

## REVIEW ARTICLE

# Clinical Applications of *Maqasid al-Shari'ah* in Healthcare Services

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## ABSTRACT

One of the main Islamic ethical principles is to save life. Another main principle of Islamic ethics is to preserve the honor of current and future generations. In addition, the rights of making free choices to maximize the intended benefits and gains in life are also granted to everyone, as long as moral agents are mature and mentally sound. Ethics consists of values that are set to assist in the search for balancing between the demands of making free choices in life and preserving the sanctity of life. Islamic ethics teaches the healthcare values such as autonomy and beneficence, but these values are upheld as long the sanctity of life and its honor are observed. The search for balancing between the demands of prolife and that of prochoice in healthcare settings is guided and governed by the principles of the ultimate aims of the Islamic divine law, known as *maqasid al-shari'ah*. The paper uses analytical method and aims to present an outline of the Islamic clinical ethics, with the focus on the applications of *maqasid al-shari'ah* in healthcare services. Besides the literature review, the paper highlights the basic contents and fields of both healthcare and objectives of the Islamic law. As the relationship between *maqasid al-shari'ah* and healthcare practices covers wide area of knowledge, this paper aims for analyzing clinical applications of the shari'ah objectives. The merit of the paper is that, it uses original sources of the Islamic *shari'ah* law, and relates it to eight selected areas of clinical practices, which are among most common in today's healthcare practices. Other areas of clinical applications are addressed in different papers of the author. Conclusions drawn from these analyses are illustrated at the end of the paper.

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## INTRODUCTION

This paper Clinical Applications of *Maqasid al-Shari'ah* in Healthcare is an extension of author's paper earlier with the title The Applications of *Maqasid al-Shari'ah* in Medicine (6). The latter addresses the general rules of *Maqasid al-Shari'an* in relation to medicine, while the current paper focuses on *Maqasid* applications in clinical settings. It addresses new dimensions which are not covered in the early paper including Shari'ah guidelines of clinical trials. Among useful resources for the discussions of this paper is the World Health Organization's Handbook for Good Clinical Research Practice: A Guide for Implementation (21), which provides useful and detailed discussions on the

principles of good clinical research procedures and practices. Required ethical conducts, protocols of risk identification, benefit assessment, informed consent, staff qualification, confidentiality, and other related details about clinical research practices are highlighted. Another Important resource for the subject of this paper is International Ethical Guidelines for Biomedical Research Involving Human Subjects: An Islamic Perspective (9), prepared by the Kuwait based Islamic Organization for Medical Sciences. Another important resource of this subject is the Malaysian Guideline for Good Clinical Practice (12), prepared by the National Pharmaceutical Regulatory Agency, Ministry of Health Malaysia. This guideline is adapted from the ICH E6: Good Clinical Practice, and presents essential principles of Good Clinical Practice (GCP) and related ICH technical requirements and protocols for clinical trials. Hassom E. Fadel's paper on Ethics of Clinical Research: An Islamic Perspective (7), is another important resource of this subject. Closely related discussions are found in

Ethical Responses to Modern Clinical Trials on Human Subjects: A Comparative Perspective (16). These and other related literatures of this field form the sources of the discussions in this paper. The paper itself consists of two major elements that are; the outline of basic concepts, and analysis of applications of *maqasid al-shari'ah* in clinical practices.

