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REVELATION & SCIENCE

IN THE 21ST CENTURY

Editors

Dr. Esam Eltigani Mohamed Ibrahim
Dr. Raudlotul Firdaus Fatah Yasin

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Synopsys

FORWARD



The revelation (the Qur'an and Sunnah) and the creation (al-kawn) are both sources for man to identify, understand, and confirm the Message of Allah, the Creator, the Sustainer, the Cherisher, the Provider, the Controller of the universe. The revelation is accurately available in words; and the creation exists in precise form. There is no conflict between the revelation and creation; they are both rather complementary to each other. There should not be even an iota of doubt that the Qur'an and Sunnah invite man to read the Nature with a view to developing science which in turn must reconfirm the authenticity and sanctity of the Message handed over to man through the Last Prophet (s.a.w.).

It was out of this fact that the Department of Qur'an and Sunnah Studies, Kulliyyah of IRK & HS, IIUM mooted the idea of inviting learned scholars, specialists, and experts in both Islamic Studies and Natural Sciences to share and exchange views on multi-dimensional link between the Revelation and the Creation from a platform of International Conference. The response from various quarters of intelligentsia was quite overwhelming. Out of so many English and Malay papers on the Conference theme some were very interesting and enlightening. These extraordinarily informative researches deserve preservation in the form of intellectually memorable volume.

The commitment of the Department of Qur'an and Sunnah Studies, IIUM espoused by the Saudi Scientific Society for the Holy Qur'an and its Sciences (*Tybian*), Al-Qaradawi Center for Islamic Moderation and Renewal, Qatar Faculty of Islamic Studies, Hamad Bin Khalifa University affirms that the elaborate and conscious study of the Qur'an and Sunnah will ensure ever-relevance of Islam to the revolutionary growth pace of Science and Technology.

I hope and pray that this volume proves academically significant for both intellectuals and commoners. I would like to thank all those who selflessly devoted their time and energy to this intellectual task. May Allah equip them all with more insights and renewed vigor to serve Islam better in the modern scientific age!

Sincerely,
Chief Editor & Conference Director (ICQS2),
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MEDICAL ETHICS IN A MULTICULTURAL COUNTRY: DIFFERENCES IN PRINCIPLES AND PRACTICES AMONG MUSLIMS AND BUDDHISTS

Goh Kian Liang¹, Mohd Ariff Sharifudin, Aminudin Che Ahmad, Nazri Mohd Yusof, Norhafiza Ab. Rahman²

Abstract

Religion plays an imperial role in the ever-changing healthcare system of Malaysia. The Malaysian, being a multi-racial society, has to adapt and accommodate various practices of religion from different cultural and religious backgrounds. It is this diversity that demands the understanding of the different ideologies of faith as a necessity to the healthcare giver such as doctors, nurses, and paramedics. This article aims to compare the principles and practices of the official religion of Malaysia, Islam, as compared to the mainstream religion of the Chinese, which is Buddhism. The discussions focus on the general beliefs and practices of these two religions, the approach towards health and disease and dealing with the issues of death and dying.

Keywords: Medical ethics, medicine and religion, Islam, Buddhism, multicultural country.

Introduction

Embedded in the very word that describes the believer in Islam, “Muslim,” is perhaps the single most important belief in the religion. Muslim means one who submits to Allah as the one and only God. Indeed, given the belief that all humans are a creation of God, in the worldview of Islam all humans are “Muslim” at birth. Upon maturity and realisation of one’s dependence upon a single God, one then submits to his divinity and becomes a Muslim [51:56]. Typically, a verbal recognition of this submission is given in the statement:

“There is no god except God and Prophet Muhammad (PBUH) is the messenger of God.”

Essential to this recognition of God is a rejection of the idea that God is many; strict monotheism defines Islam. Belief in Prophet Muhammad (PBUH) and his role as a messenger of God is also essential to Islam. He is a prophet of the sort found in the pages of previous monotheistic revelations such as the Hebrew Bible. Thus, he is in the line of the great prophets such as Noah, Abraham, Moses, and Jesus, who brought forth significant religions and reform of religions.

