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## Healthcare Decisions in Islam: Key Ethical Considerations

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### Abstract

*This article explores the intricate relationship between Islamic jurisprudence and healthcare decisions for Muslim patients and their physicians. It covers critical issues such as abortion, biotechnical parenting, HIV, organ donation, brain death, physician-assisted suicide, withdrawal of life support, fasting during Ramazan, blood transfusions, DNR orders, animal-derived medications, and postmortem examinations. Each topic is examined within the framework of Islamic law, highlighting the religious principles that guide medical ethics and practices. The article emphasizes the importance of healthcare providers understanding these religious guidelines to deliver culturally sensitive and ethically appropriate care. By incorporating Islamic legal considerations into medical practice, providers can enhance the respectfulness and effectiveness of treatment for Muslim patients, ensuring their religious and cultural needs are met.*

**Keywords:** Ethics, Perioperative care, Anesthesia, Islam.

### Background

The term "shari'ah" signifies a divine and unchanging path guiding Muslims in life toward salvation, while "shari'ah law" refers to human-made interpretations by jurists based on the Quran, Hadith, Ijma' (consensus), and qiyas (analogy). Due to the flexibility in interpreting religious texts, Islamic rulings differ, especially on worldly matters (mu'amalat), while consensus is more common in religious duties ('ibadaat). These differences are influenced by historical, geographic, cultural, and societal factors, leading to a plurality of opinions within Islamic jurisprudence. Therefore, each case should be discussed with the patient in details and input from Muslim scholar sought.<sup>1</sup>

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<sup>1</sup> Miller AC, Khan AM, Hebishi K, Castro Bigalli AA, Vahedian-Azimi A. Ethical Issues Confronting Muslim Patients in Perioperative and Critical Care Environments: A Survey of

## 1. Abortion

In Pakistan, an estimated 890,000 abortions are performed annually.<sup>2</sup> Abortion, defined as the termination of pregnancy through medication or surgery, is generally regarded as impermissible across all major Islamic schools of thought after 120 days of gestation. This period marks the stage of ensoulment, when it is believed that the fetus is endowed with a soul.<sup>3</sup> Consequently, after this stage, abortion is allowed under specific medical circumstances, such as severe threats to the mother's physical or mental health or in cases of significant fetal abnormalities.<sup>4</sup> Prior to ensoulment, Islamic Law permits abortion when the pregnancy poses a serious risk to the mother's life. This allowance is grounded in the principle of choosing the lesser of two harms, known in Islamic jurisprudence as the principle of *al-ahamm wa al-muhimm* (the more important and the less important).

Another exception within the first 120 days pertains to pregnancies involving severe fetal anomalies, including untreatable and life-threatening conditions such as anencephaly, triploidy, trisomy 13 and 18, and critical hypoplastic left heart syndrome.<sup>5</sup> Cases of pregnancy resulting from rape also fall under permissible exceptions within this timeframe, though abortion decisions after 120 days must be evaluated individually. This framework underscores the importance of timely prenatal diagnostics, enabling parents and healthcare providers to make informed decisions regarding termination of pregnancy before ensoulment occurs.

## 2. Biotechnical parenting

Traditionally, conventional norms dictate that both a male and a female, contributing respective gametes to conception, assume the roles of parents to the resultant offspring. In Islamic jurisprudence and bioethics, the determination of paternity entails adherence to four primary principles. Firstly, a valid marital

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Islamic Jurisprudence. *Anesthesiol Clin*. 2020 Jun;38(2):379-401. doi: 10.1016/j.anclin.2020.01.002. Epub 2020 Apr 1. PMID: 32336391.

<sup>2</sup> Sathar ZA, Singh S, Fikree FF. Estimating the incidence of abortion in Pakistan. *Stud Fam Plann*. 2007 Mar;38(1):11-22. doi: 10.1111/j.1728-4465.2007.00112.x. PMID: 17385379.

<sup>3</sup> Al-Matary A, Ali J. Controversies and considerations regarding the termination of pregnancy for foetal anomalies in Islam. *BMC Medical Ethics*. 2014 Feb;15:10. DOI: 10.1186/1472-6939-15-10. PMID: 24499356; PMCID: PMC3943453.