## CONCEPTS AND SCOPE

Clinic is a healthcare facility, a building, often part of a hospital, to which people can go for medical care or advice relating to a particular condition (4). Unlike large hospitals that offer specialized medical services with the capacity of admitting patients who needs more focused care, clinics often offer essential care needs, mostly in local communities and sometimes in remote towns and villages. Yet the settings of clinics differ. As mentioned early some clinics offer limited and general therapeutic treatments, and run by general practitioners, while there are instances in which clinics offer more specialized services, particularly those clinics that are located in large hospitals. The latter type of clinics is run by specialists. The functions and the scope of clinics differ from one to another, depending on the health policy of the country it operates, as well as whether or not it is a privately owned clinic run for profit, or public clinic (government owned) that provides free or low-cost medical services. Furthermore, general outpatient clinics differ from specialist ones; the former provides treatment without an overnight stay, while the latter's services include advanced treatment for specific diseases, some of which provide an overnight stay. The latter provides specialized healthcare services, such as services given by gynecologists, dermatologists, neurologists, cardiologists, pulmonologists, endocrinologists, etc. Clinicians are skilled professionals who work as caregiver of patient in a hospital, clinic or patients' home, whose task is to manage a sick person in terms of diagnosing, treating and caring for patients. Through preventive measures, diagnosis and treatment of given physical illness and mental impairments, clinicians serve play an important role in healthcare services. The practices of the clinician are much focused ones; because unlike certain healthcare scientists who work in the laboratory as researcher on various fields, clinicians deal with patients at healthcare facilities. Clinical practice is an "agreed-upon and customary means of delivering health care by doctors, nurses and other health professionals;" (5). As the patients become a subject of study, in certain instances, clinical practices include assisting in clinical researches that are designed to observe and understand specific healthcare issue. This aspect clinical practice, in which clinicians assist research trails, is guided by certain ethical standards that are set to "design, conduct, performance, monitoring, auditing, recording, analyses and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that

the rights, integrity and confidentiality of trial subjects are protected;" (5). Among major topics of healthcare services is the internationally recognized quality standard, known as good clinical practices (GCP), which is set to govern clinical trials involving human subjects. GCP applies very strict ethical guidelines of clinical research, and very much aliened to the guidelines of the International Council of Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human use (ICH). Another area that is often discussed in healthcare field is clinical ethics (CE), which forms the practical discipline that provides a structured approach for identifying, analyzing and resolving ethical issues in clinical medicine. GCP and CE follow closely related set of values and principles that are established to ensure the safety and efficiency of clinical practices. This paper aims to address the shari'ah applications of clinical practices. The aim is identify, if the conventional values of clinical practices are compatible to that of the *shari'ah*, or otherwise.

The Arabic term *shari'ah* is derived from the root *shara'a* which means straight "pathway to be followed", (1, 14), or "path to the water" and "waterhole" (1). In chapter 45, verse 18, the Qur'an has employed the term *shari'ah* as the right path and way of religious life; a "the true path of guidance set by God" (15). Technically shari'ah designates: "the total sum of rules that God ordains for His servants, encompassing their beliefs, worship, morality, dealings and all other affairs relating to various facets of their lives, with the overriding objective of maintaining their well-being in this world and in the hereafter", (13). It is the "the sum total of rules that are ordained by God and promulgated through His Prophet (s. a. w.) to His servants in order to be believed and practiced (upheld) by them so as to become prosperous in this word and attain felicity in the hereafter", (11). For it constitutes the divine law embodied in the Qur'an and *Sunnah*, it does "not represent only legal commands and prohibitions, or crimes and punishments (contained in *ahkam*). The bulk of its content is devoted to teaching the faith as well as teaching ethics... therefore, the *shari'ah* as a system of divinely inspired code of conduct does not only embrace a legal blueprint for social control, but most important it also guides man in his ideological, moral and all temporal affairs", (15). It denotes two interrelated sense; generic and specific. In its generic sense, the term *shari'ah* denotes the whole religion of Islam; the totality of Islamic teachings including theology (*aqidah*), mysticism (*tasawuf*), and moral philosophy (*akhlaq*). In its specific sense, shari'ah refers to the moral code of conduct and the religious law of Islam. For the *Shari'ah* is revealed by Almighty, Allah (s.w.t.), who creates and commands, not in vein, but with an aim and purpose, the *shari'ah* is therefore purposive. As mentioned in chapter 57, verse 25, chapter 21, verse 107, and elsewhere in the Qur'an, the goals of the shari'ah are to establish justice (*liyaquma al-nassu bil al-qist*) and mercy (*rahmah*) in life. To do so, the *shari'ah* strives to secure public and

