

Medicine In Islamic Culture

THE ROLE OF RELIGION AND ETHICS IN THE PREVENTION AND CONTROL OF AIDS

WORLD HEALTH ORGANIZATION, REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

PREFACE

It is unlikely that mankind has ever faced an epidemic as dangerous as the one we have come to call the Acquired Immunodeficiency Syndrome or AIDS, for short. Certainly, humanity has never given so much attention to or shown so much fear of a disease as it does with AIDS.

AIDS is a terminal disease for which doctors have no effective cure as yet. Infection is predominantly through sexual intercourse performed under certain circumstances or in certain ways. Apart from this, no one knows when it first afflicted humans, nor can anybody predict, let alone claim to know, what will befall the human race as a result of its spread over the coming years.

The mystery surrounding this disease is made much more complicated by the fact that, years after it was first discovered, it became clear that its infection had been widespread in many countries before the disease was even detected by scientists and before the first AIDS case was diagnosed in 1981.

Scientific sources concerned with monitoring the spread of AIDS point out that by the year 2000, the number of cases is likely to reach 40 million, of which 30 million will be among adults and the rest among children.

The same sources say that if the spread of AIDS continues unchecked, with no effective and accessible cure becoming available to those infected, the number of cases is likely to reach uncontrollable proportions.

The present situation is no better than that which is being predicted for the future. The World Health Organization (WHO) believes that between 300,000 and 500,000 people will suffer symptoms of AIDS every year, i.e., between 1,000 and 1,400 cases a day.¹

All this no doubt justifies the horror expressed by the concerned agencies and institutions, as well as by ordinary people. It also justifies the interest shown by various specialist bodies, headed by WHO, in providing information, advice and knowledge with regard to prevention methods against this very serious disease.

With scientific and medical efforts still unable to find a vaccine or a cure that would protect people against the AIDS epidemic and its horrors, the only way to combat the disease is through prevention, slaying off the evil before it strikes and keeping away from the sources of danger.

Nothing can be more helpful in this preventive effort than religious teachings

and the adoption of proper and decent behaviour, as advocated and urged by all divine religions.

The World Health Organization, and the Eastern Mediterranean Regional Office in particular, have conducted some experiments in this field. In the health programmes carried out in collaboration with Member States, it has taken account of indigenous traditions and cultures that are basically built on religious beliefs. The effect has been tremendous, as can clearly be seen in encouraging public response to these programmes.

Accordingly, WHO's Eastern Mediterranean Regional Office took the initiative to organize a Regional Consultation on the Role of Religion and Ethics in the field of the prevention and control of AIDS and other sexually transmitted diseases to which a select group of experts in the fields of religion and medicine have been invited.

The Consultation was held on 9 and 10 September 1991, at the Eastern Regional Director and a larger number of directors and advisers at the Regional Office. It was also attended by ten prominent legal and religious scholars, both Muslim and Christian (See Annex II). A number of papers were submitted and distributed for study and consultation. As a result, several recommendations and conclusions were formulated (Annex I). These dealt with the importance of religion and its role in the field of prevention of AIDS and other sexually transmitted diseases. They also highlighted the role of religious establishments and the media, the rights of victims and those who come in contact with them, the effect of prevention and diagnosis procedures on human rights, early marriage, the laws dealing with patients and infected persons, and doctors' duties.

The aim of this booklet is to introduce the role of religion and ethics in the prevention and control of AIDS and sexually transmitted diseases, and to convey a strong and direct message of warning about the risks and side effects of misbehaviour. It also urges people to observe religious teachings and cherish moral and ethical values that prevent individuals from getting involved in risky relationships. Furthermore, it aims to encourage them to develop the necessary self-control to prevent them from such dangerous practices, whose risks for human life as a whole are not yet fully understood.

It has "become very clear that the factors and conditions leading to infection by AIDS and other sexually transmitted diseases can be avoided if people adopt proper and decent patterns of behaviour, and if they adhere to the fundamental teachings of religion and the moral ethos based on them, which have become the central component of the unique culture of the people of this Region, and their inherited traditions".⁴²

Finally, the Regional Office is pleased to present the reader with two documents on this subject; the first one is the full text of the recommendations of the Regional Consultation on the Role of Religion and Ethics in the Prevention and Control of AIDS and other Sexually Transmitted Diseases (Alexandria, September 1991), and the second is "Health Promotion through Islamic Lifestyles: the Amman Declaration" (June 1989, and the reference document attached to it.) These two documents, which we hope will help readers learn more on the subject of the present booklet, are included in issue number 5 of the Health Education through Religion series. *MJIRI*, Vol. 8, No. 2, 115-119, 1994.

