



Islamic and Christian Viewpoints on Biomedical Aspects of Life Beginning and Terminal Stage

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Abstract

Islam, Christianity, and Judaism, as the major Abrahamic religions, are grounded in belief in one Almighty God who created the world and sent messengers to guide humanity. Despite differences in theology and practice, these religions share common moral foundations that extend to medical ethics. Ethics, as a discipline, examines moral character and moral status, determining what rights and responsibilities are due to human beings and other living creatures. Medical ethics, as an applied branch, provides professional codes and value-based frameworks that help practitioners manage moral dilemmas in clinical practice and reduce moral distress in decision-making. In recent decades, particularly in the third millennium, Islamic and Christian scholars have increasingly engaged in dialogue to develop guidelines that address ethical challenges arising from modern medical technologies, especially at the beginning

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and end of life. The present study aims to review Islamic and Christian ethical guidelines for healthcare professionals encountering such dilemmas. Using content analysis, the study examines contemporary medical guidelines, professional codes, and academic materials, focusing on countries where healthcare systems are highly influenced by modern technologies, such as Britain, Australia, the United States, and several European nations. Findings show that these regions have developed extensive literature on ethical issues related to assisted reproduction and end-of-life care, where Muslims, Christians, and Jews alike face comparable moral challenges. The analysis reveals significant similarities between Islamic and Christian ethical perspectives, particularly in their shared opposition to induced abortion and euthanasia, both grounded in the belief that life is a sacred gift from God. These shared values influence not only clinical practice but also establish moral boundaries for biomedical research.

Keywords

Islamic Ethics, Christian Ethics, Medical Ethics, Bioethical Dilemmas, End-of-Life Care.

Introduction

Among Abrahamic religions there are common understandings about the almighty God as creator of the whole universe but various aspects of monotheism which is discussed in clergy studies. The God of Jews described with utmost reverence in the sacred letters YHWH which is the indiscernible God referred to in Moses first commandment which Jews and some fundamental Christians believed to have been revealed by God. This is the same perception of God that all Muslims have in common but with holy name of Allah (Abulafia, 2019).

The Christians before 325 CE and establishing the Council of Nicaea had the same belief. But, the council's interpretation about the God as consisting of three components in one being was basically different from two other religions. The Jesus Christ is the third being in this view that is considered as incorporation of God in human flesh. Though religious theologians focus on solutions to overcome these fundamental understandings of God's connection with the creation, there are not basically various opinions among followers of Christianity, Judaism and Islam on the importance of life as a God's gift which must be protected and saved by all means (Britannica, n.d.).

This common viewpoint about respected and precious value of life of human beings at all stages of life is the core essence of biomedical ethics' principles and rules in Islamic and Christian approach. According to the framework of this conference we solely review these two religions' biomedical considerations to fulfill the goals of the conference.

1. Contemporary Approach to Biomedical Ethics

Biomedical ethics as a branch of applied ethics deals with all the therapeutic applications, educational concerns and research regulations

and due to this wide range of interventions, it includes a broad spectrum of questions and a vast network of ethical dilemmas. The four principles of contemporary biomedical ethics introduced in 20th century by two philosophers named Beauchamp and Childress to solve medical dilemmas in daily practice of doctors, a practical approach that was welcomed by medical staff because of its simple structure. These founders of modern approach to overcome difficult decision makings for medical staff now are considered as the most influential characters in modern biomedical ethics that is based on sole philosophical reasoning without religious backgrounds. Although this modern biomedical principlism widely accepted by medical practitioners does not originate from religious roots but it is compatible with some of the basic beliefs of followers of Abrahamic religions, including respect for life of human beings regardless of its period at the beginning of life (fetus), or at the end of life (terminally ill patients). So, this approach now has become the cornerstone of biomedical ethics in healthcare practice. These principles, which we shall look at more closely in this article, are autonomy, non-maleficence, beneficence and justice (The Four Principles of Biomedical Ethics, n.d.; Childress, 2009).

In the present study, we have restricted the scope of the discussion to the main lines of respecting the life of human beings and all other creatures through a humane approach, which is a common belief of Islamic and Christian followers, as well as practitioners of modern philosophical biomedical ethics.

2. Professionalism and Religiosity of Professionals

Medical and nursing staff apart from their religion should act in their daily tasks according to professional values that are being taught in medical schools and other faculties related to health care system. The

basis of these trainings is a universally accepted approach to biomedical ethics that is considered as a discipline of medical sciences. According to this scientific international viewpoint, medical ethics is a discipline concerned with the systematic analysis of values in healthcare (The Four Principles of Biomedical Ethics, n.d.).

But according to this definition, medical staff only need to be clear about what healthcare values are, what it means to systematically analyze these values, and what it means to do so in the varied policy and practice contexts in which healthcare takes place. These variations in context include different backgrounds of practitioners or professionals, such as their religious beliefs. In order to help doctors overcome the complexity of humanities and have a better understanding of what they shall do when facing a dilemma, their educators offer them a practical three-step approach (Patrick Davey, 2017).

