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Bioethics in Egypt

Zaynab El Bernoussi

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Background

Bioethics is a branch of ethics that discusses moral questions concerning the treatment of bodies, cells, and the genes of living creatures (including experimentation with animals and GMOs in the case of plants). In Muslim-majority societies, scholars have often grounded their answers to questions of bioethics in the Quran and hadith, which is reflected in fatwas on issues such as circumcision, sex reassignment surgeries, and birth control.

For Egypt, the most populous country in the Arab world and one of the most prominent countries in the Muslim world in terms of its notable theologians and religious institutions, the Napoleonic colonial legacy has given more authority to the state in ruling over the individual's body. With this modernization of the law, growing demands for clearer legislation regarding Islamic rulings have arisen, prompting the state to issue new laws and use bioethics committees for consultation.

In this discussion of bioethics in Egypt, it is important to first identify the influential institutions and stakeholders in the field. After that, this article will discuss some topical issues in an effort to provide an overview of the state of bioethics in Egypt.

Institutions

In Muslim-majority countries, religious institutions provide a trusted source of guidance on bioethical issues for believers. This is why, in the Muslim world, bioethics is often based on the Quran and the Prophetic tradition (*sunnah*); yet, sometimes Sunni Muslims may use consensus (*ijma'*), analogy (*qiyas*), and reason (*'aql*) (Shomali, 2008). In the Shi'i tradition, the highest authority figure, known as the *marja' taqlid* (typically translated as the "model of imitation"), is expected to develop his own original understanding based solely on the Quran and the sunnah and not follow the interpretation of other Muslim jurists.

Despite being a multi-faith country, Egypt has a dominant Sunni tradition that has accompanied the development of bioethics in the modern and the pre-modern eras. In this process, Islamic jurisprudence and state law worked hand in hand rather than in opposition. For instance, during the early days of forensic medicine in nineteenth-century Egypt, the Muhammad

Ali dynasty helped to integrate Shariah into the new Egyptian legal system, rather than displace it in an effort to “modernize” it (Fahmy, 1999; Dupret, 2011).

As a modern Muslim-majority society, Egypt has inherited centralized governmental structures in which the legislative branch has mingled structures of positive (human-made) law, with Islamic normativity (Dupret, 2002b). In the case of bioethics, this interaction between law and religion has increasingly normalized the role of state institutions in governing the body. Therefore, the main stakeholders in bioethics are the state (through the legislative process), religious institutions (often under state authority), and the scientific research community (also under state authority). The most notable institution dealing with bioethics in Egypt remains al-Azhar, which has both a religious status and a role as a state institution (being a public university).

Al-Azhar is a theological complex in Cairo founded around 970 and representing one of the most influential Sunni institutions in the world. It acquired the status of public university in 1961 under President Gamal Abdel Nasser (Zeghal, 1999). Al-Azhar’s International Islamic Center for Population Studies and Research (IICPSR), founded in 1975 in cooperation with the United Nations Fund for Population Activities (UNFPA), has a bioethics committee. Al-Azhar’s medical faculties are part of the Egyptian Network of Research Ethics Committees (ENREC), a network founded in 2008 to promote training in ethics and the protection of research participants. Al-Azhar has taken on an authoritative role in bioethics in the Sunni Muslim world and has produced several reports regarding major concerns in the field. The Grand Muftis of the Egyptian Republic work closely with al-Azhar and are often appointed to leadership positions within it. Here it is worth mentioning Muhammad Sayyid Tantawi, who was appointed Grand Mufti of Egypt in 1978 by President Anwar Sadat. From 1982 to 1996 he also served as Grand Imam of al-Azhar and played a pioneering role by issuing fatwas on several bioethical issues such as in vitro fertilization (IVF) and organ donation (Atighetchi, 2007).

Other key state institutions with religious authority over bioethical issues in Egypt include the *Dar al-Ifta al Misriyya*, a government body headed by the Grand Mufti of Egypt who is responsible for issuing official fatwas. In addition, the Ministry of Religious Endowments (*Wizarat al-Awqaf*) partners with communities to establish local institutions such as mosques or hospitals.

Another important institution is the Egyptian National Committee for Bioethics, established in 1996, which is not based on a religious principle. After the founding of this national institution, many bioethics committees were established in most public universities in Egypt; however, there is still a lack of consensus on standard national guidelines (Ragab, 2014). Being attached to universities, these committees are also tightly linked to the local scientific research community. Still, rapid developments in medical research have prompted a systematic collaboration between biomedical scientists and Islamic institutions based on the principle of collective *ijtihad* (Ghaly, 2015). Several scholars have discussed this growing trend of collaboration between religious scholars and biomedical scientists to denote this cooperation and to emphasize the role of biomedical scientists in becoming involved in a “normative” interpretation of the Quran and the sunnah from their own understanding (Moosa, 2002; Padela, 2006; Sachedina, 2009; Clarke, 2012; Eich and Schreiber, 2015; Ghaly, 2015; see also Islamic Organization for Medical Sciences). Thus, in Egypt, there are institutional efforts from the main religious institutions and the state, as well as the scientific community to combine normative and scientific expertise for the sake of developing bioethics. However, the very nature of the committees on bioethics, by virtue of being consultative, explains the lack of authority they suffer and the lack of incentive to push for standard national guidelines to be uniformly enforced regarding bioethical issues.

Topical Issues

Bioethics began to develop as an academic field in the late 1960s, and it brought together scholars from different backgrounds such as medicine, science, law, philosophy, and theology (Jonsen, 1998). The academic study of bioethics, though very modern in nature, draws on philosophical, ethical, and religious sources that are not per se modern. Overall, a core value in Islam is to consider the body as under the authority of God and not of the individual, and this naturally raises several bioethical issues.