Social justice was essential to Prophet Muhammad’s (PBUH) early message as he and his followers put an end to the Arabic tribal practice of female infanticide and ownership of humans. In addition, while the Islamic faith expanded rapidly, there was to be no coercion exerted toward persons of other faiths. Authority in the growing Islamic faith settled upon two primary sources; the Qur’ān and the life of Prophet Muhammad (PBUH) (*as-Sunnah*). His personal life, his practices, character traits, and his teachings became exemplary for all Muslims. Over time, in addition to the Qur’ān the sayings of the Prophet (PBUH) became authoritative as well. Codified into volumes and traced back from witness to witness to the mouth of the Prophet (PBUH), his words took on significant influence in the thinking of the religious leaders of Islam.

The daily lives of those who submit to Allah have also taken on particular patterns as the religion developed. These practices have come to be known as the Five Pillars of Islam (*Arkanul-Islam*). The first is that which was noted above, namely, the *syahada* or verbal

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testimony of one's belief in Allah and the Prophet. The second is the practice of daily prayers or *solat*, typically performed five times per day while facing Mecca. The third pillar is the giving of alms for the less fortunate, or *zakat*. The fourth pillar is the fast undertaken during the time of Ramadan and the fifth is the obligation to undertake the Hajj or religious pilgrimage in Mecca.

These general beliefs provide the foundation and background for the faith community of Islam. Built upon these founding notions the leaders and faithful of Islam have established a large body of practices, formal and informal, religious and cultural, upon which the faithful can rely for day-to-day living¹.

Buddhism

Siddharta Gautama was the founder of the Buddhist religion who was an Indian prince in Lumbini (which is now Nepal). In the Deer Park in Benares, by the bank of the River Ganges, India, the Buddha gave his first sermon on the cause and cessation of suffering, known as the Four Noble Truths and the Eight-fold Path². The essence of the Four Noble Truths is: (1) *the truth of suffering*; (2) *the truth of the cause of suffering*; (3) *the truth of the end of suffering*; and (4) *the truth of the path that frees mankind from suffering*^{3,4}.

The Noble Eight-fold Path is the practice to end suffering which are right thought, right speech, right actions, right livelihood, right understanding, right effort, and right mindfulness. However, common among lay Buddhists is the practice of the Five Precepts that call for abstention from five types of activities: (a) *taking life*; (b) *taking what is not given*; (c) *sexual immorality*; (d) *false speech*, and (e) *intoxication*. A more devout Buddhist may seek to practice the Eight Precepts which include abstention from three additional acts: (a) *eating at a wrong time (eat only one meal per day after sunrise and before noon)*, (b) *entertainment and self-adornment such as music, dancing, and jewellery and other types of ornamentation* and (c) *luxury and extravagance of all types*⁵. The teachings of the Buddha may be summarized in three main concepts. These are the belief that life consists of suffering and suffering exists because there is nothing permanent in life including the self. When one comes to understand that there is no real self, one will find liberation from suffering⁶.

Health and Disease

Islam

Islam's attitude toward sexual morality differs significantly from that of other religions and this is reflected in its stand on procreation, use of reproductive technologies, birth control, and abortion. The Qur'ān and the prophetic literature provide a very positive evaluation of marriage as an institution that has been divinely blessed and highly encouraged. The primordial disposition for mutual attraction between the two sexes is natural and must be cultivated in such a way that it leads to a healthy marriage that will be permeated with love and mercy:

And among His signs is that He created for you wives from among yourselves, that you may find repose in them, and He has put between you affection and

¹ Winchester, D. (2008). Embodying the faith: religious practice and the making of a Muslim moral habitus. *Social Forces*, 86(4), 1753-1780.

² Cousins, L.S. (1996). The dating of the historical Buddha: a review article. *Journal of the Royal Asiatic Society*, 3(6.1), 57-63.