<sup>4</sup> Gilla K Shapiro, Abortion law in Muslim-majority countries: an overview of the Islamic discourse with policy implications, *Health Policy and Planning*, Volume 29, Issue 4, July 2014, Pages 483–494, <https://doi.org/10.1093/heapol/czt040>

<sup>5</sup> Lakovschek IC, Streubel B, Ulm B. Natural outcome of trisomy 13, trisomy 18, and triploidy after prenatal diagnosis. *Am J Med Genet A*. 2011 Nov;155A(11):2626-33. doi: 10.1002/ajmg.a.34284. Epub 2011 Oct 11. PMID: 21990236.

contract between the parents is requisite. Secondly, the marriage must have endured for a minimum of six months prior to childbirth. Thirdly, the child is deemed to belong to the father of the household where birth occurs. Fourthly, any admission by the husband affirming the child as his own is deemed authentic, notwithstanding doubts concerning genetic paternity. Nonetheless, offspring conceived through sperm foreign to the mother's wedded husband are commonly considered illegitimate. Conversely, a woman may establish her status as a parent through gestation, fostering with breastfeeding, or genetic contribution, irrespective of marital status. Notably, while a man's parental link is solely genetic, a woman's connection may encompass genetics, gestation, fostering, or a combination thereof, allowing for potential multiple maternal claims. Nevertheless, the woman who physically gives birth retains primary maternal status, as underscored by Islamic doctrine, which asserts, "none are your mothers except those who gave you birth" (Qur'an, 58:2). In summary, Islamic bioethics prioritize the maternal bond, while paternal claims are subject to verification of genetic lineage and association with the child's birth mother, particularly evident in cases such as IVF sperm mix-ups, where the husband's genetic contribution is absent, thereby precluding his automatic paternal rights. In simple words, all forms of surrogacy are forbidden in Islam.<sup>6</sup>

### **3. HIV**

In 1995, the Council of Islamic Jurisprudence convened in Abu Dhabi, where approximately 150 Muslim scholars and sheikhs deliberated on issues related to the AIDS pandemic. They issued preliminary decrees (fatwas) grounded in Islamic principles, focusing on the prohibition of abortion and the custodial care of mothers with AIDS and their children. The council emphasized that, according to Islamic law, abortion is strictly prohibited, and maternal-infant bonds should be preserved. Mothers with AIDS should not be separated from their children and should, when medically advisable, nurse and care for them. This directive aligns with scientific findings that antiretroviral therapy reduces mother-to-child transmission of HIV to less than 1%.<sup>7</sup> Additionally, Pakistan's HIV & AIDS Prevention and Treatment Act of 2007 mandates that no HIV-infected pregnant

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<sup>6</sup> The Holy Qur'an. Surah Al-Ahzab 33:4-5, Surah Al-Baqarah 2:223.

<sup>7</sup> Fatwa bans abortion of AIDS-affected mothers. AIDS Asia. 1995 Jul-Aug;2(4):20. PMID: 12346830.

woman be coerced into sterilization or abortion without her explicit written consent.<sup>8</sup>

Islamic ethical guidelines discourage behaviors associated with higher risks of HIV transmission, such as adultery, homosexuality, and illicit drug use. The primary transmission routes include contact with bodily fluids from infected persons and vertical transmission from mother to child. Ethically, individuals with HIV/AIDS are encouraged to disclose their health status to reduce the risk to others, particularly in marital contexts. While respecting autonomy and mental well-being, society must also prevent stigmatization. Under specific conditions, marriage dissolution may be sought if HIV/AIDS hinders marital objectives. HIV-positive individuals can maintain a life expectancy similar to those without HIV, provided they receive optimal healthcare to manage potential comorbidities.<sup>9</sup>

