

Guest Editorial

Oversimplifying the Complex Relationship between Religion and Biomedical Science: Does It Serve Either?

This issue of JIMA contains an important article by Rahman et al entitled “Therapeutic interventions: an Islamic Perspective”,¹ which addresses major points that are currently being debated in the field of Islamic medicine. The complex relationship between Islam and science has recently gained significant interest among scientific scholars² as well as in the popular science press.³ However, most of these works focus on the interface between Islam and the natural sciences, while the relationship between Islam and the clinical sciences or therapies has generally been neglected. Therefore, the current paper is a timely addition, as it addresses a possible Islamic perspective on therapeutic practices in clinical medicine.

Unfortunately, the authors do not address many of the key challenges in this important debate, and this article exemplifies the problems with many recent attempts to explore the relationship between Islam and scientific enterprise.

Juxtaposition of Islam and “the Other”

One of the biggest mistakes in any attempt to understand how scholarly areas or cultures and civilizations view each other and relate to each other is to assume that they are monolithic. While simplifications and reductionist hypotheses are often necessary in science to achieve progress, it is critical to continuously remind oneself that these reductions are just for research purposes and do not necessarily translate in valid conclusions.

Samuel Huntington portrayed the future of the world as a “clash of civilizations”,⁴ and one of the biggest criticisms of his work has been that he saw the world as consisting of blocks of civilization, i.e. Islamic versus Western civilization, opposed to each other. The paper by Rahman et al similarly evokes imagery of the “Islamic perspective” versus the biomedical disease model developed in the Western world as distinct opposing models. In a table, the authors juxtapose Islamic strategies with “other” strategies. The truth of the matter is that there is no

one Islamic perspective. Even faiths with a strong clergy and theological tradition as well as limited geographical and cultural diffusion are not able to come up with a single perspective. A faith such as Islam represents a plethora of diverse ideas and spiritual experiences, with many major schools of thought and even more nuances. Using citations from Qur’an and Sunnah and interpreting them to come up with an Islamic perspective is frequently done, but is likely to result in biased interpretations that are more reflective of the authors’ perspective on Islam instead of Islam itself.

Similarly, the concept of an “Islamic medicine” is very problematic. What is the minimum requirement to be an Islamic medicine? Does it have to be practiced by a Muslim? Or does it have to be 100% compatible with Islam (i.e. contain nothing that is impermissible religiously), just predominantly compatible (51% and more) or be directly based on the Qur’an and Sunnah using specifically mentioned therapeutic approaches?

If anything, the boundaries of what is Islamic medicine and what is non-Islamic medicine are likely to get even more blurred. The current process of globalization has resulted in people of many faiths migrating between countries and being involved in many forms of clinical and preclinical research, and many clinical trials are now conducted in multiple countries. The biomedical researchers and physicians of many faiths will unwillingly or willingly bring their cultural and ideological backgrounds to the development of new biomedical research and therapeutic ideas.

This diversity in thought and interpretation also applies to most biomedical disease models and therapies as well as within the therapies that the authors summarize under “other strategies” in Table 1. They were developed over the course of millennia in many different parts of the world and have extremely different approaches.

Even though the bulk of biomedical research in the past two or three centuries has taken place in

what the article refers to as the “Western” world, some of the methodologies of biomedical science were also developed in the Middle East in some of the preceding centuries. Furthermore, although biomedical researchers always focus on obtaining objective data and try to be reasonably confident in the reproducibility of their results, whoever has sat in on an expert panel trying to establish a consensus knows that scholars with similar educational backgrounds look at the same piece of data and frequently reach opposite conclusions. This is why there is no “cardiologist’s perspective” or “cell biologist’s perspective”.

Shying Away from Conflicts

In addition to simplifying the positions of what “Islamic medicine” and “Islamic” perspectives and non-Islamic therapies are, the paper also avoids discussing the more challenging aspect of looking at potential conflicts between current biomedical science and therapies from an Islamic perspective. The key question when looking at biomedical science from an Islamic perspective or looking at Islamic prescriptions from a biomedical perspective, is to ask whether these two bodies of thought are fundamentally compatible or not. One potential answer to this question is that any science has a fundamentally different approach to ascertaining results when compared to a religion. Scientific research is based on developing hypotheses and testing their validity by empirically testing them and trying to falsify them.⁵ More often than not, scientists find that experimental testing leads to proving that their original hypotheses were wrong; this is the motor of developing new theories and therapies in biomedical science. Medicine based on a faith, on the other hand, assumes that truth lies within revealed scripture, and its validity does not depend on experiments. Trying to prove the empirical validity of sacred scripture is often based on selectively choosing empirical results that support the scripture.⁶

The overreaching requirements such as the three criteria proposed by the authors for what constitutes permissible therapeutic strategies in Islam may also easily result in potential conflicts. For example, the criterion that the therapy in no way denies the authority of Allah ﷻ becomes a problem when Muslims are treated by physicians who in their mind and perhaps even in their statements may deny the authority of Allah ﷻ. Secular humanism is emerging as the major ideology in many parts

of the academic world in Europe and the the United States, and it is likely that a large percentage of biomedical researchers and clinicians do not believe in supernatural or Divine influence. Should a Muslim patient who knows that the surgeon performing the surgery says that he does not believe in God still submit to the operation? Is the Muslim patient undergoing surgery denying the supremacy of Allah? Other potential conflicts exist when therapies based on Qur’an and Sunnah, such as the use of honey in diabetics, may not be supported by current medical knowledge.

The Future

The debate between religion and science, and especially Islam and biomedical science, is just starting. We clearly need more work in this area, but what is most needed from the current and future generations of scholars is to clearly define the questions, demonstrate compatibilities, and especially take on the challenge of potential conflicts.

References

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