³ Hughes, J.J. & Keown, D. (1995). Buddhism and medical ethics: a bibliographic introduction. *Journal of Buddhist Ethics*, 2, 105-114.

⁴ Brenner, M.J. & Homonoff, E. (2004). Zen and clinical social work: a spiritual approach to practice. *Families in Society: The Journal of Contemporary Social Services*, 85(2), 261-269.

⁵ *Ibid.* 4.

⁶ Groves, P. & Farmer, R. (1994). Buddhism and addictions. *Addiction Research & Theory*, 2(2), 183-194.

mercy. Verily, in that are indeed signs for those who reflect. [30: 21]

Islam denounced any Muslim to detach himself/ herself away from the society as well as celibacy, and viewed such acts as reprehensible practices, which should be avoided under normal circumstances. Although precreation is one of the primary reasons for marriage, the religion does not refute the human nature for sexual gratification and companionship. However, infertility on the part of the woman is viewed as a deficiency and lowers her stature in the society^{1,2}. Hence, the use of assisted-reproduction technologies to cure infertility are welcomed, provided that they do not violate any legal, moral, ethical, or rulings of Islam, such as using the sperm or the egg from a donor other than the married couple and surrogacy. Other controversial issues include the use of frozen embryos where one or both of the previously married couple is dead or divorced, and the rulings on viewing the private organs by the opposite gender^{3,4,5,6,7}.

The contraceptive practice of coitus interruptus ('azl) was used during the time of Prophet Muhammad (PBUH) and he never interjected to prohibit this practice. The use of contraceptive devices is allowed in Islam, provided that they are not harmful for the women. However, most regard it to be reprehensible when one does not have a valid justification such as economic hardship or time constraints that would not allow proper parental attention given to the character building of the child^{8,9}.

In Islam, the issue of abortion is very much tied to defining the moment that the soul enters the developing fetus in the mother's womb. The story of creation in the Qur'ān is explicit that humans attain personhood upon the infusion of the divine breath into their bodies or ensoulment of the fetus and, as result, the angels are commanded to bow down out of reverence and respect for the humans:

“When I have shaped him and breathed My Spirit into him, then you fall down prostrate to him.” [38:72]

The time that the soul enters the fetus likely to take place on the 120th day, or between 40 and 45 days from the date of fertilization. Therefore abortion is prohibited after 40 days from the date of fertilization except in serious exigencies such as saving the life of the mother^{10,11,12,13,14}.

Regardless of the specific issue at hand, it is generally important to keep in mind the importance of the relationship between the care providers and the patients in Islamic thoughts.

¹ Sachedina, Z. (1990). Islam, procreation and the law. *International Family Planning Perspectives*, 16(3), 107-111.

² Caldwell, J.C., Caldwell, P., Caldwell, B.K. & Pieris, I. (1998). The construction of adolescence in changing world: implications for sexuality, reproduction, and marriage. *Studies in Family Planning*, 29(2), 137-153.

³ *Ibid.* 9.

⁴ *Ibid.* 10.

⁵ Husain, F.A. (2000). Reproductive issues from the Islamic perspective. *Human Fertility*, 3(2), 124-128.

⁶ Daar, A.S. & Al-Khitamy, A.B. (2001). Bioethics for clinicians: Islamic bioethics. *Canadian Medical Association Journal*, 164(1), 60-63.

⁷ Albar, M.A. (2002). Ethical considerations in the prevention and management of genetic disorders with special emphasis on religious considerations. *Saudi Medical Journal*, 23(6), 627-632.

⁸ *Ibid.* 13.

⁹ Schenker, J.G. & Rabenou, V. (1993). Family planning: cultural and religious perspectives. *Human Reproduction*, 8(6), 969-976.

¹⁰ *Ibid.* 14.

¹¹ *Ibid.* 15.