Annex I

Recommendations of the Regional Consultation on the Role of Religion and Ethics in the Prevention and Control of AIDS and other Sexually Transmitted Diseases

1. The battle against the AIDS epidemic calls for efforts and resources beyond those of the health authorities alone. All other sectors concerned and the religious sector in particular, are called upon to stand side-by-side in facing up to this challenge. Spiritual work must, at all times, be related to health and other efforts, and should not be confined to certain issues or times.

2. Mosques and churches have a fundamental role to play in educating society. They must, in addition to highlighting religious teachings, tackle those aspects relating to the prevention and control of diseases, including AIDS and all sexually transmitted diseases, taking into account the sound principles of freedom, human rights, social welfare and cohesion, personal relationships and family life. Health authorities must provide religious leaders with basic information relating to the incidence of these diseases in society, in order to incorporate such information into their religious instruction.

3. Since the highest rates of infection with the AIDS virus and all sexually transmitted diseases are found among young people and the working population, these sections of society must be targeted and given particular attention. In order to boost the effects of the media, education and communication efforts directed at these sectors and other groups at risk, scientific information must be combined with spiritual guidance in a well-organized educational effort. As well as involving religious leaders and institutions, this effort must enlist the energies of all those concerned with areas of health, education and social work.

4. Religious instruction must be introduced into school curricula at all levels of education, so as to support and complement other subjects, with the aim of building the personality of the individual in a way that is in harmony with the interests of others and those of society as a whole.

5. Sex education is essential within the appropriate considerations of age and educational standards. It must be complementary to health education and religious instruction. A balanced blend of these inter-related disciplines must be devised, with the ultimate aim of achieving a physical and spiritual balance compatible with the prevailing cultures and traditions of the Region.

6. The media and non-governmental organizations are important partners in the international effort against disease. In order to guarantee public support and participation, information on the scientific aspects of the problem and the relevant religious, behavioural and moral regulations must be made available to the media and non-governmental

bodies.

7. Sex is a biological part of the human constitution. It has its own natural needs and demands which must be regulated and controlled according to the accepted social norms. To safeguard young people against sexual misbehaviour, early marriage must be accompanied by a complementary call for family planning and delayed pregnancy and childbirth.

8. Human rights are guaranteed by all religions. The call for personal freedom must not be used as a pretext for any behaviour which infringes on the freedom and safety of others, or those of society as a whole, including exposing them to infection.

Whereas one of the policy guidelines of the World Health Organization, relating to the fight against the AIDS epidemic, is to "support the current efforts being made in the area of human rights", it is difficult to imagine these efforts bearing fruit in the Eastern Mediterranean Region unless the concept of "human rights" is understood in the light of the religious beliefs that prevail in the countries of this Region.

One of the human rights recognized by international law is the right of 'privacy' which gives everyone the privilege to choose his or her private relationships and practices as they please. However, in a society observing religious teachings, this right, as well as the right of personal security, is exercised within the values relating to personal and collective morals. Accordingly, Article 17 of the Cairo Declaration of Human Rights in Islam states that: "everyone has the right to live in an environment that is free from moral corruption and disease, which enables him or her to develop his or her personality morally, the society and the state being bound by law to guarantee that right".³⁶

Article 24 states: "All rights and freedoms guaranteed by this Declaration are governed by the rules of Islamic law".

Islam makes it clear that faith is the inexhaustible source of inner psychological peace. The Quran says, "Whoever believes in God, God will guide his heart onto the right path". It warns sinners who refuse to repent that, "If you do not (refrain from sin) then prepare for a war to be waged against you by God and His messenger" (2:279). Who, indeed, can experience peace or enjoy psychological or personal security, if they are at war with God Almighty?

While modern trends in Western literature today tend to advocate separation of personal and public moral values and behaviour, an opposing trend, which has been slowly gaining support, sees this separation as artificial. It advocates that, in a civilised society, legal authorities ought always to take the initiative to safeguard, at least, the minimum socially agreed moral and ethical values.

This falls in line with the Islamic legal system and that of religion in general. This system attaches much importance to the protection and preservation of the moral values that should govern society, and in whose light all national and

international codes of human rights should be interpreted and understood.

Whereas western legislators and intellectuals consider that the law should safeguard those moral values that have become traditionally accepted by society, Muslim jurists call for this protection to be extended to all moral and ethical values that should, according to religious perception, prevail in human society.

The difference between the two approaches lies in the fact that the Western view is satisfied with safeguarding those moral values that society has come to consider worth keeping. Thus when society's appreciation of some of those moral values changes, the values may not continue to deserve to be safeguarded by the legal system any longer.

Both Islamic and Christian legal thought, however, ordain that, through religious teachings, a set of values representing the moral and ethical norm should be maintained. Legal backing should be provided for that norm to ensure that it is preserved, promoted and respected by society at all times. This, in turn, is guaranteed by imposing penal measures for all forms of violation of the moral code of society.

This is clearly illustrated in the Islamic system of disciplinary punishments, or *t'azeer*, which affords the penal system the flexibility to deal with all types of violation of moral rules or norms for which no particular punishment or atonement is specified.