private interests (*jalb al-manfa'ah*) and prevent harm (*dar'u al-madarah*) in all aspects of life. Hence conducts and gains that are set to promote positive and beneficial gains in life are permitted, while conducts and gains that are deemed harmful are outlawed. As explain by Muslim scholars who wrote on the aims of the *shari'ah* like Imam al-Shatibi and Ibn `Ashur, (2) state that the ultimate objectives of the *shari'ah* is preserve human life (*hifz al-nafs*), religion (*hifz al-din*), property (*hifz al-mal*), ancestry (progeny) and intellect (*hifz al'aql*); "these are the absolute requirements to the survival and spiritual-well-being of individuals, to the extent that their destruction or collapse would precipitate chaos and the demise of normal order in society", (10). For the *shari'ah* aims to preserve life, hence all forms of taking life including suicide, murdering, genocide and homicide are prohibited. Religious freedom is preserved through the principle of preservation of religion, preservation of property means security of public and private properties. For the *shari'ah* aims to protect the intellect, therefore all forms mind intoxication including alcohol and drug abuse are prohibited. Preservation of ancestry implies safe and healthy reproductive system, hence all forms of illegal sexual relationship, as well as medical practices of surrogate parenting are prohibited. Besides preservation of these essential dimensions of life, the *shari'ah* also provides norms that are set to manage extraordinary situations (*hajiyat*) in terms of prioritization in choosing between two or more evils. These type of norms are known as concessions (*rukhas*) and it is applied in the situations of necessities (*daruriyat*). The *shari'ah* also provides complementary guidelines (*tahsiniyat*) that are set to improve the general outlook of life. The three dimensions of the *shari'ah* aims are set to guide the human conducts in achieving positive changes and preventing harmful ones in life, including healthcare practices

#### CLINICAL APPLICATIONS OF MAQASID AL-SHARI'AH SOCIO-DEMOGRAPHIC CHARACTERISTIC

There are at least eight major areas in which clinical application of *maqasid al-shari'ah* can be observed; first, as stated in chapter 5, verse 32, chapter 4, verse 29 and elsewhere in the Qur'an, one of the essential aims of the *shari'ah* is the principle of preserving life, based on which all forms of taking life is prohibited except if it is life for life. Directly taking life (*qatl*) in the form of murdering, suicide, genocide and homicide, or indirectly causing death of someone, are all prohibited. This principle can be applied in clinical practices as a guiding standard of life saving. It requires clinicians to prioritize lifesaving over other urgencies. (a) Based on this principle, all forms of euthanasia and physician assisted deaths are prohibited. For clinicians are tasked to save life by means of providing the required medical services, they are not entitled to take life, or assist patients to die. (b) Another clinical application of this principle is the prohibition of all forms abortion, except in the cases

in which mother's life is at risk. Right from the moment of infusion of ovum and sperm until birth, aborting is not in the agenda according to this principle. It is true that prochoice argument justifies abortion on the basis of personal rights and freedom of body management, nevertheless in Islam personal rights cannot overrule the principle of preservation of life. Hence, for the life of everybody matters, including the life of the infants, thus abortion is not permitted, unless it means saving the life of the mother.

Second, another principle of *Maqasid al-shari'ah* is the preservation of the intellect, as stated in chapter 5, verse 90 and elsewhere in the Qur'an, based on which all forms of risking mental health are prohibited. This includes physiological corruption of the mind such as substance-abuse and alcoholic behavior which causes intoxication of the mind. Psychological means of mind altering such as superstitious and unfounded beliefs, are all prohibited. Clinicians are then tasked to assist those suffering from mental illness and psychological problems in terms of consoling and guiding patients to heal and recover from such a illness. Similarly, dealing with patients of substance abuse to recover and withdraw from substance abuse is also required.