¹² Rogers, T. (1999). The Islamic ethics of abortion in the traditional Islamic sources. *The Muslim World*, 89(2), 122-129.

¹³ Alkuraya, F.S. & Kilani, R.A. (2001). Attitude of Saudi families affected with hemoglobinopathies towards prenatal screening and abortion and the influence of religious ruling (Fatwa). *Prenatal Diagnosis*, 21(6), 448-451.

¹⁴ Asman, O. (2004). Abortion in Islamic countries: legal and religious aspects. *Medicine and Law*, 23, 73-89.

Islam encourages the scenario of same sex provider-patient relationship in the routine care of patients except in the situations of emergency. Similarly important along these lines, when the situation demands opposite sex provider-patient relationships, providers should be sure never to attend to patients without others present, be it family or additional care providers.

Buddhism

Health and well-being are important aspects in practice of Buddhism. Understanding the concept of health in Buddhism requires perspectives on how Buddhists view life and its meaning in relation to the cause of pain and how to exit the cycle of suffering. In Buddhism, health is the harmonious balance of the body, emotion, mind, and the spiritual dimension. From a Buddhist perspective, health is approached holistically and closely connected to spirituality^{1,2}. Therefore, being healthy is not merely the absence of disease. Good health derives primarily from the right practices in accordance with the teachings of Buddhism, and from the proper understanding on the meaning of life. These include realisation of the goal of life, attainment of enlightenment through cultivating right understanding, offering compassion, exerting moderation, and practicing moderation. In Buddhism, the relationship between spirituality and health is essential^{3,4}.

Buddhism views disease as a result of ignorance leading to craving desire, impurity, and indulgence that leads to disharmony at the levels of physical, emotional and spiritual. This, however, does not mean that Buddhism is against the utilization of Western medicine. On the other hand, it promotes every possible means for good health and well-being. But it is important not to view a “disease” merely as physical symptoms. Furthermore, Buddhism propagates its followers to use every possible means for healing while adhering to the Buddhists’ view of life. While it recognizes the role of karma (the merits or the lack thereof from one’s past life) in disease and sickness, Buddhism denounces patients to use it as an excuse for not taking care of their well-being. While Buddhism recognizes the place of karma in sickness and disease, it is advised that patients do not use this as an excuse for not taking care of their health but to take advantage of every possible means for healing while being mindful of the Buddhist view of life^{5,6,7}.

Because of the emphasis on the mind-body connection, a healthy body plays a significant role in the path toward enlightenment. By understanding the role of karma in the development of diseases and sicknesses, patients learn to accept their conditions and at the same time taking positive measures to comply with medical treatments and strive towards positive karmic formation, which will contribute to their well-being and overall health in this life and the next^{8,9,10,11,12}. For Buddhists, it is even more essential to view the role of karma in the context of terminal illness, and addressing the spiritual dimension of it. These can be

¹ Selway, D. & Ashman, A.F. (1998). Disability, religion and health: a literature review in search of the spiritual dimensions of disability. *Disability & Society*, 13(3), 429-439.

² Weaver, A.J., Vane, A. & Flannelly, K.J. (2008). A review of research on Buddhism and health: 1980-2003. *Journal of Health Care Chaplaincy*, 14(2), 118-132.

³ *Ibid.* 4.

⁴ *Ibid.* 25.

⁵ *Ibid.* 24.

⁶ *Ibid.* 25.

⁷ Wilst, W.H., Sullivan, B.M., Wayment, H.A. & Warren, M. (2010). A web-based survey of the relationship between Buddhist religious practices, health, and psychological characteristics: research methods and preliminary results. *Journal of Religion and Health*, 49(1), 18-31.

⁸ *Ibid.* 5.

⁹ *Ibid.* 7.

¹⁰ *Ibid.* 24.

¹¹ *Ibid.* 25.

