COVID-19 and Pandemic Ethics in the Islamic Tradition: An Introduction

Mohammed Ghaly
Research Center for Islamic Legislation and Ethics (CILE),
College of Islamic Studies (CIS), Hamad Bin Khalifa University, Doha, Qatar
mghaly@hbku.edu.qa

Mutaz al-Khatib
Research Center for Islamic Legislation and Ethics (CILE),
College of Islamic Studies (CIS), Hamad Bin Khalifa University, Doha, Qatar
malkhatib@hbku.edu.qa

Abstract

The rapid escalation of the novel coronavirus SARS-CoV-2 into a global pandemic, culminating in the World Health Organization’s declaration on March 11, 2020, marked a historic milestone. The far-reaching impact of the COVID-19 pandemic necessitates an interdisciplinary approach to address its myriad ethical challenges. This article categorizes the key ethical questions explored from an Islamic perspective into two groups: “Historical Issues” and “Modern Issues.” The former revisits questions examined in pre-modern discussions on historical pandemics, while the latter delves into ethical challenges relatively unique to the contemporary context of COVID-19. Each group’s exploration is complemented by a section on “Related Sources,” offering insight into pertinent primary works. The article concludes with reflections on the evolving trajectory of research in this field. Serving its introductory purpose, the article includes two appendices: Appendix 1, “Overview of Key Ethical Issues,” provides a condensed summary in table form, while Appendix 2, “An Extended Bibliography on Islam, Pandemics, COVID-19, and Morality,” offers a comprehensive list of primary and secondary sources for researchers interested in further readings.
Keywords

Interdisciplinary research – pandemic ethics – plagues – global ethics – religion and politics – public health ethics

1 Introduction

In December 2019, the novel coronavirus SARS-CoV-2 emerged in China, and since then, cases have steadily increased, transcending borders and impacting nations globally. The escalating threat led the World Health Organization (WHO) to declare a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, signaling the onset of global awareness about an impending pandemic. By 11 March 2020, the WHO officially declared it a full-fledged pandemic (WHO 2023), marking a pivotal moment in contemporary history. The influence of this new pandemic swiftly became ubiquitous, entwining into every aspect of our existence, and touching every community without immunity or escape.

Academic researchers will inevitably acknowledge that the ethical questions and challenges arising from the COVID-19 pandemic are too diverse and intricate to be addressed by a singular group or within a specific specialization. Consequently, an interdisciplinary approach to navigating these multifaceted questions has become indispensable.

Examining the chronological progression of pandemics and the associated ethical inquiries, one can distinguish between two categories or groups of questions and issues that preoccupied researchers during the COVID-19 pandemic. The first group has previously been addressed in earlier discussions on historical plagues and pandemics, spanning from remote history (e.g., the eighth/fourteenth century black death) to contemporary history (e.g., twentieth-century tuberculosis and cholera). These questions are delineated below under the heading “Historical Issues.” The second group encompasses ethical challenges and dilemmas that were relatively unique to the modern context of COVID-19 and were either minimally addressed or entirely absent in discussions on earlier pandemics. This set of questions is elucidated under the heading “Modern Issues.”

Following an analytical overview of the key issues in each group, a section on “Related Sources” is included for researchers seeking in-depth exploration of relevant primary sources. For those interested in secondary sources published in English, numerous references are available in “Extended Bibliography on Islam, Pandemics, COVID-19, and Morality,” appended to this article. After
introducing these two categories of issues and their related sources, an overview of this thematic issue is presented, concluding with reflections on future directions in this evolving research area.

2 Historical Issues: Early Pandemics

The key ethical inquiries that have engaged the attention of Muslim religious scholars in relation to historical pandemics and plagues primarily fall within the realm of theological deliberations, with a predominant focus on delineating the boundaries between divine agency and human agency. Josef van Ess, a German orientalist who extensively studied early Arabic texts documenting the first/seventh-century plague in Syria, astutely noted that these texts primarily highlight theological reflections on the plague’s significance as a divine act, with the main protagonists being theological considerations rather than the plague itself or its victims (Van Ess 2004).

While some of these questions may initially appear purely technical and abstract – such as causation and its connection to the concept of contagion and theodicy – they all carry significant ethical and practical implications. To gain a thorough understanding of the positions embraced by Muslim religious scholars on these matters, it is crucial to scrutinize them not only through the scriptural references they cited and the religious arguments they advanced, but also through their grasp and interpretation of the prevailing medical information and available epidemiological knowledge during their respective eras.