Third, as stated in chapter 6, verse 151, chapter 17, verse 32 and elsewhere in the Qur'an, the *shari'ah* aim to preserve the honor and protect posterior generations (*hifz al-nasl*). Based on this aim, Islamic law prohibits all forms of illegal sexual relationship. Clinical application of this principle is observed in healthcare services of fertility treatment and sterilization. (a) Based on this principle medical services of fertility treatment are permitted only for married couples with the continuity of marriage contract. Fertility treatments of artificial insemination and planting the fertilized ovum to the intended mother's womb cannot be offered to unmarried couples, as well as to those couples whose contract ended by divorce or by the death of one of the couple. Hence, all forms of sperm or ovum donation are not permissible, and thus cannot be performed in the clinic. (b) Clinical applications of this principle can also be observed in the prohibition of the permanent sterilization. It is true that Muslim jurists agreed on the permissibility of contraception in the form of family planning, wherein the sequence of birth is distanced from one and another, or due to health reasons, but outlawed sterilization, the medical procedures of permanently removing organs of reproduction or making dysfunctional.

Fourth, as stated in chapter 2, verse 256, chapter 18, verse 29 and elsewhere in the Qur'an, spiritual health is another area in which the Islamic law protects (*hifz al-din*), based on which the *shari'ah* establishes the right of the people to belief and practices the religion of their choice. This principle promotes spiritual health in two ways; (a) it secures the right to belief the religious faith of patient's choice, a choice that everyone including

clinicians should respect. For everyone is entitled to their faith of choice, hence no one should be discriminated based on their religious faith. (b) To assist people practice the religion of their faith and thus maintain spiritual health, clinicians are required to provide healthcare services that are conducive to practicing religious faith.

Fifth, among basic principles of the *shari'ah* is preservation of public and private properties, based on which all forms of corruption, as well as stealing, theft, robbery, etc., are prohibited. For instance, in chapter 4, verse 29 and chapter 2, verse 188 corruptive behavior (*batil*) of handling wealth is outlawed, while wasteful behavior of managing wealth is prohibited in chapter 17, verses 26-27 and elsewhere in the Qur'an. These principles can be applied in clinical settings; (a) in terms of providing clinical services with affordable cost, managing available medical facilities and resources wisely, not in a wasteful manner. (b) In terms of buying medical facilities, drugs and other pharmaceutical products for clinical usage, clinicians should be free of corruption including bribery.

Sixth, *maqasid al-shari'ah* principles can also serve clinical practices in the area of providing legally binding ethical guidelines. This is so because to cope with the challenges of rapidly growing medical and healthcare service, the scientific and ethical communities have since early ages provided various codes of ethics including Hippocratic Oath, the Nuremberg Code (1947), the Declaration of Helsinki (1964), Belmont Report (1979), etc. Though these ethical codes were designed in different ages and circumstances, but the codes share not only "common purpose", but also share the "basic contents" of its guidelines. With regards to the purpose, these codes function as a "guide", for safe and fair medical practices in healthcare settings. Likewise, though some of these codes are lengthier than others, and formed in different places and ages, these code of medical ethics share at least four elements in common, that are; the respect for autonomy, non-maleficence, beneficence and justice.

For the tenants of these four ethical norms have helped doctors and other healthcare providers to plan and work towards achieving common goals of medical treatment, *maqasid al-shari'ah* acknowledges the importance of globally recognized values of medical ethics, namely autonomy, non-maleficence, beneficence and justice. Yet from Islamic perspective, the tenants of these four norms of medical ethics are just guidelines that function as recommendations, without legally binding authority. Hence, the *shari'ah* goes one step further and provides legal authority to these values. For instance, in the Islamic law, respect for autonomy, is the base for all transactions and dealings, an area that is known in the Islamic jurisprudence as *al-uqud*, i.e., contracts. The bottom line of this area of Islamic law is to achieve informed consents with sane and sound clients on given

transactions and practices in medical practices, business transactions and in employments and in other social responsibilities. In the Islamic tradition, transaction and dealings (*al-mu'amalat*) are valid only, if consented by related parts freely, hence respect of autonomy is a value that form an essential element in the Islamic law, but with certain rules and limitation. Principles of non-maleficence and beneficence are also compatible with *maqasid al-shari'ah*, wherein these two values are stated in the well-known Prophetic narration "*la darara wala dirara*, i.e., harm should not be inflicted, not reciprocated", (10). This and related founding texts of Islam, require not only to prevent harm, but to also to willingly benefit others. In addition, as stated in chapter 5, verse 8, chapter 16, verse 90, and elsewhere in the Qur'an, justice to everyone and in all circumstances, is part and parcel of the Islamic value system, hence should be observed in all dealings, including healthcare services.

