

Commentary on “Islam and the Four Principles of Medical Ethics” by Yassar Mustafa

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ABSTRACT

This essay assesses Yassar Mustafa's paper, Islam and the Four Principles of Medical Ethics, which looks at how Beauchamp and Childress's four-principles approach (beneficence, nonmaleficence, justice, and autonomy) fits with Islamic medical ethics. Mustafa integrates Islamic jurisprudence (usūl al-fiqh), higher objectives of Islamic law (maqāṣid al-sharī'a), and legal maxims (qawā'id fiqhiyya) to argue that beneficence, non-maleficence, and justice align with Islamic teachings. However, autonomy is more nuanced due to Islam's emphasis on communal welfare. This commentary broadens the topic by examining fundamental themes in Islamic bioethics, such as patient-physician interactions, gender concerns, informed consent, and end-of-life care. The article's strengths include a complete theoretical foundation, allusions to the Qur'an and Hadith, and an emphasis on cultural sensitivity in healthcare. However, limitations include a lack of varied Islamic viewpoints, little consideration of growing medical concerns, and insufficient emphasis on gender and reproductive ethics. This commentary suggests broadening discussions on ethical quandaries such as euthanasia, genetic engineering, and organ donation, as well as including case studies of Muslim patients navigating medical ethics in secular healthcare systems. Mustafa's work is a significant contribution to Islamic bioethics, offering vital insights for clinicians and researchers seeking culturally sensitive medical practices.

Keywords: Islamic Medical Ethics; Four-Principle Approach; Beneficence; Non-Maleficence; Autonomy; Usūl Al-Fiqh; Maqāṣid Al-Sharī'A; Justice; Cultural Sensitivity; Bioethics.

1. Introduction

Medical ethics is crucial in guiding clinical practice, ensuring that healthcare practitioners adhere to ethical principles that balance patient rights, medical obligations, and broader societal concerns. Yassar Mustafa's paper, Islam and the Four Principles of Medical Ethics, investigates the relationship between Islamic medical ethics and Beauchamp and Childress' widely recognised four-principle approach: beneficence, nonmaleficence, justice, and autonomy. Mustafa contends that while beneficence, nonmaleficence, and justice are consistent with Islamic ethical thinking, autonomy is more problematic owing to the Islamic emphasis on community welfare and divine power (Sachdina, 2009).

This essay critically engages with Mustafa's theory, touching on major bioethical concerns within the Islamic framework. In addition to evaluating beneficence, nonmaleficence, justice, and autonomy, it investigates patient-physician interactions, gender concerns, informed consent, and end-of-life care. This conversation gives a more complete grasp of how Islamic medical ethics pertains to modern healthcare concerns.

1.1. Foundations of Islamic Medical Ethics

Mustafa establishes the fundamental principles of Islamic medical ethics, based on usūl al-fiqh (jurisprudence) and maqāṣid al-sharī'a (higher purposes of Islamic law) (Kamali, 2002). According to Mustafa (2013), Islamic ethical decision-making is based on both main sources, such as the Qur'an and Hadith, and secondary sources, such as consensus and analogical reasoning. Sachdina (2009) addresses the qawā'id fiqhiyya (Islamic legal maxims) as ethical principles for medical treatment.

One of the central concepts in Islamic medical ethics is maqāṣid al-sharī'a, which prioritises the preservation of five key objectives (Kamali, 2002):

- 1) Religion (dīn) - Ensuring that medical practices do not contradict Islamic faith.
- 2) Life (nafs) - The sanctity of human life and the necessity of preserving it.
- 3) Intellect (aql) - Avoiding harm to cognitive function and decision-making capacity.
- 4) Progeny (nasl) - Safeguarding reproductive health and family integrity.
- 5) Wealth (māl) - Ensuring economic justice and ethical financial practices in healthcare.

2. Analysis of Key Themes in Bioethics

1) Beneficence in Islamic Medical Ethics

Islamic ethics emphasises beneficence, urging physicians to behave in their patients' best interests (Mustafa 2013). The Qur'an and Hadith consistently emphasise compassion, generosity, and medical practitioners' moral obligation to relieve suffering. Mustafa skilfully links this idea with Islamic beliefs and historical medical literature, especially *Adab al-Ṭabīb* (Ethics of the Physician) by Al-Ruhawi.

