

Health and Medicine in the Islamic Tradition: Fazlur-Rahmān's View

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Abstract

This paper discusses *Health and Medicine in the Islamic Tradition: Change and Identity*,¹ the last book published by noted Pakistani scholar of Islam Fazlur Rahman (d. 1988). Rahman's goal is twofold. As in all his studies, he first articulates the overall Qur'anic approach to the subject matter, distinguishing between that and various later interpretations from extra-Qur'anic sources, and stressing the contiguity of the physical and moral realms in Islam. Just as physical health cannot be separated from moral health, he claims in a clear bid for a holistic approach to the practice of medicine, neither can the physical sciences be separated totally from moral sciences (ethics). He then outlines the historical development of Islamic thought about health and medicine, including its fruition in the great ethical issues in Islamic medicine. His purpose here is to critique certain developments he considers to be deviations from Qur'anic norms and to indicate issues he believes Islamic medicine focuses on today, particularly in the area of contraception.

Key words: Fazlur-Rahmān, Islamic medicine, history of Islamic health.

The following is a brief passage from the autobiography of 'Usāmah ibn Munqidh, a 12th-century "Amīr" (prince) on good terms with many of the European lords who had established themselves in the Middle East during the era of the crusades.² He tells of an incident in which the ruler of a fief in Lebanon asked the 'amīr's uncle for medical assistance for some of his people:

"My uncle sent a Christian called Thābit. After only ten days [Thābit] returned and we said, 'You cured them

quickly!' This was his story: They took me to see a knight who had an abscess on his leg, and a woman with consumption. I applied a poultice to the leg, and the abscess opened and began to heal. I prescribed a cleansing and refreshing diet for the woman. Then there appeared a Frankish doctor who said: 'This man has no idea how to cure these people!' He turned to the knight and said: 'Which would you prefer, to live with one leg or to die with two?' When the knight replied that he would prefer to live with one leg, he sent for a strong man and a sharp axe. They arrived, and I stood by to watch. The doctor supported the leg on a block of wood, and said to the man, 'Strike a mightily blow, and cut cleanly!' And there, before my eyes, the fellow struck the knight one blow, and then another, for the first had not finished the job. The marrow spurted out of the leg, and the patient died instantaneously. The doctor examined the woman and said, 'She had a devil in her head who is in love with her. Cut her hair off!' This was done, and she went back to eating her usual Frankish food, garlic and mustard, which made her illness worse. 'The devil has got into her brain,' pronounced the doctor. He took a razor and cut a cross in her

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head, and removed the brain so that the inside of the skull was laid bare. This he rubbed with sail; the woman died instantly. At this juncture I asked whether they had any further need of me, and as they said none I came away, having learned things about medical methods that I never knew before."¹

This anecdote illustrates a number of points, including that Christians were integrally involved in the study and practice of medicine in the Islamic middle ages. In fact, Jews also were deeply involved in what we now call Islamic medicine, i.e., the high tradition of medical research and practice that flourished under the Islamic aegis. 'Abū-Barakāt ibn Mālka, a Jew (who later accepted Islam) was an Abbasid court physician in the 11th century; Moses Maimonides, the great Jewish physician and philosopher was the personal physician to Ṣalāḥ ul-Dīn al-'Ayyūbī. But more important in this context, the above quote illustrates the vast discrepancy between the levels of sophistication in the medical arts between the European Christian medieval world and that of Islam.

Muslims take due pride in the high level of achievement in the medical field, and Fazlur-Raḥmān notes it well. He believes it is particularly important to recognize this today, in view of the decline of Islamic sciences that preceded the modern age. The overall thrust of his work is to demonstrate not that Muslims must simply pull their weight in the field of contemporary medical research, but that they must articulate and build upon the unique characteristics of Islamic medicine. Therefore, throughout his religio-historical survey, he is guided by the question: What characteristics would identify Islamic science? He begins at the starting point for all Muslims, the Qur'ān.