#### **4. Organ donation and transplantation**

It is noteworthy to elucidate that the Quran and Hadith, the foundational texts of Islamic jurisprudence, do not explicitly address the topic of organ transplantation. As a result, there is no ubiquitous consensus on this matter among the Muslim scholars. On top of this, given the significant internal sectarian, theological, and ideological divisions within the ummah, the attainment of a comprehensive consensus concerning issues relating to organ donation and transplantation proves challenging. A discernible disparity exists in perspectives regarding organ transplantation between scholars of Muslim origin from the Indian subcontinent and those hailing from Arab regions. These divergent viewpoints within respective communities significantly impact the ultimate decision-making process. Therefore, the assessment of organ transplantation warrants scrutiny within the framework of the prevailing cultural, religious, and economic circumstances of a nation. There is no single consensus on organ donation and transplantation in Muslim societies. Although legal opinions, known as fatwas, may be sought from recognized Muslim scholars who specialize in Islamic law and ethics regarding contentious or contemporary matters, significant discrepancies may arise depending on the scholar's interpretation of the canonical texts.

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<sup>8</sup> National AIDS Control Programme (Pakistan). National HIV/AIDS Law. [Internet]. Available from: <https://nacp.gov.pk/repository/howwework/Laws%20&%20Policies/national-HIV-AIDS-Law.pdf>

<sup>9</sup> Marcus JL, Leyden WA, Alexeeff SE, Anderson AN, Hechter RC, Hu H, et al. Comparison of Overall and Comorbidity-Free Life Expectancy Between Insured Adults With and Without HIV Infection, 2000-2016. *JAMA Netw Open*. 2020;3(6):e207954.

Muslim scholars in Arabic-speaking regions generally support organ donation and transplantation. For example, Sheikh Hassan Mamoon's 1959 fatwa endorsing corneal transplantation from cadavers. Similarly, in 1982, the Supreme Council of Ulama in Riyadh approved organ harvest and transplantation. Moreover, the Islamic Fiqh Council of the Organization of Islamic Cooperation in Amman ruled in favor of organ donation in 1986, and in 1988, the International Islamic Academy of Jeddah's resolution led to official Saudi government endorsement of organ transplantation. These Arab scholars mostly follow Sunni legal schools of Shafi'ism, Malikism and Hanbalism.

On the other hand, in the subcontinent where most of the population follow Hanafi school of thought, there is an opposition towards organ donation and transplantation. This stance is exemplified by various instances: in the late 1960s, Pakistani scholar-jurists associated with Deoband Seminary concluded that organ transplantation is not permissible in Islam; notable figures like Muhammad Shafi Uthmani, former Grand Mufti of Pakistan, have advised against organ transplantation. The Government of Pakistan has enacted legislation, including the Human Organ Transplantation Act of 2010, to regulate organ transplantation which led to the formation of National Human Organ and Tissue Authority (HOTA).

Under these circumstances, the best approach would be to give all the information to the patients and their families so that they can make a well informed decision.

Allah Almighty knows the best!

### **5. Brain death**

Currently, a divergence of viewpoints persists regarding the equivalence of brain death with the actual death. Importantly, criteria for determining brain death exhibit heterogeneity across nations. This poses significant challenges not only for afflicted individuals and their families but also for healthcare professionals adhering to Islamic faith. The complexity is further compounded when discrepancies arise among Islamic scholars regarding this matter. The underlying cause of this issue has been previously elucidated within the discourse of this article.

In the framework of Islamic theology, death is defined as the separation of soul from the body facilitated by the Angel of Death. However, the question of whether the soul is contained solely within the brain continues to be a matter of scholarly discussion. The fatwa issued by the Muslim Law Council (UK) is not

signed by any of the Muslim physician and the recent fatwa in 2021 by the North American Fiqh Academy rejects brain death as Islamic death.<sup>10</sup>

Further interdisciplinary dialogue and collaboration between medical professionals and religious scholars are warranted to navigate these complex ethical and theological considerations surrounding end-of-life-care.