The medical information available during the early plagues did not provide conclusive evidence to persuade Muslim religious scholars about the contagious nature of the plague. The Miasma Theory, rooted in ancient Hippocratic medicine, held considerable sway among eminent Muslim physicians such as Ibn Sinā (Avicenna, d. 428/1037) and Ibn al-Nafīs (d. 687/1288). According to this theory, plagues originated from bad or corrupt air (miasma) emanating from decaying organic matter. Religious scholars expressed skepticism about the theory’s validity in explaining the etiology of plagues. They contended that empirical evidence demonstrated plagues affecting cities renowned for favorable weather and high-quality air. Arguing against the airborne disease hypothesis, they asserted that, if it were accurate, the plague should have indiscriminately infected all living beings inhaling such air (Ibn Ḥajar 1991, 98–101; Karmī 2000, 36–38; Dols 2019, 84–105).

This medical information, perceived as relatively unsubstantiated, expanded the scope of theological reasoning. The etiology of the plague was attributed to invisible beings known as the jinn, whose “piercing” into humans was believed
to be the source of infection (Ibn Ḥajar 1991, 109–155, 219–225). The reference to the literal piercing (taʿn/wakhz) of the jinn led to accounts of “eyewitness testimonies” claiming some individuals had observed the intervention of the jinn during certain pandemic instances (Ibn ‘Ajība 2015, 78; ‘Aṭāʾ Allah 2018, 768–769). Consequently, the pandemic’s pathogenesis was explained in theological terms as well, asserting the disease was noncontagious since only God determines those who get afflicted. Additionally, scholars held that turning to God, seeking His assistance, and engaging in pious acts such as prayer and charity were the most effective remedies, emphasizing their efficacy over medical prescriptions. Specific sections on supplications to God during plagues were incorporated into standard treatises on pandemics (Ibn Ḥajar 1991, 318, 345–360).

On the other hand, medical advice was not entirely disregarded, and people were encouraged to follow recommended preventive measures such as avoiding the inhalation of foul air, reducing food consumption, and limiting physical activity, among others (Ibn Ḥajar 1991, 340–341; al-Karmī 2000, 42–45). In order to accommodate medical and empirical knowledge in the theological reasoning, a minority position held that if two upright and trustworthy Muslim physicians confirmed that mixing with individuals afflicted by the plague would pose a threat to the healthy, then the option of refraining from contact with the sick could be considered permissible for those unaffected. However, many religious scholars opposed the medical counsel advising healthy individuals to avoid mingling with the infected. They contended that such advice contradicted one’s reliance on, and trust in, God (tawakkul) and the belief that He is the ultimate force behind all occurrences (Ibn Ḥajar 1991, 341–344).

In the context of addressing theodicy-related aspects, certain Prophetic traditions were invoked to distinguish between pre- and post-Islam plagues. The underlying argument indicated that plagues emerged in human history as a divine instrument to punish pre-Islam nations for their grave sins. However, in post-Islam history, plagues were broadly portrayed as a divine blessing for believers. Those who patiently endured difficulties were promised gracious rewards in the hereafter, and those who died due to infection were bestowed with the honorable status of martyrs. The notion that plagues could serve as punishment for disbelief in God or disobedience, particularly involving grave sins like adultery, was also posited as a potential reason (Ibn Ḥajar 1991, 71–91, 177–218; al-Karmī 2000, 38–39). A related issue, though more focused on practical psychology, is the profound loss of loved ones, especially children, during plagues and pandemics. Addressing the intense emotions accompanying such losses, along with coping mechanisms grounded in the Islamic
tradition and elucidating the appropriate conduct of a religiously and ethically committed Muslim, became the subject of dedicated treatises. Some of these works were authored by scholars who themselves experienced the overwhelming calamity of losing their children during such times (Ibn Abī Ḥajala 2019; al-Anṣārī 2023; Daiber 2022).