Health and illness in the Qur'ān

The Qur'ān's overall view of life is holistic. For one thing, Fazlur-Raḥmān stresses that the "Qur'ān does not appear to subscribe to the doctrine of a radical mind-body dualism."¹ (21)* The Qur'ānic term "Nafs," he says, is incorrectly translated as "soul." Rather it is "person," and "[a] human being, for the Qur'ān, is a single organism functioning in a certain fashion."¹ (21) Furthermore, the Qur'ān consistently links all aspects of its revelation/guidance to practical concerns for human behavior. What we learn about God, for example, is relational; God is Creator, Sustainer, Guide, and Judge for humans, whose response is to be submissive to the divine will. It is similar to the Qur'ān's teaching about nature. As Fazlur-Raḥmān puts it, "Nature is one huge, firm, and well-knit machine: there are in it no gaps, no ruptures, no dislocations . . . Nature has been created by God for humankind, to exploit and use for its good purposes."¹ (12)

This has weighty implications for science. In Raḥmān's view, it establishes at the outset the integrality of faith and

reason, "an intimate and positive connection between reason and revelation."¹ (15) He makes this argument in clear contradistinction to the Euroamerican approach, which is based on the classical Greek separation of the practical sciences, including medicine, and the speculative science, the arena of faith.

In addition, the Qur'ān's emphasis on a holistic universe implies that physical health is integrally related to spiritual or moral health. Therefore, Fazlur-Raḥmān considers the Qur'ān's teaching on moral virtue to be essential to Islamic medicine overall. With this in mind, he articulates essential Islamic values, stressing their healthful aspects. He points out that the Qur'ān recognizes human weakness, particularly human pettiness, narrow-mindedness, and selfishness, but prescribes virtues designed to protect us from our own faults. 'Imān, Islam, and Taqwā — faith, surrender (to divine will), and piety, Fazlur-Raḥmān explains, each has as its root meaning: "safety and peace." The practice of these key Islamic virtues, by allowing us to rise above our selfishness and pettiness, keeps us safe from our own foibles. They keep us motivated by the Divine will, "doing service to God' . . . obeying God's (moral) law."¹ (13)

That will or plan for humankind has been made abundantly clear in the Qur'ān, Raḥmān continues. "Taqwā," he says, for example, ". . . was expected to express itself in the social dimension, without which it could, and indeed often did, become a negative, other-worldly spirituality, particularly in certain forms of Sufism. This sociopolitical activity the Qur'ān calls "reforming the earth and removing corruption therefrom." The first principle of reform is the essential egalitarianism of humankind."¹ (17)

Thus, another aspect of the Qur'ān's holistic approach emerges. The self is an integral unit, a part of an integrated moral-physical universe. Even the Qur'ān's moral teaching does double duty, as it were. Submitting to the will of God, Islam, is healthful for the individual. It brings the peace of mind necessary for good health. And since the will of God is for humans to create and maintain a just social order, in that very submission humans become instruments of other people's health, for no society could be called just without access to adequate medical care.

Historical development of Islamic thought about health

Yet, despite the clear teaching of the Qur'ān, Fazlur-Raḥmān points out (here, as he did in virtually every book he wrote), the intellectual trends in both the legal and theological spheres tended toward anti-intellectualism. He notes in particular the adoption of 'Ash'arī kālām by the Umayyadsas orthodoxy, complete with its rejection of causality and human freedom of will. Both, he observes, undermine the scientific attitude as well as human initiative, and eventually sap the Muslim community of its vigor. Nevertheless, and perhaps in evidence of the rather contrived nature of the orthodox teaching, intellectual endeavor, and

* All pages in parentheses refer to the page number in the original book, Reference 1, "Health and Medicine in the Islamic Tradition," by Fazlur Raḥmān.

especially scientific research, proceeded at unprecedented levels in the Muslim world.