### **6. Physician assisted suicide and Euthanasia**

Lately, the British Medical Association and several Royal Colleges have shifted their position on physician-assisted suicide from ‘opposed’ to a more ‘neutral’ stance.<sup>11</sup>

There is no doubt that religion plays a major role towards these practices. Therefore, from a legal perspective, Islamic countries have abstained from endorsing the legalization of Physician-Assisted Suicide (PAS) and euthanasia. Consequently, within these jurisdictions, the voluntary engagement in such practices by patients is construed as instances of suicide, while the facilitation of these actions by physicians is legally categorized as acts of homicide.<sup>12</sup> The Islamic jurisprudential framework extensively addresses matters concerning the sanctity of life and its preservation, firmly prohibiting any act tantamount to self-termination. Central to Islamic doctrine is the profound reverence for life, which is reversed as a divine bestowment from God.

### **7. Withdrawal and withholding life support**

When can Muslims withdraw or withhold life support? In the context of negotiating clinical objectives pertinent to end-of-life care and deliberating over the withholding or withdrawal of life-sustaining interventions, healthcare professionals, patients, and their families often turn to the ethical precepts delineated within their respective religious beliefs. Muslims rely on Shari’ah for ethical guidance, derived from Quran and Sunnah, encompassing end-of-life care. Usul al Fiqh, rooted in Quran and Sunnah, shapes Islamic moral law through juristic interpretation. There are fatwas available which differentiate between end-of-life treatments, categorizing them into life support, which primarily includes interventions like assisted mechanical ventilation, and ancillary interventions, encompassing nutrition, hydration, pain control, antibiotics, and similar therapies.

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<sup>10</sup> Hussain A. Brain Death: The Dilemma Continues (Editorial). *Anaesth. pain intensive care* 2024;28(1):01–04; DOI: 10.35975/apic.v28i1.2386

<sup>11</sup> Shenouda J, Blaber M, George R, Haslam J. The debate rages on: physician-assisted suicide in an ethical light. *Br J Anaesth.* 2024.

<sup>12</sup> Madadin M, Al Sahwan HS, Altarouti KK, Altarouti SA, Al Eswaikt ZS, Menezes RG. The Islamic perspective on physician-assisted suicide and euthanasia. *Med Sci Law.* 2020 Oct;60(4):278-286. doi: 10.1177/0025802420934241. Epub 2020 Jul 5. PMID: 32623956.

In terms of the first case scenario of withdrawing or withholding life sustaining treatments, Fatwas refrain from offering explicit examples of situations where treatment would be deemed futile, a deliberate choice that affords clinicians significant flexibility in their decision-making process. Therefore, a reasonable approach would be to take opinion from two to three medical experts nominated by the hospital management and if they agree that further treatment would be futile and of no benefit then family should be informed, preferably in the presence of a Muslim chaplain, in the family meeting room, and artificial life sustaining interventions, such as mechanical ventilators or renal support therapies can be withdrawn. A similar practice is followed in Saudi Arabia. However, it is justifiable to continue nutrition, hydration, pain control and antibiotics, and therapies such as routine nursing care.<sup>13</sup>

### **7. Fasting**

A large number of patients with chronic medical conditions opt for fast during the Holy month of Ramazan. This leads to both ethical and medical issues in clinical practice. For example, the diversity of perspectives on the permissibility of inhaler use and other medical practices during fasting highlights the importance of personalized guidance for health management in Ramazan. Scholarly opinions vary regarding inhalers; some argue that they invalidate the fast, necessitating compensation, while others deem them permissible, as they do not provide nourishment. If frequent inhaler use is essential, or if the individual is unwell, an exemption from fasting is allowed, with alternatives like long-acting inhalers as possible options. Blood tests, such as finger pricks and intravenous tests, do not invalidate fasting, though a blood transfusion would. Antibiotics needed throughout the day exempt one from fasting, and breastfeeding women may defer fasting, compensating later. Tablets are not permitted; adjustments may be explored under medical advice. Eye and ear drops are allowed unless the eardrum is ruptured, while non-nutritive patches and injections are acceptable. Dialysis patients are advised against fasting, offering charity instead, and those with chronic kidney disease should consult with a physician prior to Ramazan.<sup>14</sup> Nosebleeds do not invalidate fasting unless substantial bleeding is swallowed. Mouthwash and gargling are permissible if nothing is ingested. Immunizations,

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<sup>13</sup> Mohiuddin A, Suleman M, Rasheed S, Padela AI. When can Muslims withdraw or withhold life support? A narrative review of Islamic juridical rulings. *Glob Bioeth.* 2020 Mar 22;31(1):29-46. doi: 10.1080/11287462.2020.1736243. PMID: 32284707; PMCID: PMC7144300.