¹² *Ibid.* 30.

achieved by promoting cultivation of right understanding, practices, and mindfulness that could generate positive karma^{1,2,3}. In Buddhism, there is also a collective dimension of karma and not merely on individual basis alone. Buddhists believe that social and environmental factors such as dangerous or unhealthy working conditions, can also affect one's karma. Thus, aggravate or mitigate individual's health and well being^{4,5}.

There are a few important considerations that need attention when treating Buddhist patients such as the diet issues as well as the view of abortion by the followers. Generally, there is no restriction for Buddhists when it comes to diet although vegetarianism is very much encouraged⁶. Buddhists practice moderation in eating and avoid intoxication of any form since it is one of the Five Precepts. Issues related to health are best approached by understanding their religious perspectives on the cause and cessation of suffering within the scope of life's cycle, such as birth, sickness, and death. The ultimate goal in life is to end the suffering by which is obtained when the person is no longer caught within the cycle of birth and death, in relation to the law of karma^{7,8}.

Buddhism approaches to ethical issues such as and of life care including euthanasia, extended life support and suicide, as well as abortion, are grounded on this fundamental belief; the law of karma^{9,10}. Abortion, for example, is prohibited based on the first Buddhist precept, which is "*to abstain from taking life*". Terminating the life of the fetus, either by the mother or a physician will leads to bad karma^{11,12,13,14}. However, the act of abortion is permissible in any situation where it is clinically justified to save the mother's life. Such clinical situations are very complex and require leniency from the prohibition when viewed from the perspective of compassion and good intention^{15,16}. Another important principle in Buddhism that needs to be considered is the hierarchy of self. A mother, with a fully developed consciousness, may hold a higher moral status than the foetus, which is less developed in that sense^{17,18}. Hence, taking the practice of abortion as an example, this Buddhist concept of hierarchy of self in can assist physicians in decision making to save one life over the other. As healthcare providers, understanding Buddhists' approach to issues like abortion is very important, at the same time aware of various interpretations of such principles as mentioned before. Making appropriate inquiry and understanding the patients' religious beliefs will help practitioners to decide on the best course of action^{19,20}.

Death and Dying

¹ *Ibid.* 7.

² *Ibid.* 24.

³ *Ibid.* 30.

⁴ *Ibid.* 5.

⁵ *Ibid.* 30.

⁶ *Ibid.* 30.

⁷ *Ibid.* 4.

⁸ *Ibid.* 25.

⁹ *Ibid.* 4.

¹⁰ Hughes, J. (2006). Buddhist bioethics, in *Principles of Health Care Ethics*, Second Edition (eds. Ashcroft, R.E., Dawson, A., Draper, H. & McMillan, J.R.), John Wiley & Sons, Ltd, Chichester, UK.

¹¹ *Ibid.* 4.

¹² *Ibid.* 25.

¹³ *Ibid.* 30.

¹⁴ *Ibid.* 45.

¹⁵ *Ibid.* 4.

¹⁶ *Ibid.* 45.

¹⁷ *Ibid.* 4.

¹⁸ *Ibid.* 45.

¹⁹ *Ibid.* 30.

²⁰ *Ibid.* 45.

Islam

“It is Allah who gives you life, then causes you to die, and then He will assemble you on the Day of Resurrection of which there is no doubt, But most of mankind know not.” [45:26]

Life is a testing ground for man and the final aim is to achieve the eternal happiness and success in the hereafter. The Qur’ān, like the holy books before it, provides the divine prescriptions as guidance for mankind. Man on the other hand, is elevated as the deputy (*khalifah*) of Allah on earth [2:30]; to establish a prosperous life of a just social, ethical, moral and spiritual order based on the divine guidance. This guidance was sent down to mankind through “*revealed books*” in the form of the prophets, holy books, and scriptures [91:8-9]. Every man enters this world with a primordial nature (*fitrah*) [7:12], which points toward the existence of God, Who is worthy of worship and submission [10:6-7]. In a prophetic tradition, Muhammad (PBUH) said:

“Every child is born on his natural state of good conscience”¹.