However, beneficence in Islamic medical ethics must be examined in the context of religious commitments. Ethical quandaries emerge when medical procedures that benefit the patient contradict religious values, such as blood transfusions from non-halal sources or life-saving interventions that contravene fasting regulations (Sachedina, 2009). Addressing these tensions in future studies will strengthen Mustafa's case.

2) Non-Maleficence and Harm Reduction

Nonmaleficence, or *la darar wa la dirar* (no damage must be caused or returned), is a fundamental precept of Islamic bioethics. Mustafa explains the legal principle *al-ḍarar yuzāl* (hurt must be eradicated) and its application in medical decision-making. The application of this approach to end-of-life care is an important area that needs to be investigated further. While Islamic beliefs usually ban euthanasia, the ethical issues surrounding palliative care, do-not-resuscitate (DNR) orders, and the withdrawal of life support are nevertheless problematic (Sachedina, 2009). Mustafa's explanation might be strengthened by an examination of modern fatwas (Islamic legal decisions) on these topics.

3) Justice in Healthcare

Justice in medical ethics includes equal access to healthcare, fair treatment, and respect for patients' rights (Beauchamp and Childress, 1979). Mustafa emphasises Islam's focus on social justice, namely through *maslaḥa mursala* (public interest). Gender justice is a subject that needs to be explored further. Muslim women frequently face barriers in healthcare settings, such as access to female physicians, reproductive rights, and culturally acceptable treatment. Addressing these concerns would broaden the scope of the conversation.

4) Autonomy and Informed Consent

Personal autonomy is recognised in Islamic ethics, although it is placed within the larger context of religious and communal responsibility. According to Mustafa (2013), individual sovereignty in Islam is not unlimited but is subject to divine rule. A crucial problem that warrants greater investigation is how Muslim patients navigate autonomy in secular healthcare systems. Religious views and family engagement may have an impact on informed

consent, notably in situations of abortion, reproductive health, and mental health treatment. Mustafa's thesis would be strengthened with real-world examples of these tensions.

3. Conclusion

Mustafa's work presents an important explanation of how the four-principle method is consistent with Islamic medical ethics. He clearly argues that beneficence, nonmaleficence, and justice are deeply embedded in Islamic teachings, although autonomy is more complicated due to Islam's emphasis on community welfare. The essay emphasises the relevance of cultural competency in healthcare, specifically the requirement for medical practitioners to comprehend Islamic ethical frameworks when treating Muslim patients.

However, the study might be reinforced by addressing the multiplicity of interpretations within Islamic law and delving into modern ethical issues such as genetic engineering, artificial intelligence in medicine, and ethical quandaries in palliative care. Additionally, gender-related healthcare ethics and real-world case studies would provide richness to the conversation.

By refining these areas, Mustafa's work can serve as a more comprehensive guide for both medical practitioners and scholars navigating the intersection of Islamic ethics and modern medical practice.

4. Recommendations

To further improve the discourse on Islamic medical ethics, future research should:

1. Incorporate Diverse Islamic Perspectives. Address differences between Sunni and Shi'a approaches to bioethics, highlighting variations in *ijtihad* and contemporary fatwas.
2. Expand Discussion on Contemporary Medical Ethics. Include analysis of emerging ethical dilemmas such as genetic modifications, AI in medicine, and telemedicine from an Islamic perspective.
3. Examine Gender-Specific Healthcare Issues. Investigate the impact of Islamic ethics on women's healthcare access, reproductive rights, and gender preferences in clinical settings.
4. Use Case Studies for Practical Application. Provide real-world examples of Muslim patients navigating ethical conflicts in healthcare systems, particularly in non-Muslim-majority countries.
5. Explore Cross-Cultural Medical Ethics. Assess how Islamic bioethics interacts with Western ethical frameworks in multicultural healthcare environments.

Declarations

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Consent for publication

The authors declare that they consented to the publication of this commentary.

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