Overall, science in general and medicine in particular were highly valued in medieval Islam. The great 12th century philosopher al-Ghazālī (d. 1111) counts medicine as "*farḍ kifāyah*," i.e. a religious duty incumbent on a sufficient number of Muslims "to look after the needs of the community!" (38) Medicine was so highly valued, Rahmān continues, that some, like ibn al-Qiflī (in his *Tārīkh al-Hukamā*), believe medicine was first revealed through a prophet (Idrīs/Enoch). Similarly, 'Alī ibn al-'Abbās al-Majūs (d. 994: al-Kāmil fil-'Sinā'ah) says that the basic superiority of people over other animals is their reason, and medicine is the most perfect fruit of reason! (39) Another medieval medical scholar, al-Sba'rānī, apparently sees his work as religious duty when he introduces his work saying, "God helps his servant so long as the latter serves his brother -- so I seek God's help in completing this work!" (39) Al-Dhahabī (d. 1348) introduces his *Prophetic Medicine*, saying: "It is incumbent upon every Muslim to seek nearness to God in every possible way that can bring him near unto God and to do his utmost in obediently carrying out God's commands. Now the most beneficial of such means and the most consequential approaches to God -- after prohibitions -- is that which benefits humanity in terms of preserving their health and treating their ailments, since health is among those things which have been required in the prayer form of worship laid down in the Sacred Law." (45-6)

Al-Dhahabī then quotes the founder of the Shafī'i school of Sunni Islamic law (Muhammad ibn Idrīs al-Shafī'i, d. 819): "I do not know of any type of knowledge, after the knowledge of what is lawful and what is unlawful, more noble for a Muslim [to acquire] than that of Medicine but, alas! they have neglected it -- they have neglected one-third of human knowledge -- and abandoned it to Jews and Christians!" (46) In his introduction to *Tahsīl al-Manāfi* (Medical Benefits Made Accessible), 15th-century scholar al-Azraq says, "Medicine is a science whose benefits are great and whose nobility, prestige, and fame are recognized and whose roots are established in the Book ('the Qur'an) and the Example [*sunna*] . . ." (39).

Indeed, Fazlur-Rahmān sees the great scientific output of the classical Islamic age -- the 9th through 13th and 14th centuries -- as evidence of a more authentic understanding of Islam than the anti-intellectualist doctrines of orthodoxy theologians. He counts as evidence the more than 150 significant medical works documented from this period, but even more spectacularly, the proliferation of hospitals and clinics throughout the Muslim world. He notes that while the Umayyad caliph, al-Walīd (d. 715) established institutions for lepers and the blind, the first full-fledged hospitals began in the 'Abbāsīd period (750-1258 ce). The model had been established by the Gundaishapur College established by Sassanian Anushirvan in the year 555 ce in Iran. Many of the first medical personnel were Nestorian Christians, as

were those who became involved in translating Greek scientific works under the patronage of the Abbasid caliph al-'a'mun. It was al-Ma'mūn's father, Hārūn al-Rashīd, who established the first hospital in Baghdad, again under the guidance of the Christian Jibrīl ibn Bakhtishū from the Gundisaipur hospital and later a Persian Christian, Yuhannā ibn Māsawīh.

At the end of the 9th century several other hospitals were established (still under the directorship of Christian physicians, such as 'Abū 'Uthmān al-Dimashqī, director of the Bimāristāns established under Caliph al-Mu'tadīd [d. 902] at Baghdad, Mecca, and Medina; and Sinān ibn Thābit, who established a hospital in 914)! (66) Many of the hospitals had mental wards and several entire hospitals were specifically for mental disorders. Some, Rahman points out, were designated for orphans and old women. Also during the time of Caliph al-Mu'tadīd (d. 902) mobile medical units were established for the rural areas. Quoting the Christian Sinān ibn Thābit, he relates: "A note came from the minister to my father Sinan which said: 'I have been thinking of the country side of Sawad [Southern Iraq] and the people who live there. There can be no doubt that there must be sick people whom no doctor looks after, because there are no doctors in the countryside. So go ahead -- may God prolong your life -- and send around doctors accompanied by medicines and liquid medical mixtures. They should go around the Sawad and stay in every part of it for so long a time as is needed and treat the sick therein and then move on to other parts.' My father carried out these instructions." (67)

Later, Buyid rulers continued the tradition. In 982, the Adudi hospital was established and became one of the best known of the early hospitals. This hospital had 24 doctors, each with a different specialization.