Another practical consideration that has been extensively examined in pre-modern sources is the issue of entering or leaving a plague-stricken town or area. A straightforward reading of certain Prophetic traditions suggests that when a plague begins, individuals residing in the affected town should avoid leaving, and those outside should abstain from entering (Ibn Ḥajar 1991, 229–306). In their scholarly interpretation of these instructions, Muslim scholars aimed to strike a balance between two primary principles. On one hand, adhering to the principle of divine predestination and fate necessitates submission to God's will and trust in Him (tawakkul). This principle could imply that human agency should be inactive or, conversely, indicate that one should not fear confronting life-threatening plagues because life and death are already predetermined, regardless of precautionary measures. On the other hand, respect for empirical reality instinctively compels individuals to flee from dangers, including places that may jeopardize their lives. The majority position adopted by Muslim scholars was to uphold the apparent meaning of related Prophetic traditions by refraining from entering or leaving plague-stricken areas. Fleeing from these places under the “false” hope that one can evade God's predetermined fate was deemed categorically prohibited or, at the very least, reprehensible (Ibn Rushd 1988, 17:395–399; Ibn Ḥajar 1991, 287; Ibn ʿAjiba 2015, 77–79).

In defending this prohibition, scholars referred to societal and ethical considerations as well. Mass departure from plague-stricken areas would lead to the loss of caregivers for the vulnerable who couldn’t leave, and also leaving no one to attend to the burial and other death rituals for those who die. Furthermore, permitting departure and having only the strong leave would deeply distress the weak (Ibn Ḥajar 1991, 303).

Beyond these theological and ethical concerns, the contributions of certain Muslim scholars who experienced European colonization also raised questions about the moral basis of advice issued by medical institutions regarding quarantine and isolation. They argued that adhering to such counsel could lead to detrimental consequences, including “the uncritical imitation of non-Arab foreigners (aʿājim), donning the attire of misguided disbelievers, regarding them with undue veneration, and ascribing righteousness and wisdom to them” (al-Nāṣirī 1997, 5:485).
2.1 Related Sources
For a comprehensive exploration and thorough analysis of the issues outlined above, a diverse array of sources is available. A recommended starting point is the scholarly commentary on Prophetic traditions (ḥadīth commentaries). These commentaries provide a valuable and direct entry into the various positions adopted by Muslim scholars on the historical issues discussed above, which are often premised on traditions attributed to the Prophet of Islam. These traditions form an integral part of broader canonical collections, typically featuring in sections dedicated to the subject of plagues or related topics such as the virtue of endurance and patience (ṣabr) (Ibn Ḥajar 1959, 10:180–194; al-Nawawī 1972, 14:204–2012).

These Prophetic traditions, complemented by scholarly commentaries, poetic reflections, and historical insights, became the focal point of dedicated treatises addressing questions arising from plagues and pandemics. Renowned examples of these treatises showcase the interdisciplinary knowledge included therein. Some of authors of these treatises were proficient in religious sciences and literary genres, exemplified by figures like Ibn Abī Ḥajala (d. 776/1375) (Ibn Abī Ḥajala 2019), Shams al-Dīn al-Manbījī (d. 785/1383) (al-Manbījī 2016), Ibn Ḥajar al-ʿAsqalānī (d. 852/1449) (Ibn Ḥajar 1991), al-Suyūṭī (d. 911/1505) (al-Suyūṭī 1997), Zakariyyā al-Anṣārī (d. 926/1520) (al-Anṣārī 2023), and Marī al-Karmī (d. ca. 1033/1624) (al-Karmī 2000). Other authors were primarily known as physicians, such as Ibn Khāṭima (d. ca. 770/1369) (Ibn Khāṭima n.d.) and Ibn al-Khaṭīb (d. 776/1374) (Ibn al-Khaṭīb 2015). An extensive list of such sources is sometimes provided in the published editions of these treatises (al-Suyūṭī 1997, 75–99) or in dedicated studies (Ūrḥīm 2021).

In addition to these dedicated sources, the perspectives of religious scholars on relevant issues are also scattered across various works belonging to broader genres or disciplines, including fatwās (al-Wansharīsī 1990, 11:352–360), historical works (al-Nāṣirī 1997, 5:183–185), fiqh manuals (Ibn Rushd 1988, 17:395–399), and more.