Though the tenants of conventional declarations are compatible to that of the Islamic law, yet, the *shari'ah* is concerned about certain aspects of these tenants. For instance, respecting the autonomy of the patient, in terms of choosing or refusing given medical treatment, is a commendable idea, however the question is does the autonomy of the patient is an absolute one, in such a way that a patient can do whatever he or she deems fit to do to his or to her body? Or actually such autonomy has limits? What happens if the patient choses inflecting harm to himself, such as in the case of euthanasia? As euthanasia implies taking-life, if the patient opt for it and intend to take his or her life, should the clinicians respect the autonomy of the patient and let him, or perhaps assist him to die? Muslim jurists generally agree to respect patient's autonomy, beneficence, non-maleficence and justice in medical treatment, but with following observations; (a) beneficence and non-maleficence or the actions of promoting the well-being of the patient are good, but these two terms reflect a general sense, which lack specifications. Conventional healthcare ethical codes states "beneficence", but the question is who determines the nature of beneficence; the clinician, the patients, or the existing legal authority? For instance, how does beneficence is related to medical services like cosmetic surgery and sterilization? What happens if a given clients request for abortion or euthanasia? For cosmetic surgery, which is often driven by lack of confidence in oneself and appearance, does it fit in healthcare scope of promoting the well-being of given clients? Similarly, abortion and euthanasia imply taking life and thus similar to murdering. (b) The *shari'ah* aims to secure benefit (*maslaha*) and prevent harm (*daru' al-mafsadah*), which includes beneficence and non-maleficence. However, unlike the conventional code of medical ethics, for the sake of achieving true and genuine benefits, the *shari'ah* presents a typological account of well-beings. Muslim jurists (*fuqahā'*) divided benefits (*maslahah*), in to three types; (i) approved



benefits (*maṣālahah mu'tabarah*) (ii) disapproved benefits (*maṣālahah mulghah*), (iii) and unrestricted benefits (*maṣālahah mursalah*). Benefits and gains that are achieving according to the rules of the *shari'ah* are known as the approved or accredited benefits (*maṣālahah mu'tabarah*), and the *shari'ah* permits it. This category includes benefits made from permissible trade as well as from legal business contract, employment and legal marriage contracts, etc. As long as the act is permissible, and applied means are recognized by the *shari'ah* law, then the benefits achieved are approved. Disapproved benefits (*maṣālahah mulghah*) are the ones that involve things or acts which the *shari'ah* disapproved. For instance, benefits achieved through corruption, cheating, bribery, gambling, etc., and all that is gained through deceptive means are all prohibited. The gains that are not explicitly required not nullified by the *shari'ah* law is known as unrestricted benefits (*maṣālahah mursalah*). This kind of benefits is recognized as a valid interest as long as it serves the common good.