1. The first issue they have to comprehend in this approach is about the content of medical ethics,
2. The second is, its methods and,
3. The third is, its scope.

Through theoretical instruction and practical, case-based learning, medical students strive to develop the skills needed to understand the ethical aspects of their diagnostic and therapeutic procedures and applying the professional methods to reach rational solutions for cases involving ethical dilemmas. The most notable point in this approach for medical decision-making in ethical dilemmas is the fact that professional duties must consider a higher priority for their ethical codes compared to their own personal beliefs regardless of their religion, Islam or Christianity (Dyer, 2008, p. 685).

3. Christian Ethical Framework for Medical Professionals

Christianity is divided into three main branches, which are: Catholic, Protestant and orthodox. Medical professionals in the Catholic religion, due to its longer history and larger number of followers compared to Protestant denominations, have reported more cases of ethical difficulties in their professional careers. So, biomedical ethics and its cases have been discussed in the teachings of the Catholic religion for a long time. From Augustine's writings on suicide in the Middle Ages to papal verdicts on euthanasia, mercy killing, modern reproductive technologies and assisted reproduction, these topics illustrate the ethical concerns of Christian medical professionals, which have been addressed in the Second Ecumenical Council of the Vatican, commonly known as the Second Vatican Council¹ (Cheney, n.d.).

The roots of bioethics in the Catholic tradition can be found in the writings of the Doctors of the Church, in various orders, and encyclicals² of the Pope, reflecting the opinions of scientists, philosophers and Catholic theologians (Khalaj Zadeh, 2011; Doyle, 2015).

According to the written interpretations and existing philosophical

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1. **The Second Vatican Council**, or Vatican II, was the 21st ecumenical council of the Catholic Church. The council met in Saint Peter's Basilica in Vatican City for four periods (or sessions), each lasting between 8 and 12 weeks, in the autumn of each of the four years 1962 to 1965 (Cheney, n.d.).
 2. An **encyclical** was originally a circular letter sent to all the churches of a particular area in the ancient Roman Church. At that time, the word could be used for a letter sent out by any bishop. The first encyclical was written in 1740 by Pope Benedict XIV. Since then, nearly 300 have been written. Popes have published encyclicals on issues of general concern, like peace or human rights, after Pope Leo XIII issued an encyclical on labor and social justice in 1897 (Doyle, 2015).

discussions, bioethics in religion Catholicism is rooted in religion and logic. This approach has led the current Vatican reflections to become more dynamic in addressing global ethical issues, including biomedical dilemmas. A papal encyclical is one of the highest forms of communication by the pope and usually deals with some aspect of Catholic teaching, such as clarifying, amplifying, condemning, or promoting one or a number of issues (Doyle, 2015).

Therefore, for a Catholic doctor, it's necessary to follow the Church's rules in medical issues that are considered as ethically debatable like abortion and euthanasia. However, the present liberal democratic policymakers in modern Western societies reject this religious viewpoint for a professional and claim that medical code of ethics must abandon personal beliefs intervention with the obligations of their job (Childress, 2009).

Garry Leeds, Law professor of Richmond University, reminded Americans that

Liberalism consists of a bevy of imprecise doctrines which justify an occasionally shifting group of individual rights, a broad range of political liberties and a narrow charter for government. The American version of liberalism guarantees inter alia / freedom of thought, religion and expression and protects individuals from various forms of invidious discrimination. A liberal society is, in Karl Popper's phrase, an open society. But, American proponents of Liberalism regard most laws based upon conventional morality as oppressive (Leeds, 1990).

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1. A Latin term used in formal extract minutes to indicate that the minute quoted has been taken from a fuller record of other matters, or when alluding to the parent group after quoting a particular example.

Even though freedom of religion must be legally guaranteed in the United States of America, nowadays, the number of Christian doctors who claim to be forced to perform abortion in order to terminate pregnancy of the women who ask for it is increasing. At the same time, a movement by Christian medical professionals and their supporters has begun that paves the way for religious doctors to refuse performing procedures which contradict their own beliefs. (Swan, 2020).

The international Christian Medical and Dental Association is one of the notable medical non-governmental organizations that looks forward to observing an easier work atmosphere for religious doctors practicing in western societies. Legislation system in western countries now in response to the efforts of this community and other similar groups, pay more attention to religiosity of the medical professionals. Contemporary verdicts of courts are more supportive and promising for Christian doctors, even though the liberal parties and their followers make every attempt to persuade policymakers to disavow the debate (The international Christian Medical and Dental Association, n.d.).

In an example reported by Reuters Health in August 2022, a panel of the 5th U.S. Circuit Court of Appeals upheld a lower court's permanent order shielding Christian Medical and Dental Associations and Specialty Physicians of Illinois, along with Catholic hospital system Franciscan Alliance Inc., from any enforcement action under the ACA's anti-discrimination provision, known as Section 1557¹, for

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1. The Office for Civil Rights (OCR) enforces Section 1557 of the Affordable Care Act (Section 1557), which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics), in covered health programs or activities (U.S. Department of Health and Human Services, n.d.)

refusing to perform the procedures, which they say would violate their religious freedom (Brendan Pierson, 2022; U.S. Department of Health and Human Services, n.d.).