3 Modern Issues: The COVID-19 Pandemic

3.1 Methodological Aspects
The ethical questions and challenges arising from the COVID-19 pandemic are not only numerous but also intricate and multifaceted. As we shall see below, even the discussions of early Muslim scholars on the aforementioned “historical issues” could not just be quoted without a critical examination of their
relevance to the modern context of the COVID-19 pandemic. Some religious scholars, like the state muftī of Egypt, Shawqī ‘Allām, and transnational institutions, like the Mecca-based Majma‘ al-Fiṣḥ al-Islāmī (Islamic Fiqh Academy, IFA), stress the need to address the overarching methodological aspects so that the wide range of these complex issues shall be addressed in a consistent way. The concept of fiqh al-ṭawārī (jurisprudence of emergency) is introduced as the technical term that would encompass the diverse methodological tools that can be employed to systematically address the wide range of issues prompted by the new COVID-19 reality. The main thrust of the proposed fiqh al-ṭawārī is to consider (a) the exceptional, abnormal, and emergency-based context within which related juristic rulings are developed, and (b) the limited scope for the application of these rulings, and thus should promptly discontinue once the exceptional situation ceases to exist. Despite its orientation towards exceptionalism, fiqh al-ṭawārī remains closely tied to, and bound by, the broader framework of Islamic legal theory (uṣūl), higher objectives of Shari‘a (maqāsid), grand rules (qawā‘id), etc. (‘Allām 2020, 13–14; Bin Bayya 2020). It is noteworthy that the theorization of the proposed fiqh al-ṭawārī is still in its infancy, not to mention its consistent application to all related applied issues.

Additionally, several researchers have highlighted the necessity of reevaluating the methodological aspects of religio-ethical reasoning (ijtihād) in response to emerging dilemmas, particularly those stemming from the COVID-19 pandemic. Again, the concept of “emergency” has been emphasized, acknowledging that pandemic-related dilemmas are often time-sensitive, pressuring religious scholars to make judgments on evolving cases whose true nature may not be fully understood yet. Despite the absence of all necessary details that would have been available under normal circumstances, Muslim jurists are compelled to assess such cases and provide advice. As more details emerge, the process of ijtihād should be revisited, and advice revised accordingly (al-Ḥaṭṭāb 2020). Other studies have delved into the analysis of overarching rules and frameworks governing the issuance of fatwās on specific subjects related to the COVID-19 pandemic (Sarḥī 2023).

### 3.2 Historical Issues Revisited

Nearly all the issues discussed in the previous section resurfaced in the context of COVID-19. Widely perceived as the latest iteration of a long list of earlier pandemics, the questions triggered by previous pandemics regained relevance. However, the pre-modern predominantly theological dimensions considerably faded, and the focus shifted to their practical implications and related juristic rulings (aḥkām fīqīyya). In the modern discussions on COVID-19, the main
protagonist became the discipline of Islamic jurisprudence (*fiqh*), replacing the theological emphasis.

A possible reason for this shift in Islamic deliberations on pandemic ethics is the evolving perception of medicine among religious scholars over time. As elucidated earlier, pre-modern miasma theory was viewed by contemporary Muslim religious scholars as unsubstantiated and met with strong skepticism. In subsequent centuries, medicine has undergone significant changes that strengthened its reliability and authority in the eyes of Muslim religious scholars. Notably, from the nineteenth century onward, scientific breakthroughs have enhanced our comprehension of the etiopathogenesis of pandemics. In the 1870s, the long-standing miasma theory was conclusively discredited, giving way to the germ theory (Jones and Richeldi 2014). In 1894, the causative agent of the bubonic plague was identified: the *Yersinia pestis* bacterium, initially transmitted between rats and subsequently transferred to humans through rat flea vectors (Emmeluth and Alcamo 2005, 23). In 1969, the World Health Organization (WHO) established that only four diseases were officially designated as quarantinable (Breslow 2002, 3:1007). Modern medical advancements now allow patients afflicted with diseases historically associated with classical plagues to be treated in approximately 48 hours (Emmeluth and Alcamo 2005, 50). Pertinently, studies elucidating the clinical characteristics and transmission dynamics of the novel coronavirus were swiftly published in esteemed journals, such as the *New England Journal of Medicine* (*NEJM*), just a few months after the onset of the pandemic in December 2019 (Guan et al. 2020; Li et al. 2020).

In this context, religious scholars regarded scientific information concerning the etiology of the COVID-19 pandemic and the novel coronavirus SARS-CoV-2 as sufficiently reliable and trustworthy to underpin religio-ethical normative judgments. Consequently, the ideas put forth by biomedical scientists regarding the contagious nature of the novel coronavirus and its modes of transmission were not met with the skepticism that characterized the reception of the pre-modern miasma theory. On the contrary, information disseminated in peer-reviewed studies, including the aforementioned articles in the *New England Journal of Medicine* (*NEJM*), found affirmation in fatwās issued by reputable institutions in the Muslim world (ʿAllām 2021a; ʿAllām 2021b).