<sup>14</sup> Malik S, Bhanji A, Abuleiss H, Hamer R, Shah SH, Rashad R, et al. Effects of fasting on patients with chronic kidney disease during Ramadan and practical guidance for healthcare professionals. *Clin Kidney J.* 2021;14(6):1524-34.



creams, and ointments are acceptable, and menstrual or pregnant women may defer fasting per the Hadith, which exempts travelers, pregnant, and nursing women.<sup>15</sup> Ensuring the health of fasting individuals requires personalized medical advice within religious observance, aligning with the Quran's directive that fasting is beneficial for non-exempt individuals.<sup>16</sup>

### **8. Blood transfusion**

Blood product transfusion is generally endorsed by the Islamic scholars, who perceive the act of blood donation and subsequent transfusion as morally commendable, potentially leading to the attainment of “sadiqah jariyah” status for the donor, contingent upon the ongoing benefit derived by the recipient. However, it is important for the Muslim physicians and community that the blood donation should only be carried out in case of patient need and the donor should not be compelled and the blood transfusion should not endanger the health of the donor. Transfusion across genders and religious affiliations is typically sanctioned within Islamic jurisprudence. However, the provision of money compensation to the blood donor is generally discouraged within this ethical framework. Husband can also donate blood to his wife. Spousal blood donation, wherein a husband contributes blood for the benefit of his wife, is permissible within the context of Islamic ethical considerations.<sup>17</sup>

### **9. Do-Not-Resuscitate Orders**

The endorsement of Do Not Resuscitate (DNR) orders in case of terminal illness is encouraged in Islam, reflecting the religion's emphasis on the preservation of human dignity, the alleviation of unnecessary suffering, and the belief in the sanctity of life, which includes the acceptance of natural death as part of God's will.

In Islamic societies, although euthanasia and assisted suicide are forbidden, honoring a patient's desire to forgo artificial life-prolonging measures when faced with terminal prognosis is respected. According to Hadith, the Prophet Muhammad (peace be upon him) advised, 'None of you should wish for death

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<sup>15</sup> Farooq, Q., Ghaffar, T., Malik, S. E., & Aamir, A. H. (2024). Safety of high-risk diabetic patients during Ramadan at a tertiary care hospital in Pakistan, practicing updated IDF DAR guidelines. *Pakistan Journal of Medical Sciences*, 40(5).

<https://doi.org/10.12669/pjms.40.5.8007>

<sup>16</sup> Nasai A, Nasai Sunan. *Book of Fasting*. Vol-2. Karachi: Darul Ishaat Publishers; Hadith No.2274.

<sup>17</sup> King Fahd Complex for the Printing of the Holy Qur'an. *Translation of Quran's meanings, Verse 186 page 28 [online]* [Last accessed on 2009 Oct 15]. Available from: [http://www.qurancomplex.com/Quran/Targama/Targama.asp?nSora=2andl=arbandnAya=186#2\\_186](http://www.qurancomplex.com/Quran/Targama/Targama.asp?nSora=2andl=arbandnAya=186#2_186).

because of a calamity befalling him, but if he must wish for death, he should say, ‘ O Allah! Keep me alive as long as life is better for me, and let me die if death is better for me.’<sup>18</sup> The Islamic stance on DNR decisions has been elucidated by the Presidency of the Administration of Islamic Research and Ifta in Riyadh, KSA, through Fatwa No. 12086 stating that if three knowledgeable and trustworthy physicians concur that the patient’s condition is hopeless, life-supporting machines may be withheld or withdrawn. In conclusion, a Do Not Resuscitate (DNR) order, which ensures that a patient receives all treatments except for cardiopulmonary resuscitation while maintaining comfort and dignity, is a physician’s decision; however, the family must be informed and fully briefed on the medical and religious Fatwa.

