agreed upon by the International Islamic *Fiqh* Academy. Therefore, the *Sharī'ah* sets ethical principles by which Muslim medical practitioners, researchers, as well as, patients, are guided by. In essence, what makes medical ethics "Islamic" is that these ethics are based on Islamic principles. These medical ethics and principles are extracted from the Qur'ān and the Sunnah, explained as well by the contemporary *fatāwā*, particularly for the purposes of this research, those issued by Brunei Darussalam's State Mufti.

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The *fatāwā* of Brunei Darussalam's State Mufti are selected as this research exclusively looks at the context of Brunei Darussalam. Brunei Darussalam is a small Islamic monarchy, located on the north coast of the Borneo island in South-east Asia. On the first of January 1984, when Brunei Darussalam gained independence, Sultan Haji Hassanal Bolkhiah officially proclaimed the concept of 'Melayu Islam Beraja' ('Malay Islamic Monarch' in English) as the country's national philosophy. Although Islam has been Brunei Darussalam's official religion since the declaration of the 1959 Constitution, and Islam has been long practised in the country since the first Sultan converted to Islam in the early 1360s (Elisseeff, 2000), most, if not all, of the medical practices and ethics implemented in Brunei Darussalam were not influenced by Islamic principles (*Brunei Annual Report 1983–1984*, p. 242). Even though Brunei Darussalam appoints an official State Mufti, who provides religious verdicts on various issues, including several ethical issues relating to healthcare, Brunei Darussalam's Ministry of Health implements the Good Medical and Dental Practice guideline, as part of their medical ethics. All practising doctors and dentists in Brunei Darussalam must adhere to this set of ethical guidelines, formulated by the Brunei Medical Board and adapted from the Good Medical Practice (2006), with the permission of the General Medical Council, United Kingdom. The guideline not only addresses doctors and dentists, but it also informs the public on what they can expect from the medical professionals.

Because of this separation of healthcare and religion, one may assume that the way medical practitioners handle medical cases might not coincide with the State Mufti's *fatāwā* regarding certain ethical issues. Thus, this research aims to analyse whether Brunei Darussalam's health professionals handle specific medical ethical cases in a manner that is congruent or incongruent to the State Mufti's *fatāwā*. In order to achieve this aim, this research conducts semi-structured e-mail interviews that were sent to a non-random sample of three hospital nurses working under relevant departments, such as the Operation Theatre Department, as well as, the Obstetrics and Gynaecology Department. All interviewees received the same set of questions, regarding how they typically handle cases of abortion, euthanasia, and organ transplantation (see Appendix 1). As some of the interviewees' responses overlap or are similar to each other, this research only presents their main ideas or arguments. As for Brunei Darussalam's State Mufti's religious opinions, relevant books discussing his *fatāwā* concerning certain medical ethical questions will also be utilised in this chapter. Analysing and comparing these qualitative data reveals the level of congruency between the State Mufti's *fatāwā* and the real-life medical practices in Brunei Darussalam hospitals. The findings for this research will contribute to filling some organisational knowledge gap, pertaining to how health institutions address some current controversial medical ethical issues from an Islamic perspective, particularly in Brunei Darussalam, a nation that is undeniably understudied as a case study, and one that claims to be an Islamic system of governance, as Islam is one of the principal components of its socio-political schema. Having considered the significance of this research, the next section reviews the various literatures on Islamic medical ethics.

BACKGROUND

Before delving into the literature review, the term Islamic medical ethics must be clearly defined first. For the purposes of this research, Islamic medical ethics refer to the application of Islamic principles to guide ethical or moral behaviour related to the medical and scientific fields, which specifically deal with human life (Shomali, 2008). There are many issues pertaining to ethics in medical healthcare. However, only three contentious ones will be discussed here: (a) abortion – on the right to abort a viable foetus, (b) euthanasia – on the right to live or die, and (c) organ transplantation – on the right to donate or ac-

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