Human being is regarded as the best of creation with the freedom of choice, which elevates them above the angels. Every man is equally treated with no preferences of natural and racial characteristics; men’s status depend on their relationship with Allah and the good deeds performed, which will be rewarded in the afterlife. With the presence of a primordial nature, human being is inclining towards virtues and good deeds. But he is capable of going astray and against this natural self and fall for temptations and sins. At the same time, Allah the Almighty offers forgiveness provided the sinner seeks for His forgiveness, renounces the sins, and regenerates virtuous intentions and deeds before the onset of death [4:31].

The Qur’ān described the major phases of a human being from non-existence to resurrection:

“How can you disbelieve in Allah? Seeing that you were dead and He gave you life. Then he will give you death, then again will bring you to life (on the Day of Resurrection) and then to him you will return.” [2:28].

God did not only give humans their life through His divine breath. Life is accompanied with trusteeship over their physical bodies. But, just as human ownership of worldly things is not absolute, so does the trust mentioned before. Hence, in Islam, the final decision when dealing with issues of termination of life needs to be returned back to the absolute Creator and Trustee of human life. Life and death have been pre-determined and there are many verses in the Qur’ān highlighting this essential concept in the faith of every Muslims:

“No soul may die except with God’s permission at a predestined time.” [3:145]

In another Qur’ānic verse:

“No person grows old or has his life cut short, except in accordance with a record: all this is easy for God.” [35:11]

Based on the assertion by vast Qur’ānic verses, Muslims believe that one could never delay or hasten the appointed time of death, as it is only Allah has the prerogative to terminate it. This is a reflection of the all-comprehensive authority and knowledge of God, Who is aware of all that is to transpire on the basis of human free will. The misguided idea that one can go against this predetermination is denounced as a show of human arrogance:

“Death will overtake you no matter where you may be, even inside high towers.” [4:78]

By understanding this essential concept, the patient, his caregivers as well as the healthcare providers would come to an agreement on the best way in approaching terminally ill conditions. Defining the exact points of commencement of life as well as its expiration can

¹ Sahih al-Bukhari, Kitab al-Janaiz, No: 1302.

be difficult. One should seek for advices from a qualified medical practitioner in determining the valid criteria of death. Ideally, they should address the diagnosis and confirmation of death. There are several common religious and traditional rituals practiced among Muslims upon the onset of death. Certain rituals are recommended in order to facilitate the ease of departure of the soul from the physical body. One of the most important is repeating the recitation of the dual testimony of faith, or the *syahadah*: “There is no God except one God (Allah) and Muhammad (PBUH) is the messenger of God”

While any Muslim can facilitate this practice to other Muslims, it is the responsibility of the caregivers to inform family members of the impending death of the patient so that they can offer the patient comfort and solace. Patients should be encouraged to seek forgiveness from God and repent for all his past sins and mistakes. In addition, it is customary in most Muslim communities to recite certain chapters of the Qur’ān and to remind the dying of the covenant with God and His messenger (PBUH). It is recommended to position the dying patients facing the Ka’bah in Mecca, which is the same direction that Muslims offer their daily prayers. Once deceased, the patient can be left in that position until taken away for the ritual washing, funeral prayers and burial. Unlike other religions, all these are best to be dealt with as soon as possible. In accommodating dying patients in the hospital, having a qualified religious scholar in every medical institution would be beneficial. Nowadays, more and more hospitals have their of ‘Muslim Chaplain’, trained to address these issues to balance between the religious need of patients and the standard hospital care and protocols.

