

The Principle of Autonomy as Related to Personal Decision Making Concerning Health and Research from an ‘Islamic Viewpoint’

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Abstract

Informed consent is now accepted as a cornerstone of medical practice. It is a derivative of the four fundamental principles of medical ethics, which are patient autonomy, nonmaleficence, beneficence, and justice. Islam upholds the underlying virtue of these four basic principles, but diversity arises in their interpretation and practical applications. In the World Health Report 2000, the World Health Organization opined that the expectation for autonomy was “universal,” while acknowledging cultural differences in its interpretation and implementation. The concept of autonomy applies well in securing the rights of patients against paternalistic infringement and in cases of malpractice. However, in this paper we argue that strict adherence to the Western grounded philosophy of medical ethics and autonomy is insufficient to solve ethical dilemmas in modern medicine, as it denies the role of faith in a supernatural being. Most non-Western cultures are still proud of their communal relations and spiritualistic ethos. In Western bioethics, patient autonomy prevails in choices involving all sectors of social and personal life, a concept unacceptable in many other cultures. In Islamic bioethics, the rights of God, the community, as well as the individual do feature in consideration. Islam emphasizes health promotion and disease prevention, making it obligatory for a Muslim physician to dissuade practices that undermine individual and collective health. Islam encourages individuals to get involved in such research, which has a public benefit and justifies the risks of participation. We propose a more flexible viewpoint that accommodates cultural values in interpreting autonomy and applying it in an increasingly multilingual and multicultural, contemporaneous society.

Key words: Informed consent, autonomy, ethics, Islam.

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Introduction

Informed consent is described as “a voluntary and explicit agreement made by an individual who is sufficiently competent or autonomous, on the basis of adequate information in a comprehensible

form and with adequate deliberation to make an intelligent choice about a proposed action.”¹ The doctrine originated in the context of medical research as a necessary research protocol to protect human subjects. It has since been recognized as a basic requirement for all medical procedures and investigations. Also, autonomy of the patient, beneficence, nonmaleficence, and justice were established as the four principles of medical ethics to govern the ethical practice of medicine and research.² They are now considered a cornerstone of medical practice.³⁻⁶ A number of researchers have suggested that these principles have always existed in Islam, but that their interpretation and practical application may differ.⁷⁻⁹ The World Health Report 2000 stated that the expectation for autonomy was “universal,” whilst acknowledging cultural differences in its interpretation and implementation.¹⁰ Although Western bioethics and Islamic bioethics are different in their foundational principles, they are fundamentally similar in practice. Their differences can be appreciated through a process of comparison. We aim to review the literature regarding the principle of autonomy as related to personal decision making concerning health and research issues from an Islamic viewpoint.

The Predominant Secular (Western) Model vs. the Islamic Model

The Western secular model is a modern phenomenon conceived in the 1970s to address new ethical dilemmas in medical practice and biomedical research. It was grounded in secular, philosophical principles relying on human reason and human experiences and denied moral considerations associated with “religion.” Its main feature was separation of religious and moral values and confining them to the private domain of individual conscience. Non-Western systems were viewed as primitive and inferior. Human reason is so supreme and absolute that man alone has the power to give ideas. The concept of life revolves around and emphasizes materialism. It can be described as rights-based with a strong emphasis on individual rights, namely the freedom of each individual to control his or her life. The interests and welfare of the individual have priority over the sole interest of science or society.¹¹ This model was not wholly effective because issues arose that required moral considerations. Many medical ethicists found it difficult to apply them in complex ethical situations. The four principles have often been

criticised due to their lack of any systematic relationship to each other and their frequent contradictions. Their reasoning is weak and inconsistent because there is no unified moral theory from which they are all derived.¹² Further, this model is neither legally enforceable by the authority of the state nor morally enforceable by conscience.

The Islamic model, on the other hand, draws its resources from revelation: God’s (Allah) guidance becomes the guiding principle. It is a divine order, which is firmly based on the uncompromising concept of the unity of God (Allah), the Creator and Sustainer جَلَّ جَلَالُهُ. It acknowledges moral principles directly applicable to medicine. A universal foundation of belief and practices creates a monotheistic culture, the aim of which is to create peace in one’s self, family, and society by actively submitting to and implementing the will of God. Bioethical decision making is carried out within a framework of values derived from three sources of sacred law. The first is the Qur’an, the word of God (Allah) جَلَّ جَلَالُهُ, revealed to Prophet Muhammad صَلَّى اللهُ عَلَيْهِ وَسَلَّمَ, which encompasses all facets of human life. The second is the *sunna*, the sayings and traditions of Prophet Muhammad صَلَّى اللهُ عَلَيْهِ وَسَلَّمَ. The third is *ijtihād*, the concerted effort and study of Islamic principles to derive legal opinions from the law, to a particular situation.¹³ Religion defines the role of the individual, the family, and the physician in all spheres of life including birth, illness, and death. It is the major influence on all public and private activities. There is no separation between state and religion, and no activity is considered purely secular in the life of a Muslim.¹⁴ Therefore, Islam is not just a religion in the contemporary understanding, but rather a way of life. Islam is a universal religion, culturally and temporally transcendent and relevant. Its instructions are aimed at the general welfare of all mankind and morality overrides all material benefits that a Muslim stands to gain. It prescribes for a balanced way of life and rejects extremism in living one’s life in both its materialistic and spiritual aspects.