However, the structure of a secular society based on liberal democracy will never be free of debates like the cases mentioned above, because medical professionals in such communities must be loyal to governing body policies which may be in conflict with their own religious beliefs. A precise investigation of any case based on basic values accepted in these countries, like freedom of religion, may help ensure just adjudication and fair judgment (Galen, 2016).

4. Islamic Ethical Framework for Medical Professionals

Approximately one-fourth of all the inhabitants of the earth are Muslims. The increasing rate of migration has re-distributed people of all faiths to almost every corner of the globe.

Now, a basic knowledge of Islamic viewpoint on medical cases involving ethical issues is necessary, even for the doctors practicing in Western countries, due to increasing population of Muslims they visit in daily practice.

The main Source of solutions to ethical dilemmas being asked in the contemporary complex medical interventions for Muslim communities is *ijtihad* — an Islamic legal term referring to independent reasoning by an expert in Islamic law, or the exertion of a jurist's mental faculty in finding a solution to a legal question (Rabb, 2008) Shiite and Sunnis *mujtahids* — qualified scholars who perform *ijtihad*—almost utilize the same Islamic law resources to answer biomedical questions of Muslim medical professionals. However, some subtle differences in their beliefs, such as the Shiites' commitment to the divine authorities that are called the Twelve

Imams, have made their biomedical views slightly different based on their different approach to *ijtihad* and the qualifications required to achieve *mujtahid*.

Therefore, Islamic law is derived from these main resources:

(i) The Qur'an;

(ii) The recorded authentic sayings and precedents set by the Prophet (Sunnah) and the prophetic decrees (the compilation or the records of the Sunnah are called Hadith); and authentic sayings of Twelve Imams for Shiites.

(iii) *Ijtihād*.

Ijtihad, as mentioned above, can be defined as the rulings deduced from the Islamic principles based on the Qur'an and Hadiths by learned scholars who arrive at religious edicts or Fatwas to address a particular situation. It is considered a religious duty for those qualified to perform it (Abdulrahman Al-Matary, 2014; Esposito, 2014).

Muslim medical professionals who encounter ethical dilemmas—such as requests for induced abortions without life-threatening factor for the mother, or the situation of brain death and transplantation of body organs taken from a person suffering from such a situation—may refer the problem to a *mujtahid* with comprehensive knowledge to seek for their scholarly opinion on the referred case (Mohaghegh Damaad, 2012).

Sayed Mustafa Mohaghegh Damaad, in his book *Medical Fiqh*, which may be considered a compilation of an overview of Islamic *ijtihad* methods and a nearly comprehensive list of Islamic rules on medical cases with ethical implications, emphasized that most of the previous books for Muslim physicians throughout the Islam history have focused on patient–physician relationship.

Adab al-Tabib,¹ a well-known example of historical book on medical ethics written by Al-Ruhawi, a 9th-century physician, focuses on *adab*²—the Islamic concept of etiquette and personal ethics—and does not adopt a problem-oriented approach to ethical dilemmas.

This book is one of the earliest texts on medical ethics which has been called the "crowning achievement" among early works concerning medicine in Islamic civilization (Mohaghegh Damaad, 2012; Padella, 2007).

In fact, scientific advances in biomedical fields during recent decades have made Muslim medical professionals look for authentic solutions for religious questions and ethical dilemmas encountered by new problems that had not already been mentioned in their valuable heritage of Islamic medical ethics literature, and this need has been the main factor for the progressive cooperation between doctors and *mujtahids* to find the best guidelines for being up to date in modern day medicine as a Muslim physician.

5. Problem-Solving Approach for Christian and Muslim Professionals

Nowadays, healthcare providers confront with ethical issues regarding peoples of different cultures, the resolution of which differs from that of their own. The inability of service providers to effectively handle sensitive issues—such as the termination of pregnancy—can result in enormous prolonged suffering for both the parents and the affected children. However, performing any medical intervention according to

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1. The title can be roughly translated "Practical Ethics of the Physician".
 2. *Adab* in the context of behavior, refers to prescribed Islamic etiquette: "refinement, good manners, morals, decorum, decency, humaneness". *Al-Adab* has been defined as "decency, morals".

patient-doctor relationship model of modern medicine is based on informed consent of the patient that requires a comprehensive dialogue between the doctor and the patient about the core values, including religious beliefs and limitations (Patrick Davey, 2017; Doyle, 2015; Abdulrahman Al-Matary, 2014; Bourricaud, 1984; IRIMC, 2017; Namazi, 2016).