Based on the fact that life is sacred and that it is a divine trust that God has given to human, suicidal acts are strongly prohibited in Islam. The act of suicide is regarded as a major sin, subjected to eternal punishment in hell without any chance of a reprieve¹. In early Islamic legal literature, the practice of euthanasia or physician-assisted suicide was equated as an act of suicide. However, through various discussions among scholars and physicians, euthanasia has been further divided into *active* (upon request of the patient and his consent) and *passive forms* (removal of treatments that would have only delayed the inevitable death; by disconnecting the patient from a life-saving apparatus, or by administering drugs that alleviate pain but may accelerate the patient’s death), where the latter is allowed by some of the present-day scholars. This allowance was made based to the account that artificially delaying an inevitable death by subjecting the patient to invasive procedures is contrary to the interest of having the patient to die in comfort and dignity when the life has no longer any merit to him or the society. A clear example on when such rulings can be applied clinically is in the case of brain-dead patients. However, such rulings clearly mentioned that the diagnosis of a brain-dead must be strictly made by qualified, trustworthy Muslim physicians, with some other strict prerequisites that need to be followed accordingly. Furthermore, all the decisions made requires the consent of the patient, or his immediate family or the person designated to make decisions on the patient’s behalf should he is not in the position to do so^{2,3}.

In the Islamic tradition, it is of utmost importance that the body of the deceased is accorded with respect, dignity, and honour, even after his death. In order to preserve the integrity of the body, practices viewed as disfiguring a corpse, or violating the dignity of the deceased are prohibited. Hence, most traditional scholars generally prohibit subjecting dead patients to an autopsy or post-mortem investigations, organ harvesting for donation, or using

¹ Sahih al-Bukhari, No: 3276, 5442 and 5700; Sahih Muslim, No: 109 and 113.

² Ebrahim, A.M. (2007). Euthanasia (Qatl al-rahma). *Journal of the Islamic Medical Association of North America*, 39(4), 173-178.

³ Yousuf, R.M. & Mohammed Fauzi, A.R. (2012). Euthanasia and physician-assisted suicide: a review from Islamic point of view. *International Medical Journal Malaysia*, 11(1), 63-68.

parts of the body for scientific research^{1,2,3}. Most contemporary scholars, however, allow re-evaluation of the rulings based on the principle of public welfare (*maslahah*) outweigh the demerits on these specific issues⁴. Nevertheless, some practices remain strictly prohibited such as cremation and illegal form of medical practices.

Buddhism

One of the similarities between Islamic believe and Buddhism is the importance of the dying process, as what happens during this stage plays a significant role in determining the life after death^{5,6,7}. There are some rituals practices by Buddhists during this phase when the patient is still in a state of consciousness. These include reciting Buddhists texts, contemplating the teachings of Buddhism, meditation, generating positive thoughts, and coming to terms with death^{8,9}.

Buddhists believe death occurs in two phases: the lack of high functioning consciousness, and followed by the cessation of physical function. It is believed that the patient's consciousness has been withdrawn into the interior aspect of him when an irreversible loss of high-level consciousness occurs i.e. state of coma or permanently unconscious. However, he is only considered as dead when physical death occurs, as evidence by loss or significantly reduced of brain activities¹⁰. From this understanding, a patient on life support can be considered as clinically dead. But before the patient can be declared as physically dead, all reflexes should be confirmed absent, which include swallowing, breathing and pupils dilation. Understanding the criteria of clinical death is of high importance as withdrawal of life support is permissible if the patient meets the criteria. This is based to the clear distinction made by Mettanando Bikkhu between withholding treatment and active life termination. Life support is no longer needed if the brainstem is no longer functioning, and this should not be considered as an active life termination¹¹.

Nevertheless, there is no general unifying agreement in Buddhism in relation to euthanasia. Euthanasia is classified into three types; *voluntary* (patient makes his own decision to end his life), *non-voluntary* (patient is not capable of making the decision by himself), and *involuntary* (euthanasia against the will of the patient). Most Buddhists perceive voluntary euthanasia as leading to bad karma, hence, viewed as unfavourable. Similarly, majority of Buddhists do not practice involuntarily euthanasia. However, non-voluntary euthanasia through termination of life support is permissible once physical death has been confirmed¹².