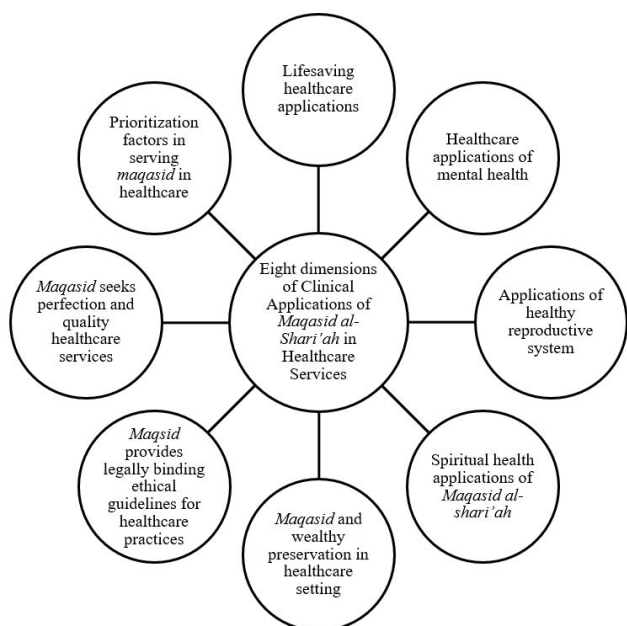
In other words, beneficence and non-maleficence shall not be used as open ticket that might lead doing things that are harmful in nature with name of beneficence and non-maleficence such as cosmetic surgery and surrogate mother. (c) Similarly, respecting the autonomy of the patients, should not lead to self-harming practices such as euthanasia and abortion. For no one is entitled to take life including one's self, as stated in chapter 4, verse 29, and elsewhere in the Qur'an, patients' views on medical treatments should be respected as long as such autonomous views are free of self-harming. In other words, euthanasia and other forms of self-harming are excluded from patient's autonomy. The reason is because people, including patients, are free to choose what they like to do in their life, but has no right to take their life. In *maqasid al-shari'ah*, "respect for autonomy" is governed by the *shari'ah* principle that puts the authority of the Divine Commands over the human laws and authorities (*la ta'ata li makhluqin fi ma'siyat al-khaliq*). According to the *shari'ah* principles all forms of taking life are prohibited, except if it life-for-life. The *shari'ah* also prohibits all forms of dishonoring the dignity and lineage of man and woman (*hifz al-nash*). Based on the *shari'ah* principles of life and lineage protection, the patient's desires and wants in handling the self are guided and ruled by the *shari'ah* rules, not mere individual freedom and the autonomy of the patients. Hence, medical practices like euthanasia, abortion, cosmetic surgery, gender reassignment, etc., are not permissible, regardless if the person like it or otherwise.

Seventh, another area in which *maqasid al-shari'ah* serves clinical practices is found in the *shari'ah* commands in which man and woman are commanded to aim for *itqan* and *ihsan*-based conducts. The Prophet (s. a. w.) once said "Almighty Allah (s. w. t.) loves to see one's tasks done at the highest level of quality or

"*itqan*". The root of *itqan* is *atqana*, which means to "excel" or "precision" in doing something, which means to aim for optimal and perfect quality of the given duties and services. To achieve quality of work, as stated chapter 16, verse 90, "excellence, i.e., *ihsan*", the outstanding quality of given products and tasks, as well as "justice", the behavior of putting things in their right place with due proportions, are also required. In line with this verse and similar verse of the Qur'an, the Prophet (s. a. w.) once stated that "Allah has written (ordered) excellence on everything..." Like other professional dealings, Islamic ethics requires healthcare providers to aim for excellence in their medical services including filling and documenting patients' information in a secure and safe place, diagnosing, and prescribing medications and treatment, all should be done with the value of excellence (*ihsan*). *Ihsan*-based attitudes including honesty (*ikhlas*), kindness (*rifq*), trustworthy (*amanah*), and compassion (*rahmah*), as well as *itqan*-based professional skills such as precision, quality, punctuality, justice, fairness, dedication and commitment, are all part and parcel of the Islamic professional ethics.

Eighth, in the instances in which clinicians are involve in clinical trials, *maqasid al-shari'ah* adopts the principles of balancing between intended gains (*manfa'ah*) and the potential harms of the experiment (*madarah*). (a) Based on the *shari'ah* norm which states *al-'adah muhakamah* or "the custom as the basis of judgment", *maqasid al-shari'ah* requires clinicians to conducted their clinical practices in accordance with established healthcare standards and clinical declarations such as Helsinki Declaration, as well as on the guidelines of GCP and other healthcare standards. As long as healthcare professionals approve the efficiency and benefits of given clinical standards, the *shari'ah* respects it, but in some cases upgrades it into higher level, in terms of providing legally binding authority. (b) One of the governing *shari'ah* principle is "prevention of harm (*daf'u al-darari*) precedes the gain of the benefits (*jalb al-manfa'ah*)." This is to say that prior to clinical trials, clinical researchers should carefully weigh the benefits and the harms involve prior to conducting the clinical trials; wherein clinical trials can be initiated and continued only if the anticipated benefits justify the risks. (c) In line with the Islamic principles of *itqan* (perfection) and *ihsan* (excellence), the *shari'ah* requires adequacy in available information about the product, protocols and technicalities of the clinical trials. (d) Based on the hierarchal order of the *maqasid al-shari'ah* in which preservation of life is placed above all other principles, the rights, safety and well-being of the human subjects in the clinical trials precede other considerations including the development of science. It is true that scientific development in healthcare sciences requires experimentation and clinical trials, yet this does not however mean to compromise the rights and safety of human subjects involve in the experiment. (e) Based on