Another famous hospital was that built in Damascus by Nūr-ul-Dīn ibn Zānjī (d. 1175). The care and food at the hospital were reputed to be so fine that a story is told of an intelligent Persian youth who was tempted by the excellent food and service of the Nūrī hospital and pretended to be sick. A doctor examined him and at once came to know the real intention of the young man. He admitted him and gave him excellent food for three days, after which he said to him, "Arab hospitality lasts for three days; please go home now." (68)

The famous Maṣūri hospital in Cairo, completed in 1284 and still in use today for the treatment of the blind, was converted from an old palace. With a capacity for 8,000, it had separate wards for men and women, indicating, of course, that medical treatment was not prejudicially dispensed according to gender. Indeed, the Maṣūri hospital had a policy of turning away no one, regardless of gender, religion, etc. In addition to its specialty wards, pharmacy, lecture rooms, and library, it had a chapel for Christians and a mosque. This hospital, like most in the Muslim world, was established by "Waqf" endowment, an economic insti-

tution in the Muslim world that encourages charitable endowments for public purposes. The document whereby the Waqf was endowed is enlightening. It reads in part: "This hospital has been dedicated as a place of medical treatment for Muslim patients, male or female, rich and poor, from Cairo and the countryside of Egypt. Both residents and nonresidents from other countries, no matter what their race, religion, and so on [shall be treated here] for their ailments, big or small, similar or different, whether the diseases are perceptible or whether they are mental disturbances, because the preservation of mental order is one of the basic aims of the Sharī'ah."¹ (70)

Here Fazlur-Rahmān interjects that "in Islamic law, five 'fundamental rights' are to be guaranteed to all citizens: preservation of life, religion, property, personal honor ('Ird), and sound mind ('Aql)." The waqf document then continues: "The foremost attention is to be paid to those who have suffered loss of mind and hence loss of honor. These and other maladies it is needful to treat through compound medicines or simple ones, which are well-known to those who are versed in the art of medicine and practice it. Single people shall be admitted to it as well as whole groups, whether they are old or young, children or women. The hospital shall keep all patients, men and women, for treatment until they are completely recovered. All costs are to be borne by the hospital whether the people come from afar or near, whether they are residents or foreigners, strong or weak, low or high, rich or poor, the employed and the unemployed and the employers, blind or sighted, famed or obscure, learned or illiterate. There are no conditions of consideration and payment; none is objected to or even indirectly hinted at for nonpayment. The entire service is through the magnificence of God, the generous one."¹ (70)

Hospitals generally had their own medical schools. Students came to study with a master, and after passing a period of study and clinical practice, as well as passing a series of examinations, they were given a license to teach or practice themselves ("Ijāzah"). In some cases, medical education was available at large "Madrasahs" (school). Fazlur-Rahmān cites the Mustansiriyah madrasah in Baghdad, still operating today (or at least it was up until the Gulf War). Established in 1233, in 1234 a medical section was added with its own building. Some Ottoman rulers, such as Sulaymān the Magnificent (d. 1566), adopted the 'Abbasid pattern and incorporated medial schools into their larger madrasahs.

Outside the Arab world, hospitals began a bit later. The Indian King Muḥammad Tughlāq (d. 1388) and his successor, Firūz Shāh Tughlāq (d. 1388), were both physicians and built multiple hospitals. Sher Shāh Surī (d. 1549) built roads and hospices, and each hospice had a hospital attached to it. The Mogul Emperor Jehangir also built hospitals throughout Mogul India. As in the Arab Muslim model, medical treatment was free, supported by private waqf endowments and government patronage.

During the Mogul period we even get records of female doctors. One was an Iranian woman, Sā'ī al-Niṣā', who became tutor to Mumtāz Mahal's daughter. Mumtāz, of course, was the wife of Shāh Jihān, for whom he built the Taj Mahal. When Sā'ī al-Niṣā' died in 1646, the emperor had a beautiful mausoleum built for her, next to the Taj Mahal.¹ (79)

Thus, despite orthodox anti-intellectualism and a general fatalism that crept into Islamic ideology, in Fazlur-Rahmān's view, a more authentic Islamic spirit prevailed in the actual output and practice of the scientists and physicians of the Islamic golden age. That's why he considers the reports of the doctors, not those of the "Ulamā" and Fuqahā," (scholars and jurists) to be the most important sources of the history of Islamic medicine.¹ (69)

Health in Ḥadīth literature: "Prophetic medicine"

Following his treatment of medical institutions, Fazlur-Rahmān begins a critical assessment of "medial" Aḥādīth attributed to the Prophet. He believes they fall into three categories:

1. Those offering broad principles of health and encouraging medical treatment in cases of illness;
2. Those involving statements on particular ailments;
3. Those describing what believers are supposed to do with this advice.