It is therefore crucial for healthcare workers to be sensitive to the norms and values of the people demanding medical services. These norms through the lens of religion are rulings for all the followers of Christianity and Islam including the doctors and their patients. Shared decision-making, as the best model of performing any interventions in present day medical practice, involves physicians and patients in insightful discussions on religious verdicts pertaining to the medical procedure before taking action. This approach is also a cornerstone for trust-building relationship between the people of societies and the medical professionals committed to the best interests of their patients (Childress, 2009; Patrick Davey, 2017; Mohaghegh Damaad, 2012; IRIMC, 2017; Riahi et al., 2020).

These religious verdicts, which must be obeyed, has a long history e.g. in Catholic Church, back to ancient Roman encyclicals¹. Similarly, Islamic decrees announced by Muslim *mujtahids* (Islamic jurists) are called *fatwas*,² which are considered as guidelines for daily

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1. An encyclical was originally a circular letter sent to all the churches of a particular area in the ancient Roman Church. At that time, the word could be used for a letter sent out by any bishop. The word comes from the Late Latin encyclios (meaning "circular", "in a circle", or "all-round", also part of the origin of the word encyclopedia).
 2. A *fatwā* (plural *fatāwā*) is a legal ruling on a point of Islamic law (sharia) given by a qualified Faqih (Islamic jurist) in response to a question posed by a private individual, judge or government (Hendrickson, 2013).

practice of every Shiite and Sunni medical professional (Doyle, 2015; Mohaghegh Damaad, 2012; Hendrickson, 2013).

6. Christian and Islamic Viewpoints about Beginning of Life

For the beginning of life or embryonic and fetal stages¹ of pregnancy, we observe one historical case that clarifies how powerful a papal encyclical may influence medical issues, such as birth control and abortion (Doyle, 2015; Waddington, n.d.). From the 14th to the 19th century AD, Western churches believed that from the beginning of sperm conception by the ovum, the soul is not breathed into it, but this important thing takes place long after the conception. According to this theory, abortion in the first weeks depended on the mothers' decision. In 1869, "Pope Pius IX" rejected the distinction between soulless and soulless fetuses, and declared the prohibition of abortion in the early stages.

Currently, the Roman Catholic Church believes that the embryo is considered a complete human being and has all the rights of other human beings. This means the zygote has the right to life from the moment of conception. The zygote, or fertilized egg cell, is the earliest phase of embryonic development that results from the union of a female gamete (egg, or ovum) with a male gamete (sperm). In the embryonic development of humans and other animals, the zygote stage is brief and followed by cleavage, when the single cell becomes subdivided into smaller cells (Childress, 2009; Khalaj Zadeh, 2011; Waddington, n.d.; Rogers, n.d.).

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1. Embryo, the early developmental stage of an animal while it is in the egg or within the uterus of the mother. In humans the term is applied to the unborn child until the end of the seventh week following conception; from the eighth week the unborn child is called a fetus (Waddington, n.d.).

Ensoulment, which is the moment that a human or other creature gains a soul, has long been a main domain of debate, with various religious and philosophical perspectives arguing for and against different viewpoints (Childress, 2009; Mohaghegh Damaad, 2012; Khitamy, 2013; Afshar, 2015).

Fetal rights in Islam start from the moment of conception too. However, the conception of a zygote is not considered the time of ensoulment by most of Muslim jurists. Even though there are different standpoints on this issue, the tradition that has provided the most significant backgrounds of Islamic estimation of ensoulment originates from a hadith¹ attributed to the Prophet of Islam (pbuh) that is preserved in Bukhari's compilation:²

Each one of you in creation amasses in his mother's womb [in the form of a drop (nutfa)] for forty days, then he becomes a blood clot (alaqa) for the same period; then he becomes a lump of flesh (mudgha) for the same period; then the angel is sent with a mandate [to write down] four things [for the child]: his sustenance, his term of life, his deeds, whether he will be miserable (shaqi) or happy (sa'id) (Mohaghegh Damaad, 2012; Khan, n.d.; Sachedina, 2009).

Afshar, as Iranian physician and researcher in biomedical ethics in her book, *The moral position and dignity of the human embryo*, discusses the concept of personhood, which is prominent in

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1. Statement of traditions containing sayings of the prophet Muhammad which, with accounts of his daily practice (the Sunna), constitute the major source of guidance for Muslims apart from the Quran.
 2. Sahih al-Bukhari is a collection of hadith compiled by Imam Muhammad al-Bukhari (d. 256 AH/870 AD). His collection is recognized by the Sunni jurists to be the most authentic collection of reports of the Sunnah of the Prophet Muhammad (pbuh). It contains over 7500 hadith (with repetitions) in 97 books.

philosophical ethics and its relation to Islamic view of ensoulment (Afshar, 2015; Taylor, 1985). Personhood is a key concept in humanities, describing all common capacities or attributes of a person dealing with the human nature, agency, self-awareness, the notion of the past and future, and the possession of rights and duties in a community. This definition, based on biological milestones, would play a major role in contemporary legalization of abortion and modern Western laws in this regard. However, the lack of certainty to indicate an accurate time in which human fetus reaches the point of being considered alive and sensitive, is the major problem for experimental sciences. This obstacle hasn't allowed the scientists to agree on the beginning time of personhood, with the objective measures, such as neurological development or independent viability of a fetus. However, Islamic and Christian bioethics as discussed here, with a spiritual wide landscape about life that combines biologic evidences and religious rulings, address their followers the best way of decision-making in dilemmas pertaining to fetal stage and ensoulment (Khalaj Zadeh, 2011; Mohaghegh Damaad, 2012; Afshar, 2015; Sachedina, 2009).