Autonomy

Many ethicists view autonomy as the most important ethical principle, which supersedes all others.¹⁵ It is based on the worldview that every person has intrinsic value that preserves his ability to make informed decisions and hence justifies any actions arising thereof. Autonomy stands for personal liberty

where the individual is free to choose and implement his own decisions, free from deceit, duress, constraint, or coercion. This concept serves well when securing the rights of patients against paternalistic infringement. It however lacks a constructive notion of physician–patient interaction when it is meant to promote the patient’s best interest, which in essence is the application of the principle of beneficence. The concept of autonomy in Western culture emphasizes individualism, personal gratification, and self-actualization.¹⁶ This overriding consideration prevents a third party from providing aid or intervention without the exclusive authority of the individual. This is an example of how autonomy can contradict beneficence. Islam acknowledges the principle of autonomy as God ﷻ declared man as His viceroy on earth and said:

وَلَقَدْ كَرَّمْنَا بَنِي آدَمَ

We have honored Adam’s children.¹⁷

Islamic jurisprudence acknowledges autonomy as stipulated by the assertion that no one is entitled to dispose of the right of a human being without his permission.⁷ Islamic bioethics is based on duties and obligations (e.g., to preserve life, to seek treatment) and social responsibility of its followers. Individual autonomy is subservient to the larger good of the community and public interests take precedence over individual’s private considerations.^{7,9} This is in contrast to the United Nations Educational, Scientific and Cultural Organization (UNESCO) declaration that emphasizes that individual benefit should have priority over the sole interest of science or society’.¹¹

One of the basic purposes of Islamic law is to minimize the risk of harm to individuals and the society and avoid everything that adversely affects them, otherwise known contemporarily as nonmalficence.¹⁸ The difference is that in Islam beneficence and nonmalficence may supersede autonomy in certain instances.¹⁹ This is exemplified by the promulgation that “if a less substantial instance of harm and an outweighing benefit are in conflict, the harm is forgiven for the sake of the benefit.”²⁰ The rights of God, the community, and the individual factor in any decision, as is the overriding need for beneficence

reflected as a call to virtue and nonmalficence reflected by abstention from harm.^{8,21} In this scenario, both principles do not conflict, but rather complement each other in producing a more meaningful informed consent. In cases where the patient is not sufficiently capable of decision making, both the principle of beneficence as well as the principle of respect for autonomy require that the physician makes every effort to find out what the patient could wish and what could be his best interest.

Islam emphasizes seeking knowledge and conducting research that are useful and responsive to the five purposes of Islamic Law (*maqāṣid al-sharī‘a*), which are preservation of religion, life, progeny, intellect, and resources.²² Any medical action must fulfill one of the above purposes to be considered ethical. Islam encourages individuals to get involved in such research, which has a public benefit and is of sufficient importance to justify the risks of participation.^{20,23} Allah ﷻ says:

وَيَتَفَكَّرُونَ فِي خَلْقِ السَّمَاوَاتِ وَالْأَرْضِ رَبَّنَا مَا خَلَقْتَ هَذَا بَاطِلًا

[Those who] ponder upon the creation of heaven and earth and say ‘O God, you have not created this in vain.’²⁴

The Prophet ﷺ is reported to have said:

ما أنزل الله داء إلا أنزل له شفاء

Allah has not sent any disease without sending a cure for it.^{25,26}

This makes research obligatory for all Muslims, especially those involved in the treatment of human beings to find the best possible treatment for an ailment. Islamic law is in spirit dynamic and flexible, adapting to the necessities of life as exemplified by “necessities override prohibitions.”²⁰ Islamic bioethics emphasizes health promotion and disease prevention. Enjoining of good and forbidding evil are obligatory actions (*wājib*) that should be followed by all Muslims. Allah ﷻ says:

وَلْتَكُنْ مِنْكُمْ أُمَّةٌ يَدْعُونَ إِلَى الْخَيْرِ وَيَأْمُرُونَ بِالْمَعْرُوفِ وَيَنْهَوْنَ عَنِ الْمُنْكَرِ وَأُولَئِكَ هُمُ الْمُفْلِحُونَ

Let there arise out of you, a band of people inviting to all that is good, enjoining what is right, and forbidding what is wrong. They are the ones to attain felicity.²⁷

Therefore it is obligatory for Muslim physicians to dissuade or even prevent hazardous lifestyle and behaviors that undermine individual and collective well-being, such as sexual promiscuity, alcoholism, environmental pollution, illicit drug use, and smoking.¹⁸ These activities are confined within the sphere of personal autonomy in the West and are thus regarded as an individual's choice.²⁸ In Islam, an individual's freedom of choice is constrained by the harm it causes to others. Here again, the individual's autonomy is denied by the Islamic injunction on nonmalficence. Being beneficent to others is an act of worship, since it is commanded by God²⁹ ﷻ as well as by the Prophet ﷺ who is reported to have said:

من نفس عن مؤمن كربة من كرب الدنيا نفس الله عنه
كربة من كرب يوم القيامة ومن يسر على معسر يسر الله
عليه في الدنيا والآخرة ومن ستر مسلما ستره الله في الدنيا
والآخرة والله في عون العبد ما كان العبد في عون أخيه

He who alleviates the suffering of a believer out of the sufferings of the world, Allah would alleviate his suffering from the sufferings of the Day of Resurrection, and he who finds relief for one who is hard pressed, Allah would make things easy for him in the Hereafter, and he who conceals (the faults) of a Muslim, Allah would conceal his faults in the world and in the Hereafter. Allah is at the back of a servant so long as the servant is at the back of his brother.^{30,31}

Discussion

The bioethical dilemmas in the world today have resulted largely from conflicting systems of thought, providing contradictory human motivations and responses. Modern science was developed in the West within an atmosphere of hostility against the church and has been written from a purely materialistic point of view. Advances in the area of science and technology were paralleled by repulsion against

religion and faith. Some secular advocates argue that religion was nothing more than an impediment to freedom and humanity and that following the divine law would result in misery of people.³² Technological progress in the field of medicine is causing dramatic interactions with traditionally held values. In fact, as science probes the limits of human life, religious guidance seems all the more essential. Religion lies at the heart of most cultures, and many religions provide guidelines for reasoning about moral issues and arriving at a correct decision. Today's patients are not just passive recipients of medical decisions, but have their own religious views and beliefs about how they would like to be cared for by the health professionals. The blind adoption of alien ideas and practices has created disagreement and dissension among various faiths. Cross-cultural conflicts are reported at an exponential rate in the West, and they are already aware of the need to re-examine their social institutions.^{21,33}

In the World Health Report 2000, WHO expects individual autonomy to be universally applicable despite acknowledging the myriad cultural influences that impact on it.¹⁰ Over the past decade, several scholars have advocated global acceptance of a unified standard for medical ethics,³⁴⁻⁶ while others have opined that it is inappropriate and unethical to ignore the cultural norms and moral values of a major part of the world.³⁷⁻⁴⁰ Specifically, autonomy in the West is paramount in all sectors of social and personal life, including life and death issues. People have the right to do whatever they wish with their bodies.⁴¹ The same argument is used in favor of physician-assisted suicide.⁴² This contrasts with non-Western cultures, which contend that communal decision making and spiritual ethos can have acceptable input in any decision-making process.⁴³ End-of-life decisions, so widely accepted in the West, are heard and understood quite differently by the rest of the world, especially those who believe in "life after death."

For Muslims, life is a sacred trust from God ﷻ. It must be respected and protected with great care. Personal health is considered a moral responsibility, and the pursuit of treatment an obligation.¹³ The saving of a life is considered one of the highest merits and imperatives irrespective of gender, age, race, color, faith, ethnic origin, financial status, or productive stage of life.⁴⁴ By virtue of the same para-

digm, suicide is an act that is completely prohibited in Islam:

وَلَا تَقْتُلُوا أَنْفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا

Do not kill yourselves: for verily Allah is to you Most Merciful.⁴⁵

When physicians are certain that the disease is terminal and the treatment is not going to improve the condition or quality of life of the patient, they are expected to give a positive message to the patient. Allah ﷻ says:

يَا أَيُّهَا الَّذِينَ آمَنُوا اتَّقُوا اللَّهَ وَكُونُوا مَعَ الصَّادِقِينَ

O you who believe! Fear Allah and be with those who are true (in word and deed).⁴⁶

Allah ﷻ also says:

فَإِذَا جَاءَ أَجْلُهُمْ لَا يَسْتَأْخِرُونَ سَاعَةً وَلَا يَسْتَقْدِمُونَ

When their turn is come, they would not put it back by a single hour, nor put it forward.⁴⁷

Telling the truth is an ethical obligation. However, physicians should use their best judgment in disclosing an unfavorable diagnosis in order to protect their patients from the anxiety and distress.²¹ They should reframe the patient's and family's hope for something more realistic and achievable by providing spiritual, psychological, and social support and offering palliative care.