In the first category he includes the universally accepted Ḥadīth: "God has sent down a treatment for every ailment" -- which he takes as encouraging medical research and practice, as against orthodox encouragement of passivity and determinism.¹ (34) Among the broad principles is the recognition of psychosomatic phenomena, reflecting the Qur'ānic notion of holistic health: "Excessive worry makes for physical illness in a person," for example, is a well-known ḥadīth. At the same time, illness can have divine purpose. He notes that the Qur'ān recognizes that illness can be seen as a test sent by God and that it can have a cathartic effect. And here he finds a difference in attitudes between Sunni and Shi'i ḥadīth. In general, Sunni ḥadīth do not conclude that people should therefore avoid medical treatment, while in Shi'i ḥadīth, Fazlur-Rahmān says, "patients are strongly advised to bear pain and discomfort of disease and have recourse to a doctor only if disease threatens to become incurable and pain unbearable."¹ (37)

In the second category, he finds a very reserved attitude toward folk remedies based on amulets and formulaic prayers. Sincere prayer undoubtedly is healthful in that it is conducive to inner calm and confidence, and Fazlur-Rahmān finds evidence in ḥadīth literature that even magic could be effective if the observer truly believes in it. Ritualistic incantations, however, Fazlur-Rahmān believed are superseded by Islam, just as were the omens and astrology-cults of pre-Islamic Arabia. He cites Ibn Sīnā (d. 1037), one of Islam's best known and most influential physicians, regarding such "natural miracles." Ibn Sīnā believed that

only "rational miracles are possible," while "irrational miracles commonly believed in are absurd."¹ (36) Again, however, this is simply a reflection of Islam's holistic view of the human's person. Ibn Sīnā observes that some people can heal themselves by sheer willpower, while others can make themselves sick by believing they are sick. From this he concludes that the mind "exercises lordship over matter."¹ (36) Similarly, Fazlur-Rahmān quotes Ibn al-Qayyim (d. 1350): "It has been experienced that when man's spirit becomes strong and also the soul and bodily nature are strengthened, they cooperate in repelling disease and overcoming it, and this cannot be denied except by the most ignorant of people."¹ (43)

Accordingly, Fazlur-Rahmān summarizes: "The integrality of the health of the whole person -- spiritual, psychological, physical, and moral -- is the essence of the message of the . . . Prophetic Medicine."¹ (45) This is how Fazlur-Rahmān explains the existence of the category "spiritual medicine" -- "*al-ṭibb al-rūḥānī*" -- among the Muslim scholars. It refers to both what we would call moral or ethical problems and psychological problems, both of which Fazlur-Rahmān demonstrates are recognized in Islamic medicine as affecting individuals' overall health. The famous physician and philosopher 'Abū Bakr al-Rāzī wrote two books on spiritual medicine, for example, overall recommending that people afflicted with such problems seek the services of a "critic-friend, who should be both objective in analyzing [one's] conduct [and] at the same time deeply sympathetic" (88) Frequently, spiritual prescriptions consist of certain prayers. Fazlur-Rahmān notes the famous works entitled *Khawāṣ al-Qur'ān* ("Miraculous Properties of the Qur'ān"), in which the healing properties of various verses are discussed at length. He also notes the sometimes thin line between such discussions and superstitious practices, like writing down verses from the Qur'ān and then soaking the paper in water and drinking the water.¹ (89) This does not detract from the point, that the human being in Islam is whole, and that what affects one aspect of its being affects all others. It is also why physicians in Islam are not called simple practitioners of physical medicine, but "*Hukamā*," i.e., wise people, combining a knowledge of the physical and, at least as importantly, the moral and spiritual.