According to Islamic jurists, the time of ensoulment for a fetus in the mother's womb is at the age of 120 days, which differs from Christian viewpoint. This difference may suggest the idea that abortion in Islam is not as immoral as in Christianity. To clarify the ambiguity in this respect, we must consider that abortion is morally wrong from the time of conception in Islam, too. Extensive debates among Muslim jurists in the history on this issue have prepared a more detailed framework for rulings pertaining to abortion. Badawy, in his article *Divergent views on abortion and the period of ensoulment*, clarifies the rights of fetus even before ensoulment, stating:

If the pregnant mother is attacked and the fetus is injured or

aborted, then the assailant will have to pay al ghurrah, or full diya¹ (blood money) depending upon the age of the fetus. The al-ghurrah blood money is levied as a compensation for destroying the fetus in the womb before ensoulment. The value of al-ghurrah is one-tenth of the full diya blood money of homicide. Once the spirit is breathed in after 120 days, the fetus acquires perception and volition, (i.e. becomes a person), and is entitled to the same rights as a living being (Khitamy, 2013; Khan, n.d.; Sachedina, 2009).

Meanwhile, it must be noted that Islamic schools and branches have different understandings of Islam. There are many different sects or denominations, schools of Islamic jurisprudence, and schools of Islamic theology, or ‘aqidah (creed). However, when the necessity of guidelines for a professional group, such as Muslim medical staff is being proposed, it seems appropriate for every Muslim—doctor or patient—to look for at least some accessible related fatwas from any of these schools in his/her own case to aid in finding a solution (Khalaj Zadeh, 2011; Abdulrahman Al-Matary, 2014; Mohaghegh Damaad, 2012; Sachedina, 2009).

7. What is the Main Problematic of Modern Bioethics in Religious Physicians’ View?

Probably the main question for the medical professionals in Iran and Islamic world is not about the gap between Christian and Muslim views, because they are well informed about common origins of Abrahamic religions and also contemporary efforts done by clerics for preparation of a robust approximation to stabilize a framework to find better solutions for problems of human beings in modern and post-modern era.

1. Diya (plural diyāt) in Islamic law, is the financial compensation paid to the victim or heirs of a victim in the cases of murder, bodily harm or property damage by mistake.

But instead, they are eager to know more about western biomedical ethics and its flexibility for Christian or Muslim practitioners to follow their own religious traditions and hold onto their professional careers according to formal code of ethics and its requirements. Hassan Chamsi-Pasha and Mohammed Ali Albar from the Department of Medical Ethics at the International Medical Center in Saudi Arabia, in their review article about this concern of Muslim professionals who have been graduated from Western universities, make this comparison to help them practice their job without being worried about negligence of professional ethics or religious duties.

If secular Western bioethics can be described as rights-based, with a strong emphasis on individual rights, Islamic bioethics is based on duties and obligations (e.g., to preserve life, seek treatment), although rights (of God, the community and the individual) do feature in bioethics, as does a call to virtue (Ihsan) (Hassan Chamsi-Pasha, 2013).

Apart from the theoretical basis of this approach to biomedical ethics, it can make a supportive and enduring practical framework for medical staff to cope with difficulties that arise in daily practice concerning ethical issues, including induced abortion, which was discussed above in details. It seems that a kind of reassurance for those medical professionals who are committed to religious values in dilemmas is observed in this approach that reduces their moral distress¹ in a secular world dominating medical sciences and their professional standards (American Association of Colleges of Nursing, n.d.).

A sense of calling is a concept with religious and theological

1. Moral distress occurs when someone knows the ethically correct action to take but he/she is constrained from taking it. Whether stemming from internal or external factors, moral distress profoundly threatens our core values.

roots that has been studied by some researchers in recent decades. To find the answer of whether contemporary physicians in the Western world still embrace this concept in their practice of medicine, Yoon et al. surveyed more than two thousand American physicians. In this study, researchers assessed the relationship between religious characteristics and endorsement of a sense of calling among practicing primary care physicians (PCPs) and psychiatrists. The conclusions of this national study of PCPs and psychiatrists, indicated that PCPs who considered themselves religious were more likely to report a strong sense of calling in the practice of medicine. They also concluded, although this cross-sectional study cannot be used to make definitive causal inferences between religion and developing a strong sense of calling, PCPs who considered themselves religious are more likely to embrace the concept of calling in their practice of medicine. Therefore, even personal religious experiences of medical professionals should be considered as an intervening factor in their daily practice and if this factor is being overlooked, moral distress increases. This concern is common among Christian and Muslim physicians, when confronting ethical dilemmas related to the beginning of life (Yoon et al., 2015).