the *shari'ah* norm of clarity (*bayan*) in all transactions, as well as the Islamic principle of seeking explanation from those who know (*fas'alu ahla al-dhikr*) on the given issues, details of protocols and technicalities of the clinical trials must be clearly explained to the subjects involve, and conducted by a qualified physician. Protocols and technicalities of clinical trials should also be reviewed and checked by the relevant ethical committees. (f) In line with the Islamic principles of proof and evidence based transactions (*qul hatu burhanakum*), as well as initiation of contracts in services and dealings (*mu'amalat*), clinical trials should be recorded and documented for future verifications and interpretations. Similarly, for no one is entitled to take the right of others, the informed consent and agreement of human subjects involve must be received prior to the clinical trial. (g) As guided in the *shari'ah* principle that states "do not cheat those trust you" as well as "there is no faith for those who cannot be trusted", and guidelines of keeping and respecting the privacy rights of others (*hifz al-sirr*), clinicians are required to preserve the records received from the patients.



**Fig. 1 Eight dimensions of clinical applications of *maqasid al-shari'ah***  
**CONCLUSION**

Clinical profession and *shari'ah* meet in various points; first the *shari'ah* aims to secure interest and prevent harm and thus preserve life, while at the heart of clinical profession is harm reduction and lifesaving. Second, both the *shari'ah* and clinical profession aim to preserve healthy reproduction and safe child-bearing activities. Third, mental health and psychological well-being is another area in which the *shari'ah* and clinical meet. Fourth, while clinical profession provides practical and hands-on services to preserve life, healthy reproduction and mental health, the *shari'ah* provides theoretical values and guiding norms. The *shari'ah* is therefore related to

the clinical practices in terms of providing theoretical principles of safe and sound clinical services. In line with the *shari'ah* norm which approves "established custom as a basis of judgment", *maqasid al-shari'ah* requires clinicians to conduct their clinical practices in accordance with established healthcare standards and clinical declarations such as Helsinki Declaration, as well as on the guidelines of GCP and other healthcare standards. As long as healthcare professionals approve the efficiency and benefits of given clinical standards, the *shari'ah* respects it, but in some cases upgrades it into higher level, in terms of providing legally binding authority with divine authority.

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  19. The Qur'an (45:18); (ثُمَّ جَعَلْنَاكَ عَلَىٰ شَرِيعَةٍ مِّنَ الْأَمْرِ فَاتَّبِعْهَا وَلَا تَتَّبِعْ أَهْوَاءَ الَّذِينَ لَا يَعْلَمُونَ)
  20. The Qur'an (57:25); "Then We put thee on the (right) Way of Religion: so follow thou that (Way), and follow not the desires of those who know not."  
لَقَدْ أَرْسَلْنَا رُسُلَنَا بِالْبَيِّنَاتِ وَأَنزَلْنَا مَعَهُمُ الْكِتَابَ وَالْمِيزَانَ لِيَقُومَ النَّاسُ بِالْقِسْطِ وَأَنزَلْنَا الْحَدِيدَ فِيهِ بَأْسٌ شَدِيدٌ وَمَنَافِعُ لِلنَّاسِ وَيَلْعَلُّمُ اللَّهُ مَن يُنصِرُهُ وَرُسُلُهُ بِالْغَيْبِ ۚ إِنَّ اللَّهَ قَوِيٌّ عَزِيزٌ
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