Buddhists have their own rituals in dealing with a deceased patient. The body of the dead is often left to rest for about two hours before any step is taken to transfer the body. Transfer of the deceased body to the transportation vehicle is lead by a Buddhist monk, who

¹ Benteln, A.D. (2001). The rights of the dead: autopsies and corpses mismanagement in multicultural societies. *The South Atlantic Quarterly*, 100(4), 1005-1027.

² Ethics Committee, IMANA. (2005). Islamic medical ethics: the IMANA perspective. *Journal of the Islamic Medical Association of North America*, 37(1), 33-42.

³ Alahmad, G. & Dekkers, W. (2012). Bodily integrity and male circumcision: an Islamic perspective. *Journal of the Islamic Medical Association of North America*, 44(1).

⁴ *Ibid.* 71.

⁵ *Ibid.* 24.

⁶ *Ibid.* 25.

⁷ *Ibid.* 30.

⁸ *Ibid.* 5.

⁹ *Ibid.* 45.

¹⁰ Mettanando, B. (1991). Buddhist ethics in the practice of medicine, in *Buddhist Ethics in the Practice of Medicine* (eds. Fu, C.W. & Wawrytko, S.A.), New York: Greenwood Press, 195-213.

¹¹ *Ibid.*

¹² *Ibid.*

will remain in the vehicle until the body arrives at the temple. Depending on the status and finances of the deceased's family members, the funeral can last from few days to a week. Rituals such as Buddhists chanting are part of the funeral service, aimed as a reminder to friends and relatives that death is a part of life, which needs to be accepted and faced. Buddhists believe the soul of the deceased will remain close to the body up to the first three days. Cremation marks the end of the service, which Buddhists believe as a reminder that all four basic elements of life will return back to their original forms; earth, water, wind, and fire^{1,2}.

Conclusion

Given the conjoined seminal history of the Abrahamic faiths, it is not surprising that much of the beliefs and practices in Islam are similar to Judaism and Christianity. Aside from the variety of positions seen within Islam, the general frame of reference to God and his revealed word through Prophet Muhammad remains central. Healthcare professionals who are respectful of the seriousness with which Muslims practice their faith will be a step ahead. Granting respect to the person who identifies with Islam, whether in past family or cultural connections or in present day involvement, is essential in the effort to properly care for patients.

In Buddhism, ignorance is regarded as the true nature of human beings leading to suffering. The goal of Buddhism is to help people realize the nature of reality and thus be liberated from suffering through acquiring right understanding and through practicing moderation, compassion, meditation, and other beneficial ways of living in accord with the teachings of the Buddha. In matters relating to health, Buddhism emphasises harmonious balance of the mind, body, emotion, and spirituality and this balance is made possible when one rightly understands the cause of suffering and the ways that can lead to the liberation from the cycle of suffering. Because of the importance of the mind-body connection in Buddhism, healthcare providers' awareness of the role of spiritual understanding, spiritual practice, and positive environment in relation to the understanding of karma can help facilitate both physical and spiritual recovery for Buddhist patients.

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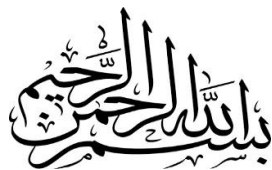
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¹ *Ibid.* 45.

² *Ibid.* 79.

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SYNOPSIS



The Revelation (the Qur'an and Sunnah) and the Creation (al-kawn) are both sources for man to identify, understand, and confirm the Message of Allah, the Creator, the Sustainer, the Cherisher, the Provider, the Controller of the universe. The Revelation is accurately available in words; and the Creation exists in precise form. There is no conflict between the Revelation and the Creation; they are both rather complementary to each other. There should not be even an iota of doubt that the Qur'an and Sunnah invite man to read the Nature with a view to developing science which in turn must reconfirm the authenticity and sanctity of the Message handed over to man through the Last Prophet (s.a.w.) in the form of Revelation. Research papers included in this volume represent respective authors' sincere and serious endeavor to show the relevance of both Message in the revelation and that in the Creation to human life in its multi-faceted form.

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