8. Medical Research and Bioethical Concerns in Islam and Christianity

Modern medicine depends on medical research, and nowadays it seems much more necessary for a professional to be familiar with research methods and their ethical limitations than before. Ethics committees are institutional review boards,¹ which review and

1. The term institutional review board (IRB) is an international term defining independent committees that are responsible for consideration of ethical concerns of their society about the safety of the research method and rights of experimental subjects, including healthy volunteers, patients and even animals and environment.

evaluate ethics-related situations and events, and consist of members specialized in the fields of research methodology, law, ethics and theology. In the Islamic republic of Iran, formal instructions on how to form institutional review boards in universities emphasize presence of one Muslim cleric who is familiar with Islamic viewpoints about medical issues in the combination of these committees all over the country. Muslim cleric, as a member of the medical committee of bioethical studies, takes the responsibility of assessing every medical research before approval to ensure its compatibility with Islamic views on bioethics (Committee, 2020).

Nowadays, ethics committees hold an important place in ensuring that scientists conduct accurate studies within an ethical framework to construct a better future, and ensuring universities are of high quality and efficiency in terms of scientific study. However, in some countries such as Turkey, with 99 percent Muslim population and also, most of secular Western countries, there is no room for considering religious viewpoints in medical research. A study on the structure of ethical committees in Turkey indicated that, before taking religious viewpoints into consideration, these numerous committees need to become more uniform to do their duties more consistently:

After detailed examination, it can be seen that there is no universal standard set for ethics committees (in Turkey) and that there is a variety in the types of ethics committees in universities. Consequently, the ethics committees in universities need to be improved through quality and quantity, and they need to reach a universal standard in the area of service they provide (Eksioglu et al, 2015).

Gonzalo Herranz, in his article *“The ethics of medical*

research: a Christian view”, less than two decades ago, analyzed the diverse studies focusing on the issues that a Christian researcher may confront. This research pointed out that, regardless of obvious differences in outlook and approach, many of those studies show a marked leaning towards a convergent, if not uniform, interpretation of their subject matter. The coincidence is marked enough to make one suspect that an informal agreement had been reached among the authors, not only on the main facts to be included and emphasized in their accounts, but also on the secularist and scientific outlook from which the history is interpreted and constructed. The historical neglect among the authors working in the field “ethics of biomedical research”, (EBMR) is the predominant result of this study: “Among the elements that appear diminished or absent in this standard history of EBMR are some pioneering contributions from Christian ethics. In consequence, they are never mentioned” (Herranz, 2004).

So, overlooking religious viewpoints in study designs and permission attainment process is a common finding when we review ethical standards of different countries in the world, apart from Islamic or Christian prominent majority of their people following these religious traditions and their rulings. As it has been discussed in this article earlier and mentioned in “Liberalism, Republicanism and the Abortion Controversy“ (Leeds, 1990), American liberalism guarantees freedom of religion; but American proponents of Liberalism regard most laws and bioethical codes of research based upon conventional morality as oppressive. The prevailing of the person over other human values is a constant in the Catholic ethics of medicine; “Love of science, as deep and energetic as it can be, never can prevail in our heart over love to our suffering brethren in need of our help” (Childress, 2009; Leeds, 1990; Herranz, 2004).

These ideas were probably carried to the Declaration of Helsinki¹ via a symposium on religious views on medical experimentation, organized by the World Medical Association in its protracted incubation of the Declaration of Helsinki and published in 1960. The representative of the Protestant confessions, Jacques de Senarclens,² after affirming that neither the interest of science nor the interest of society was sufficient to justify any human experiment that contradicts the principles of medical ethics, wounds the dignity of human beings or breaks the most elementary precepts of the Christian faith, adduced the moral authority of the Pope as expressed in his 1952 discourse that “man, in his personal being must not be subordinated to the community; on the contrary, the community exists for the man”. This participation of Christianity in authorizing the most fundamental document of ethics in biomedical research is a clear sign that Western academicians even at the highest level of scientific ranking are not able to persuade the people about ethical integrity of their experimental studies without paying necessary attention to religiosity (Herranz, 2004).

9. Implicit Implications in Helsinki Declaration about Religious Values as Norms

In the latest version of *Helsinki Declaration*, it is mentioned that research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee

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1. The Declaration of Helsinki is a set of ethical principles regarding human experimentation developed originally in 1964 for the medical community by the World Medical Association (WMA).
 2. Jacques de Senarclens (1914, 1971 in Geneva) was a Swiss Protestant clergyman and university teacher.

before the study begins. This committee must be transparent in its functioning, must be independent from the researcher, the sponsor and any other undue influence and must be duly qualified. It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards. However, these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration (World Medical Association, 2013).