The major aim of promoting and supporting human rights is currently focused on eliminating discrimination against individuals, whose infection with HIV have been confirmed. This aim is also guaranteed in both Islam and Christianity. However, in the countries of the Eastern Mediterranean Region, another premise has to be introduced which will not allow the promotion or encouragement of moral laxity and permissiveness or the disregard of religious guidance on right and wrong, under the pretext of protection of human rights.

Unless we are seen to truly appreciate this situation and introduce this important premise, we may easily allow a "credibility crisis" to develop in the relationship between those who are working to fight this dangerous epidemic, and their audiences. In this Region, any effort by anyone who does not show respect towards people's religious beliefs is doomed to failure and will certainly be in vain.

For this reason, the Regional Consultation on the Role of Religion and Ethics in the Prevention and Control of AIDS and other Sexually Transmitted Diseases has stressed in its recommendations that "Human rights are guaranteed by all religions, and the call for personal freedom should not be used as a pretext to allow modes of behaviour that threaten the freedom and safety of others or that of society as a whole, including exposing them to infection".³⁸

9. Every patient has the right to adequate treatment, and patients must be made aware of how to prevent both the

deterioration of their health and the infection of others. Religions do not allow the exposure of patients to discrimination, disgrace or neglect, for whatever reason, and no matter how their infection has occurred.

10. Protection and support must be extended to the families of affected people, so that they are able to provide the necessary care for their relatives who have caught the disease and overcome the gravity of their loss. Exposing such families to any kind of discrimination or hardship is contrary to the ethical principles prevalent in this Region.

11. Obligations on doctors and medical practitioners are regulated by professional laws and procedures which lay upon them the responsibility of reporting certain diseases. In addition to the need to inform a patient of the nature of his or her case and how to protect others against infection, husbands and wives have the right to be informed. Doctors must arrange for that in consultation with the patients themselves. Reporting a disease with the intention of preventing infection is a doctor's responsibility not only by virtue of the national laws in force, but according to all religious beliefs also. This procedure cannot be seen as breaking professional codes of confidentiality.

12. There are no objections to the use of condoms, whenever necessary, for the protection of spouses of infected persons. But the promotion of the use of condoms for purposes of protection against sexually transmitted diseases outside the framework of marriage is not acceptable. Chastity, fidelity and virtue must be upheld and encouraged. These noble qualities alone are sufficient to guarantee people's total safety and provide them with an effective safeguard against the scourge of disease and infection.

Annex II

List of participants

1. His Eminence, Sheikh Mohammad Al-Ghazali, Member, Islamic Research Council, Cairo.
2. His Eminence, Sheikh Mohammad Mukhtar Al-Salarni, Mufti, Republic of Tunisia, Tunis.
3. His Eminence, Sheikh Mohammad Sa'eed Tantawi, Mufti, Arab Republic of Egypt, Cairo.
4. Dr. Ahmed Omar Hashim, Vice-Chancellor, Azhar University, Cairo.
5. Father Athanasius Mikha'il Makram, Orthodox Coptic Patriarchate, Alexandria.
6. Father Wisa al-Qumus Guirguis, Orthodox Coptic Patriarchate, Alexandria.
7. Dr. Mohammad Saleem Al-Awwa, Law Professor, Faculty of Law, Zaqazeq University, Zaqazeq.
8. His Eminence, Sheikh Salah Mohammad Rizk, Imam, Prophet Daniel Mosque, Alexandria.
9. Dr. Mohammad Lutfi Al-Sabbagh, Professor of Islamic Studies at Riyadh University, Saudi Arabia.

World Health Organization

10. His Eminence, Sheikh Siddique Alamah.

Secretariat Members

1. Dr. Hussein A. Gezairy, Regional Director, WHO Eastern Mediterranean Region.
2. Dr. Mohammad Haitham Al-Khayyat, Director, Programme Management, WHO, EMRO.
3. Dr. Mohammad Helmy Wahdan, Director, Disease Prevention and Control, WHO, EMRO.
4. Dr. Abdul-Moneim Mohammad Aly, AIDS Information Exchange Centre, GPA, WHO, EMRO.
5. Dr. Mohammad Al-Khateeb, Regional Adviser, Health

Education and Promotion, WHO, EMRO.

6. Mr. Adil Salahi, Public Information Officer, WHO, EMRO.
7. Mr. Abdel-Razak Thraya, Health Education Officer, Global Programme on AIDS, WHO, EMRO.
8. Mr. Effat Ramadan, Technical Officer, GPA, WHO, EMRO.
9. Mrs. Hanaa Ghoneim, Administrative Assistant, Disease Prevention and Control, WHO, EMRO.
10. Mrs. Manal Boutros, Secretary, Global Programme on AIDS, WHO, EMRO.