



## AN ISLAMIC PRESCRIPTION FOR HOLISTICALLY TREATING A GLOBAL PANDEMIC CRISIS

In these heady days of the growing COVID-19 pandemic, it is sometimes hard to remember that history has documented many prior catastrophic pandemics. Indeed, Muslims have survived and managed pandemics before. We have noted that there are numerous voices within the Muslim community advising Muslims on how to manage their daily lives and practice their religion during these challenging times. While these Muslim voices do not need to be identical, they should resonate and reverberate in the same direction, leading to unity among Muslims without discord. Furthermore, these voices must support us in fulfilling our collective responsibilities towards curbing and curing this pandemic.

Over the past 20 years, Darul Qasim, under the leadership of Shaykh Mohammed Amin Kholwadia, has created an environment in which Islamic scholars (*‘ulamā*) and qualified professionals (including healthcare practitioners) work seamlessly together under one roof with mutual respect. Darul Qasim’s institutional mandate to distribute all beneficial knowledge is founded on an understanding that beneficial knowledge, whether sourced from revelation or empirical sciences, is holistic in its nature because of its singular source – Allah (most Glorified and Exalted). Healthcare professionals follow a maxim of *‘Do no harm’* and Islamic scholars follow a maxim to *‘Do no sin’*. As Darul Qasim students who are healthcare professionals, we offer the following statement with the express intention of bringing Muslims together to achieve both goals: *‘do no harm’* and *‘do no sin’*. The foundation of this statement is the broad and universal Islamic understanding that the best opportunity for humans to curb and cure the COVID-19 pandemic, and address similar crises in the future, is to apply useful and beneficial knowledge from all available sources in a principled manner.

### WHO HAS AUTHORITY?

As Muslims living in a non-Muslim land, we are **obligated** to follow the law of the land in which we reside.<sup>1</sup> Therefore, every individual Muslim is obligated to follow the mandates of federal, state, and local governments and any Muslim that chooses to violate those mandates, does so at their own risk and should not use Islam as a

justification to harm others. Similarly, as Muslim healthcare providers, we are obligated to follow the mandates of the healthcare institutions in which we work and practice. We are also strongly encouraged to follow the guidance and advice of agencies such as the Centers for Disease Control (CDC) with respect to instituting appropriate preventive measures.

While these governmental mandates and guidances may fulfil the need to minimize harm, they do not directly address how to 'do no sin'. What is the role of Muslim healthcare professionals in shaping Islamic legal rulings when the issue to be determined requires medical understanding? 'Ulamā have increasingly relied on healthcare professionals in understanding biomedical issues and this practice does not contravene any principle of Islamic legal methodology. However, contemporary Muslim healthcare professionals do not always follow the framework of classical Islamic legal methodology when they not only inform jurists, but they also offer their own religious opinions based on their interpretations of the sources of Islamic law. According to classical Islamic legal methodology, this normative role is acceptable only if the healthcare professional has the legal expertise and qualifications of a jurist. The requirements for a jurist performing normative ijtihād consist of knowing the meaning of the words of the Qur'ān and the Sunnah according to the Arabic language and the Sharī'ah, their hermeneutic categorizations and applications, the reliability of Prophetic reports, rulings on which there is consensus, and various aspects of legal analogy. Traditional Islamic jurisprudence makes no exception to these requirements based upon one's expertise in any other field; therefore, healthcare professionals who do not possess these qualifications should refrain from engaging in normative ijtihād. However, they can play an invaluable consultative role as experts in their fields.<sup>2</sup>

## ALLAH IS THE ONE WHO HEALS; PROPHETS ARE ROLE MODELS FOR HOW TO ATTRACT HEALING

Medical and public health communities have provided useful advice and guidance regarding containing and managing the COVID-19 pandemic. However, as Darul Qasim students and Muslim healthcare professionals, we are also keenly interested in seeking a cure for this disease. We appreciate that in order to formulate a holistic (not myopic) approach to seeking a cure, the cause and means of healing must be understood from the broad perspective of knowledge sourced from revelation and empirical science.<sup>3</sup>

As the Qur'ān states, Allah (most Glorified and Exalted) is the origin of all healing:

*And when I (Abraham) become ill, (then He Allah) is the One who restores me to health (Sūrat al-Shu'arā, verse 80).*

Accordingly, from an Islamic perspective in which Allah is the one who heals, the primary focus of Muslim healthcare providers should be to attract divine healing through physical, spiritual, and other means. As Muslim healthcare professionals, we can appreciate that this viewpoint can be contrasted with mainstream medical understandings in which healing is often attributed to the medicine, surgery, or other treatment modalities.