Thus, the secular structure of legal systems is the main barrier for considering Christian viewpoints in the contemporary research ethics committees not more than norms and standards in most Western countries, even though some of them are called Christian states.¹

Some scholars of religion and ethics have examined bilateral ties in the latter form of states to find if there can be a solution for religious people in currently secularized political world to stay faithful to their own beliefs. Under the established church approach, the government will assist the state church and likewise the church will assist the government. Religious education is mandated by law to be taught in all schools, public or private (Eberle, 2013) Even though, this model according to some authors heightened appreciation of the role of king and church in a Christian state in countries like England, there is no practical gateway for clerics to enter the medical research hierarchy in order to pose their critical viewpoints about new biotechnological studies that are considered playing the role of God.

1. A Christian state is a country that recognizes a form of Christianity as its official religion and often has a state church (also called an established church) which is a Christian denomination that supports the government and is supported by the government.

10. Muslim and Christian Views about Biotechnology and Its Advances

Cloning, genetic engineering and gene therapy, human fetal enhancement and production of GMO foods, together with other novel areas in biology and medical sciences, are the most notable fields of research criticized by religious scholars and theologians in Christian and Muslim countries. In the ethical debate over synthetic biology, the phrase “*playing God*” is widely used in order to challenge this new branch of biotechnology (Yorke, 2002; Dabrock, 2009).

Apart from debates that are still running about each of the above-mentioned topics, the common core value that must be considered in all the bioethical concerns of Muslim and Christian viewpoints is respecting the “*life*” itself, as a gift of God to human beings and other living creatures (organisms), and the life boundaries as fully discussed earlier. Replying the prominent concerns about life boundaries, Dabrock in his article attempts to refuse these critics;

The innovation of synthetic biology is not about creating new life. From time immemorial, this has been tried by diverse methods of breeding, which have been refined continuously and finally reached their peak in cloning. In the cultural memory of mankind, this form of biotechnology is commonly approved as normal and morally justifiable (Childress, 2009; Afshar, 2015; Dabrock, 2009).

However, this answer failed to satisfy all the arguments against this turbo train of biotechnology researches that now its critique has gone far beyond the margin of religions and humanistic ethical views often find it difficult to cope with its velocity. As the writer of it confesses himself:

Yet, using inanimate material for the production of entities fulfilling widely accepted criteria of life (namely metabolism,

reactions to the environment, variability, i.e. evolutionary flexibility from generation to generation) would mark an ontological and cultural paradigm shift. Taking into account that the boundary between life and the inanimate plays a fundamental role in the governing and stabilizing power of the common sense and of many religions, it is apparent that any damage to this principle would be irreconcilable with these world views (Dabrock, 2009).

11. Developing Dialogue between Islam, Christianity, and Bioethics

In fact, the enthusiasm of Abrahamic religions' jurists including Christian and Muslim clerics *for making the world a better place for human beings*, is a robust agent that pave the way for negotiations between them and biotechnology scientists to overcome conflicts that are being explored through new researches. Christopher P. Scheitle explains the results of his scientific analysis of opinions of religious people; church attendance and personal religiosity do not affect optimism [toward new biotechnology products]. However, holding an image of a personal God who hears individual prayers lead to find a more optimistic view of biotechnology (Scheitle, 2025). The results of such studies about ordinary religious people and the innate capacity of religious jurists to lead fruitful discussions with biotechnologists that Iran's advances in stem cell technology, is just an instance of a promising future for science and religion dialogue to find solutions for the world's problems. Muslims frequently described science and their religion as related rather than separate concepts. They believe that their holy text, the Quran, contains many elements of science. According to a Pew Research Survey, the Muslims interviewed also said that Islam and science are often trying to describe similar things.

Christians also believe that science and religion are in harmony, and this dialogue has been promoted by many Christian scientists in recent years (Thigpen, Johnson, & Funk, 2020; Stewart, 2010).

Biotechnology, according to some writers of the early decade of third millennium was called the *New Industrial Revolution*, and the phrase *genetic engineering* brought about images of human cloning that caused strong visceral reactions. Now, after two decades we observe a paradigm shift in ethical concerns of the societies toward artificial intelligence. This shift in public opinion occurs when there are still many debatable issues in bioethics, which need to be clarified. Maybe, some efforts are being done to make a shadow over the main topics of ethics that deal with life and death of human beings. One of the most notable issues in contexts of contemporary biomedical ethics is the issue of *the end of life*, which will be discussed in the following section.

12. The End-of-Life Bioethical Issues for Muslim and Christian Professionals

Since the 1701 Act of Establishment, England's official state church has been the Church of England, with the monarch being its supreme governor and “defender of the faith”. He, together with Parliament, has a say in appointing bishops,¹ twenty-six of whom have ex officio seats in the House of Lords.² In characteristically British fashion, where the state is representative of civil society, it was Parliament that

1. An Anglican, Eastern Orthodox, or Roman Catholic clergyperson ranking above a priest, having authority to ordain and confirm, and typically governing a diocese

2. The House of Lords is the second chamber of UK Parliament. It plays a crucial role in examining bills, questioning government action and investigating public policy.

determined, in the Act of Establishment, that the monarch had to be Anglican (Eberle, 2013; House of Lords, n.d.; Merriam-Webster, n.d.).