Fazlur-Rahmān next goes into the actual content of "prophetic medicine," medical material derived and extrapolated from ḥadīth, compiled by such scholars as ibn al-Jawzī (d. 1200: *Beneficia' Selections from Medicine*), al-Dhahabī (d. 1348: *Prophetic Medicine*), and ibn al-Qayyim (d. 1350). He begins reiterating the beneficial aspects of illness: that suffering borne with dignity can be the source of spiritual strength and reward. He quotes a ḥadīth whereby it is claimed that the Prophet said, "Whoever dies in any illness is a martyr."¹ (46) Another ḥadīth specify only certain illness that may elevate the patient to martyr status, such as the plague or certain stomach disorders. Nevertheless, he

reminds us, suffering is not to be "as the greatest blessing of God after faith and, in fact, as strengthening faith." Again, he quotes al-Dhahabī (from *Prophetic Medicine*): "Health is the most excellent of God's blessings upon [humanity] after Islam, for without it [one] can neither carry on [one's] life business well nor can [one] obey God's commands. There is, in fact, no other good like it, so [people] must be thankful for it and not ungrateful, for God's Messenger -- peace and blessings of God be upon him -- said, 'There are two blessings for which so many people are enviable, health and lack of worry.'¹ (47)

Fazlur-Rahman stresses this point particularly in opposition to several sayings attributed by Islamic scholars carrying the opposite message. For example, Ahmad ibn Hanbal (d. 855), father of the Hanbalī school of law, is supposed to have said, "Medical treatment is permissible, but its abandonment is better."¹ (48) Rahmān explains that this notion is based on ibn Hanbal's emphasis on "*Tawakkul*" -- utter faith in or more precisely, resignation of will to God -- and cites al-Dhahabī's refutation of this interpretation of faith in God. Al-Dhahabī says: "Tawakkul is to trust God by one's own heart. But this does not contradict natural causes nor their use. Indeed, tawakkul itself presupposes acceptance of causation -- for an expert doctor first tries his [or her] best by way of treatment and then puts his [or her] trust in God for his [or her] success. Similarly a farmer tills the soil and sows the seed and [only] then trust[s] in God that the crop would grow . . . In support of that concept, Fazlur-Rahmān quotes two verses from the Qur'ān:

"Take you guard [against peril]."³ (49)

Also, the well-known hadith:

"I qillā -w-tawābhal (Make a rational plan and then put trust in God)."

Fazlur-Rahmān also points out that generally the view that it is better to "trust in God" than seek medical cure is connected with the uncertainty of medical cures vis a vis the certainty of God's will. This issue figured in the famous Hanbalī jurist ibn Taymiyyah's (d. 1328) opinion that the consumption of proscribed substances, such as pork or alcohol, is allowed if the alternative is starvation, but is not allowed for medicinal purposes. The difference between the two cases, he held, is that whereas the consumption of the substances in the case of imminent starvation is certain to produce the desired result of nourishment, their use for medical purposes is not certain. (The prohibition of proscribed substances in even the case of medical need conforms in general with medical ḥadīth, as well.) Indeed, ibn Taymiyyah held that medical treatment is not religiously required by the sick, but only permissible, since neither the need for nor the outcome of medical treatment is certain.¹ (51) Nevertheless, al-Dhahabī says that "all Muslims are agreed that it is good and meritorious to get medical treat-

ment when one is sick because of the categorical command of the Prophet, 'Get medical treatment.'"¹ (48)

Contemporary ethical issues in Islamic medicine

Fazlur-Rahmān concludes his treatment of health and medicine in Islam by drawing out the implications of revelation and tradition regarding issues currently facing the Muslim world. He begins with a discussion of the role of the physician in the world today, including a discussion of whether physicians should charge a fee. Since doctors are not mere technicians, but are expected to be mindful of people's moral and spiritual health, some have argued that to take a fee would be like taking a fee for teaching the Qur'ān, which, of course, is unacceptable in Islam. Yet general recourse is taken to a hadith whereby the Prophet approves of a payment being given to one who had administered a cure, although there are opposing opinions.¹ (92) Ishāq ibn 'Alī al-Rūhavi, author of one of the earlier treatments of medical ethics *Adab al-Tabīb*, "(The Ethics of the Physician)," 9th century, says doctors should not be engaged in business and should only earn enough to support their families properly and obviate the need to take outside work. He enjoins the wealthy to overpay so that the physician can treat the poor.¹ (92)