The modern development of medical technology, from pain relievers to cloning, has both expanded and challenged questions of bioethics, showing the interaction between ethics, religious beliefs, morality, politics, legislation, and the constant dynamic of social change in modern societies. For instance, because of their religious beliefs, many patients themselves or

their families can ask medical staff not to administer opioids that can alter cerebral functions even in cases of extreme pain and expected death; this way they ensure the consciousness of the patient right before death to be able to utter the shahada even at the cost of tremendous discomfort (Al-Bar and Chamsi-Pasha, 2015). In the following sections, we discuss several of these bioethical topics as they have developed in Egypt.

In the 1980s, al-Azhar became involved in the issue of sex reassignment surgery. Sayyid Abd Allah (or “Sally”), a transgender student at al-Azhar, was expelled from the school in 1988. The administration rejected psychological hermaphroditism as a reason for performing the surgery. This decision went against Tantawi’s fatwa, which recognized psychological hermaphroditism. Al-Azhar considered such motive an unlawful authorization that flouted both nature and morality, and it sued the state in order to keep Sally from attending the medical school (Dupret, 2002b; 2004; 2006, p. 302). This was a case in which the Mufti showed a more progressive stance on sex reassignment surgery despite resistance from al-Azhar. The institution eventually lost the lawsuit, and Sally’s ban from al-Azhar was lifted.

In 1997, al-Azhar addressed the issue of assisted reproduction in cases of infertility by producing an extensive report on the topic. In it, theologians and medical doctors explained how these emerging techniques could be allowed for Muslim families.

Another major issue in Egypt concerns hymen reconstruction surgery, which is often used to confirm the virginity of a woman before marriage. In 1998, the Grand Mufti of Egypt Nasr Farid Wasil released a communiqué (bayan) to authorize women who were victims of rape to restore their virginity. The Mufti made a clear distinction between these “victims” and “immoral women” who would try and restore their virginity to trick a future spouse into thinking that they are “moral” (Dupret, 2002a; 2011).

Concerning stem cell research and assisted reproductive technologies (ART), Muslim scholars seem to appreciate the benefits of these procedures in increasing the maslaha or public good (Atighetchi, 2007). Indeed, the recommendations of al-Azhar’s workshop on the Ethical Implications of ART for the Treatment of Infertility in 2000, “accepted non-reproductive cloning to produce stem cells that would be of benefit to others” (Atighetchi, 2007, p. 248).

In the case of organ transplantation, one observes puzzling contradictions. Though Egypt pioneered the procedure in the region as early as the 1960s, it failed to establish a clear national policy. Even though most religious scholars made no objection to organ transplants (particularly

in the case of kidney failure), many Muslims have argued that one cannot donate what belongs to God. Still, the practice continues to grow, despite the stated opposition to it (Hamdy, 2012). Also, doctors in Egypt have rejected kidney transplants based on the argument of bodies belonging to God; yet they have considered this same argument as invalid and “backward” when it comes to cornea transplants, which they approve (Hamdy, 2012).

Among other notable practices in Egypt that raise bioethical concerns is female circumcision. In 1996, a ministerial decree forbade the practice, but this law was later suspended and annulled based on the argument that 1) the document contradicted Shariah law, which is identified as the state’s main source of legislation; 2) that *ijma*’, or consensus among Muslim jurists, supported the legitimacy of female circumcision; and 3) that the state should not intervene in legal questions derived from the Quran and the sunnah. In 2008, the Egyptian Supreme Administrative Court overruled the first instance administrative ruling to declare the ministerial decree on female circumcision valid (Dupret, 2013). Despite forbidding the practice, the rate at which girls are circumcised in Egypt remains high and the law against this practice was amended in 2016 to increase the penalty from a maximum of three years in jail to fifteen years.

Bioethical issues can also be a matter of debate in Islamic courts. In 2005, the highly publicized paternity suit against Egyptian actor Ahmad al-Fishawi required him to undergo a DNA paternity test. Typically, such tests are resisted because of a hadith that grants the right of paternity to the person to whom the mother of the child is married, while it rejects establishing paternity with the adulterer (also in Shaham, 2010, p. 155). Many Muslim jurists—including the notable al-Azhar-educated Egyptian scholar Yusuf Al-Qaradawi, who helped found in 1997 the European Council for Fatwa and Research—took a more progressive stance, and conditionally supported the use of DNA tests (Shaham, 2010). It should be noted, however, that al-Fishawi never submitted to the test and the case was decided on the basis of the marital contract, despite being dubious and undocumented (Shabana, 2012).

Conclusion

Continuous technical developments in medicine prompt different actors to think about morality, biology, and legitimacy of scientific progress in different societies, which are key themes of

bioethics. Yet it seems that clear legislation still needs to be put in place for these issues. Starting in the 1990s several Muslim-majority countries established national councils in order to bring the debate on Islamic bioethics to the forefront (Hamdy, 2012). In Egypt, the council is called the Egyptian National Committee for Bioethics, or EGY/NCB,

Muslim-majority countries are witnessing increasing demands for pluralism. Therefore, to issue rulings representative of the various interest groups, sole religious institutions, such as al-Azhar, are not enough and instead pan-Muslim congresses and conferences are increasingly organized (Atighetchi, 2007). These pan-Muslim events are important venues to discuss pressing issues of bioethics such as contraception, abortion, population control, euthanasia, ART, and organ transplantation (Atighetchi, 2007).

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