For more than three centuries, British policymakers have respected religious concerns of the Church of England, which has been the reason that assisting in life termination or euthanasia has never been legalized in this Christian state. Although it is an offence to actively end a patient's life, many doctors still assist their patients with their wishes by withholding treatment and reducing pain (McDougall & Gorman, 2008).

This phenomenon indicates that assisting a patient in committing suicide in any form is a breach of Christian beliefs and rulings. However, some medical professionals go their own way with justifications like aiding humans get rid of sufferings of an intolerable life, withholding therapeutic interventions that increase suffering of the patient without hope of remedy. In cases like terminal disease of severely ill patients whose heart and lungs stop functioning, there is a long debate on whether it is ethical to do CPR (Cardiopulmonary Resuscitation) to bring them back to life or let them have a peaceful death. Due to the relatively low rate of successful CPR, the costs of ineffective treatment, and high probability of the occurrence of various complications, the American Medical Association, for the first time in 1974, formally proposed the Do-Not-Resuscitate (DNR) order in patients' treatment process (Childress, 2009; Patrick Davey, 2017; Mohaghegh Damaad, 2012; Lawrence, 2019; Grove, 2022; Assarroudi et al., 2017).

Furthermore, in 1976, the first hospital policies with regard to the DNR order were published. Since then, there have always been arguments on the legal and ethical challenges of the DNR order, and these arguments are not limited to Islamic or Christian countries. It seems that the problem of intervening in the natural process of death in an end-stage patient who is considered incurable despite all medical

milestones, and prolonging his or her lifespan against their own will, solely imposes more suffering on the person and more futile cost on the society (Childress, 2009; Mohaghegh Damaad, 2012; McDougall & Gorman, 2008; Grove, 2022; Assarroudi et al., 2017).

Euthanasia and physician-assisted suicide (EPAS) are important contemporary societal issues, and religious faiths offer valuable insights into any discussion on this topic. Graham Grove and colleagues, in his article “Perspectives of Major World Religions regarding Euthanasia and Assisted Suicide”, explore the perspectives on EPAS of the four major world religions—Christianity, Islam, Hinduism and Buddhism—through analysis of their primary texts. This study indicated opposition to EPAS based on themes common to all four religions: an external locus of morality and the personal hope for a better future after death that transcends current suffering. Given that these religions play a significant role in the lives of billions of adherents worldwide, it is important that lawmakers consider these views along with conscientious objection in jurisdictions where legal EPAS occurs. This will not only allow healthcare professionals and institutions opposed to EPAS to avoid engagement but also provide options for members of the public who prefer an EPAS-free treatment environment. In a survey conducted in Iran, the participants’ experiences showed that an informal and verbal DNR order existed in their workplace, which caused the participants to encounter legal, ethical, and operational challenges in this country with an Islamic legal system (Grove, 2022; Assarroudi et al., 2017).

Therefore, a comprehensive dialogue between Muslim and Christian scholars at the highest level of religious jurisdiction hierarchy and the medical profession policymakers in countries like Iran is necessary, based on bilateral understanding of the necessity of ethical codes for end of life that are simultaneously compatible with

the dilemmas of medical practice and the fundamental values of the Abrahamic religions.

Conclusion

In this study, we reviewed the fundamental viewpoints of Islam, Christianity, and Judaism on the borders of human life—its beginning and its terminal stage—from a medical professional approach. The aim of this approach is to aid medical staff in the daily application of new technological procedures, including assisted fertility methods to let a new life begin, or withholding advanced life support devices to allow a life to be terminated.

Even though medical professionalism is the main framework of good medical practice in our era, it does not answer some key questions that our patients may ask us. Our understanding about those areas that are not experimental is limited to spiritual lessons originated from religions and philosophy. Items like ensoulment stage of a fetus that we may decide to abort due to medical indications—but the parents consider it manslaughter—or the spiritual state of those beloved, severely ill parents that are now candidates for ventilator withdrawal because of scarce facilities, and we ask their offspring's legal permission, are some examples of everyday moral distresses that healthcare staff must resolve. However, the lack of religious guidelines in these areas makes it difficult to do the right thing as a good doctor, particularly when patients ask us to help them for ethical decision-making.

So, this study may be just a first step to pave the way for research in medical ethics to explore the common values of religions and to build an applicable framework for answering the ethical questions of our Muslim, Christian and Judaist patients when they face a decision-making process on a procedure in the beginning or

terminal phase of life. Guidelines for the religious aspects of our progressive new procedures and their usage in daily practice are essentially needed, and cumulative population of Muslim and Christian people—more than 55 percent of the world’s population—indicates that comparative studies of Islam and Christianity is the best platform to answer this necessity in medical sciences in the future.

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