The role models for Muslim healthcare providers are Prophets such as ʿĪsā (peace be upon him) who healed the blind and revived the dead and the last Messenger of Allah (may Allah bless him and grant him peace) who was the greatest caretaker and benefactor of humanity. The Messenger of Allah (may Allah bless him and grant him peace) advised us to seek healing holistically through medicines and through direct supplication to Allah, by giving sadaqāh, and by actively adopting Islamic virtues (e.g., reliance on God (*tawakkul*) and patience (*sabr*)). During the hard work ahead to find a cure, we can take inspiration directly from Messenger of Allah (may Allah bless him and grant him peace):

Sayyidina ʿAbd Allah ibn Masʿūd (may Allah be well-pleased with him) narrates that the Prophet (may Allah bless him and grant him peace) has said: “Allah has not sent down any disease or sickness upon a people but that Allah has sent down a cure for it” (Ṣaḥīḥ al-Bukhārī)

## PAVING THE PATH FORWARD

Time is short. Within days, there is a strong likelihood that a virus that assassinates cells in the lungs and throughout the body will be prevalent. Healthcare providers will enter an intense period of gathering, composing and implementing best practices to treat patients. While providers embark on this intense period of medical learning, there is also a need to rapidly build and fortify our spiritual core. Ignoring this may not have observable effects on the care delivered, but could have effects on how these experiences are processed by the provider in the future. Worse yet, ignoring the spiritual impact of what is done during this pandemic could be source of concern in the afterlife.

Many healthcare providers see this expected wave of COVID-19 as a likely defining moment for their careers. This is what they trained to do. Within the chest of believers who will care for patients with COVID-19, lies a weight that gravitates them toward doing no harm. Also within their chests is a weight that gravitates them toward doing no sin. Within the novice, these weights may seem separate and at times repelling each other. However, within the students of knowledge, these weights can orbit each other and when needed, strengthen each other.

Abu Ḥanīfah (may Allah have mercy on him) was one of the greatest theologians in our history. His Caliph asked him to supervise the construction of a bridge, commonly asked

of gifted theologians in blessed societies of that time. It illustrates that even mundane tasks may need to be supervised by those who understand effects that are unintended and difficult to observe. During the upcoming days and weeks, there will be seemingly small decisions with unpredictable, yet significant effects. There will also be difficult decisions to make that few predicted or are prepared to make. In the event of ventilator shortages, health care providers will help decide who receives care with these machines and who does not. If there are deaths during periods of “no visitor” policies in the hospital, then patients may die alone. If there is fear of COVID-19 transmission from a deceased person, then performing the ritual bath prior to burial may be challenging. Throughout these difficult decisions, health care providers must rely on all beneficial knowledge including their medical knowledge and the religion they practice. May Allah grant us the ability, as students of knowledge, to deploy all forms of beneficial knowledge in an unbounded manner with tremendous results and in a manner that enables us to realize that there is only one true source of all healing and that is Allah (SWT), glorified may He be.

Respectfully,

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<sup>1</sup> Arozullah AM and Kholwadia MA. Wilayah (authority and governance) and its implications for Islamic Bioethics: A Sunni Maturidi perspective. *Theoretical Medicine and Bioethics*, 2013; 34:95-104.

<sup>2</sup> Stodolsky MV and Kholwadia MA. Physician’s Juristic Role. *Oxford Islamic Studies Online*, April 4, 2018.

<sup>3</sup> Arozullah AM, Padela AI, Stodolsky MV, and Kholwadia MA. Causes and means of healing: An Islamic ontological perspective. *Journal of Religion and Health*, 2018. <https://doi.org/10.1007/s10943-018-0666-3>