In certain parts of the world, such as Asia, social and family norms may influence the individual's autonomy.^{43,48-50} Islam recognizes the family as an important sociocultural institution. It pursues both individual autonomy and familial integrity, as an individual's welfare is intimately linked to his or her family and community. Family obligations are considered a moral injunction from God ﷻ.

وَالَّذِينَ يَصِلُونَ مَا أَمَرَ اللَّهُ بِهِ أَنْ يُوصَلَ

Those who join together those things which Allah hath commanded to be joined ...⁵¹

The Prophet ﷺ said:

خيركم خيركم لأهله

The best of you are the ones who treat their families best.⁵²

Some researchers believe that this family-oriented culture violates individual autonomy.⁵³ Their views are unacceptable as autonomy, and the other three main ethical principles should not be mutually exclusive. Very few patients are able to make fully autonomous choices at all times. A physician may refuse a patient's request for a therapy that has no scientific or rational basis, especially if it is harmful, known contemporarily as nonmalficence. He may refuse to implement a patient's decision for a certain treatment if it conflicts with his conscience. In such instances physicians should try to dissuade patients from unwise decisions and recommend what they believe is best for the patient, which in essence is the application of the principle of beneficence. Furthermore, complex choices, coupled with impaired cognitive function, often preclude completely autonomous decisions.⁵⁴ Following an open discussion, a patient's wishing to defer to the physician's best judgment does not mean that patient autonomy has been compromised.⁵⁵ When a patient is unable to make an autonomous decision or makes questionable choices, the parents/guardian or the team of health professionals should be allowed to act in the patient's best interests. A physician or family member's beneficent act or advice should not be viewed as contrary to a patient's autonomy. The proviso is that there should be open communication between all stakeholders with a mutually agreed goal. Therefore autonomy must be understood in a cross-cultural context, rather than being universally independent of cultural perspectives.⁵³

It is now a universal consensus that legal and ethical considerations are inherent to and inseparable from good medical practice. The lack of a moral impulse or religious guidance and the prevalent materialism may emit a reduced sense of responsibility and sympathy in dealing with resources, the environment and life. Rules and guidelines alone are insufficient safeguards against abuse of patients by unethical practitioners for treatment or research. The Islamic concept of the Creator, good and evil, the

Hereafter, etc. all aim at giving proper guidance to man's behavior at the individual as well as at the societal level. The Muslim psyche should be doubly protective as it revolves around living this world as a prelude to the Hereafter and that every act will be held accountable by God ﷻ.⁵⁶

كُلُّ امْرِئٍ بِمَا كَسَبَ رَهِيْنٌ

(Yet) is each individual in pledge for his deeds.

Therefore, Muslims are obliged to be sincere, humble, and constantly vigilant against worldly temptations in order to seek the pleasure of God ﷻ. The Prophet ﷺ has said:

اَزْهَدْ فِي الدُّنْيَا يُحِبَّكَ اللهُ وَازْهَدْ فِيمَا فِي اَيْدِي النَّاسِ يُحِبُّوكَ

If you renounce longing for the material goods of the world, God will love you. If you renounce longing for the property of other people, people will love you.⁵⁷

Ethics is supposed to be an intrinsic part of every action of a Muslim, which will be considered an *'ibāda* or religious act of worship if intended and implemented for divine pleasure. As a result, the physician-patient relationship and ethical boundaries are better protected in Islamic model compared to Western models.

Conclusion

The concept of a unified standard of medical ethics seems unwarranted. Bioethics needs to expand its vision and acknowledge cultural variations and moral traditions of other cultures. Although autonomy remains a central tenet of bioethics, it should not be the absolute prerogative of the patient but rather a shared responsibility between the patient, family, and the physician. Physicians' participation and beneficence enhance a patient's ability to make an autonomous choice. Promoting patient autonomy does not mean that the physician's expertise should be ignored or disregarded. It should revolve around a mutually agreed upon common objective, taking into account the patient's cultural, psychological, and spiritual needs. The final decision must be taken by the person concerned.

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