### **10. Animal-derived medications in Muslim Patients**

Concerns arise when medications derived from animal sources are prescribed to patients of Muslim background. Common examples of such medications include anticoagulants, porcine insulin, pulmonary surfactants, pancreatic enzymes, warfarin, and prednisolone. Additionally, there is an extensive list of surgical products utilized in clinical practice that may also be derived from animal sources. It is imperative for Muslim physicians to be cognizant of the non-active ingredients in these drugs. A pertinent question is whether Muslim patients are permitted to use these products according to the rules set by their religion. The Islamic Fiqh Academy of India, Egyptian Fatwa Council and the International Islamic Fiqh Academy have approved these medicines under the circumstances when non-porcine alternatives are not available.<sup>19</sup> In conclusion, clinicians should prioritize prescribing non-porcine based substitutes when possible and, in rare cases where alternatives are unavailable, engage patients (or their surrogates) in informed decision-making.

### **11. Postmortem Examination**

Postmortem examination is allowed by most of the Muslim scholars. The initial fatwa on this subject was issued in 1952 by Hasanayn Muhammad Mkhluif, the Chief Mufti of Egypt. He concluded that while postmortem examinations are permissible, they should only be conducted when absolutely necessary. Makhluif

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<sup>18</sup> Permanent Committee for Scholarly Research and Ifta. Ruling on resuscitating the patient if he is dead, his health condition is not fit for resuscitation or his disease is incurable. Fatwa number 12086, 1989. <http://www.alifta.net/Fatawa/FatawaChapters.aspx?View=Page&PageID=299&PageNo=1&BookID=17>. Accessed February 14, 2016.

<sup>19</sup> Islamic Fiqh Academy of India. Fourteenth Jurisprudence Symposium, Decision no 60 (3/14): Gelatin material. 2004. Available at: [http://ifa-india.org/arabic.php?do5home&pageid5arabic\\_seminar14](http://ifa-india.org/arabic.php?do5home&pageid5arabic_seminar14). Accessed August 16, 2019.

emphasized that physicians must be devout and mindful of God's omnipresence, omnipotence, and guidance.<sup>20</sup> Subsequent fatwa have further stipulated that autopsies are not permissible for educational purposes but are only allowed if essential to save another Muslim's life, provided that an autopsy on a non-Muslim would not yield the required information.<sup>21</sup> And in cases where family is not willing for the autopsy, an alternative approach is a virtual autopsy (virtopsy) which relies on noninvasive methods such as computerized tomography and MRI.<sup>22</sup>

In summary postmortem examinations are generally permitted in Islam, with guidelines emphasizing necessity, piety, and respect for the familial wishes, while virtual autopsies offer noninvasive alternatives when consent is unavailable.

### **Conclusion**

In conclusion, the complexities of Islamic jurisprudence profoundly influence healthcare decisions for Muslim patients, particularly concerning abortion, biotechnical parenting, HIV, organ donation, brain death, physician-assisted suicide, withdrawal of life support, fasting during Ramazan, blood transfusions, DNAR orders, animal-derived medications, and postmortem examinations. Understanding these religious principles is essential for healthcare providers to deliver culturally sensitive and ethically appropriate care. By integrating religious considerations into medical practice, healthcare providers can ensure respectful and effective treatment for Muslim patients.

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<sup>20</sup> Egyptian Fatwa Council. Fatwa no. 11808. 2010. Available from: <http://dar-alifta.org/AR/ViewResearch.aspx?sec5fatwa&ID511808>. Accessed August 16, 2019.

<sup>21</sup> Rispler-Chaim V. Postmortem examinations in Egypt. In: Masud MK, Messick B, Powers DS, editors. Islamic legal interpretation. Cambridge (England): Harvard University Press; 1996. p. 278–85.

Ben Taher M, Pearson

<sup>22</sup> Ben Taher M, Pearson J, Cohen M, et al. Acceptability of post-mortem imaging among Muslim and non-Muslim communities. *Br J Radiol* 2018;91(1091): 20180295.