More important, Fazlur-Rahmān agrees with 'Abū Bakr al-Rāzī that physicians should be of highest character, should keep confidences of patients, and be kind and merciful. He or she must continue seeking knowledge and not rely on tradition or established practice alone, since new knowledge is always possible. Overall, al-Rāzī continues, the physician must avoid the 14 moral ailments he or she expects patients to avoid, the first of which is love, by which he clearly means all-consuming, physical infatuation.¹(97) Another is the fear of death, which can be overcome by reason, recognizing that the condition in the afterlife is far superior to that in this life. As in all the issues raised by al-Rāzī, the advice is meant for both physicians and patients. It is just that physicians must be models for patients, as well as be able to play the role of the trusted critic.

Regarding more specific issues of medical ethics, such as the prolongation of life through artificial means, Fazlur-Rahmān believes there is room for discussion in contemporary Islam, but that it should be guided by the general principles that death is natural and inevitable event and that the life prolonged must be "worth living," i.e., that prolonging a life in a nonconscious state, for example, would seem pointless. As he put it, "Quality of life is to be preferred to quantity of life . . . But the improvement of the quality of life along with its prolongation can only earn the approval of Islam."¹ (109) He adds quickly, however, that the entire issue of improved medical care today must be approached in a comprehensive way: the issue of adequate food resources and the health of the environment must be addressed concomitantly.

It is in this context that Fazlur-Rahmān raises the questions of contraception and abortion. Contraception was practiced in pre-Islamic Arabia by means of coitus interruptus

('azl), and many ahadith report that the Prophet approved of it, although there are opposing reports. Fazlur-Rahmān is of the opinion that it is a legitimate practice in Islam. In general, the legal schools have left it to individuals. The Shāfi'ī school allows contraception but the right is granted to the husband alone. Generally, jurists of the other schools allow contraception only with the consent of both spouses.⁴ He believes artificial contraceptives achieve the same end as coitus interruptus and therefore are permissible, although others, such as Imam Khomeini, disagrees. Nevertheless, the ethos of the Islamic world, just as throughout most of the world until the modern age, has been in favor of large families. And in the postmodern age, we find the same kind of conservative attitudes resurfacing among Muslims as we find in the "moral majority" in the United States i.e., that we should all be fruitful and multiply.

On more speculative issues, such as those concerning research, Fazlur-Rahmān points out that anatomical research on animals was common in Islamic medicine, but was generally forbidden on human cadavers. Such research was considered a violation of human dignity and a bit too close to the forbidden pre-Islamic practice of mutilation of corpses. The transplanting of organs has generally fallen under that same rubric, although Rahmān issued a positive "fatwa" (legal opinion) regarding transplanting eyes, "based on a classical juristic principle which states 'The needs of a living human have priority over those of a dead one.'"¹ (107) Genetic engineering, provided it is for the improvement of health, has no negative precedents in Islamic law, according to Rahmān, and in fact should be considered favorably, as the genetic improvement of plant seeds and animals have been. Similarly with the question of test-tube babies, provided the union is between genetics of married individuals.¹ (107)

Fazlur-Rahmān concludes his treatment of health and medicine in the Islamic tradition with a call for special attention to issues of population control and the environment. These, he believed, must take priority in today's world, but they must be considered in the Islamic context, i.e., Muslims must not simply follow the lead of the dominant culture. However, and here he returns to the most prevalent theme in all his works, that challenge requires that Muslims overcome the intellectual stagnation and passivity engendered by orthodox anti-intellectualism, renew their commitment to the Qur'ānic imperatives regarding the establishment of a just social order on earth, revive their confidence in human ability, with the guidance of the Qur'ān, to achieve that end.

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