This new situation has narrowed the scope of metaphysical etiology, diminishing the significance of the previously emphasized “piercing” of the invisible beings of *jinn*. Rather than employing this metaphysical etiology, which was based on a literal interpretation of Prophetic traditions, to challenge the previously unsubstantiated medical etiology rooted in the miasma theory, modern
medical information has been utilized to endorse a metaphorical interpretation of these traditions. So, the reference to the piercing of the jinn, considered as a distinct species of invisible beings, has undergone a metaphorical reinterpretation to signify the causative agents associated with rat flea vectors discovered in the nineteenth century. Consequently, the term “jinn” in these Prophetic traditions, was broadened to encompass any invisible being or element, in line with the etymology of the Arabic stem j-n-n, signifying anything invisible without necessarily being the particular species of jinn (al-Suyūṭī 1997, 46–49). This new interpretation contradicts the earlier eyewitness testimonies mentioned in historical sources, recounting people’s observations of the intervention of jinn as a causative agent during past pandemics.

The reinterpretation of the term jinn to align with modern scientific findings on the etiology of pandemics serves as an illustration of a broader shift in the relationship between medical knowledge, particularly information related to pandemics, and religio-ethical discourse. This transformative trend had already begun several years prior to the onset of the COVID-19 outbreak. In the pre-modern era, religious scholars derived confidence from scriptural references and theological concepts, allowing them to critically engage with or challenge medical knowledge perceived as unsubstantiated. In the modern context, the reliability of medical knowledge is scarcely questioned by religious scholars. Instead, it functions as a yardstick against which the acceptability and reasonableness of various interpretations of scriptural references or scholars’ perspectives are judged (al-Bārr 2011; 2020; Šāliḥ 2020).

As we explore further below, this dynamic is evident in various practical issues where some of the pre-modern mainstream or majority positions, such as advocating against restrictions on interactions with infected individuals due to the perceived non-contagious nature of pandemics, will be abandoned. This shift occurs when the respective position is deemed inconsistent with updated medical knowledge. Even when religious scholars resist a recommendation based on medical knowledge, such as the closure of mosques, they incorporate medical information into their religious arguments to ensure their stance is not perceived as disregarding updated scientific and medical knowledge.

3.3 Congregational Rituals
In previous pandemics, discussions arose concerning the observance of voluntary collective rituals uniquely designed for the pandemic context. This involved considerations of mass gatherings for special prayers or supplications directed towards seeking divine intervention to alleviate the calamity. For instance, in the tragic plague that struck Cairo in 833/1430, people engaged
in a special mass prayer with the hope that it would act as a deterrent to the pandemic, which was claiming around forty lives daily. The renowned Muslim religious scholar and historian, Ibn Ḥajar al-ʿAsqalānī (d. 852/1449), noted that the daily death toll after this event exceeded one thousand. Despite the compelling empirical evidence, Ibn Ḥajar’s disapproval of this practice stemmed from religious considerations; he argued that there is no scriptural basis for such a plague-specific ritual, deeming it an ungrounded innovation (bidʿa) in religious affairs. According to his perspective, religious practices should have a foundation in scripture. The prevailing agreement maintained that collective rituals are acceptable, provided they do not contravene religious principles (Ibn Ḥajar 1991, 328–331; Ibn Ḥajar 1969, 3:438–439). The potential risk of disease transmission and the escalation of infections was not deemed a compelling argument since, as previously mentioned, the contagious nature of the pandemic was not acknowledged.

In the contemporary landscape of the COVID-19 pandemic, significant changes have occurred, including the widespread acknowledgment of the pandemic’s contagious nature. Consequently, the primary focus shifted towards debating the permissibility or impermissibility of suspending mandatory congregational prayers and temporarily closing mosques as preventive measures to mitigate the spread of the virus and control the pandemic. This topic emerged as one of the most extensively discussed issues within the Islamic discourse on the COVID-19 pandemic, with some scholars deeming it among the most contentious dilemmas of modern times (Ibrāhīm 2020, 49–57).

The majority position, supported by numerous individual religious scholars and endorsed by both national and transnational fatwā institutions, maintains that it is religiously permissible to temporarily suspend congregational prayers, including Friday prayer (jumʿa), night prayers during Ramaḍān (tarāwīḥ), and the two ʿĪd prayers, and to close mosques. The foundational argument defending this position rests on the principle that the continuation of these congregational rituals would result in harm (ḍarar) to cause public and societal hardship (ḥaraj). Averting harm and alleviating hardship are deemed necessary from a religious and moral perspective. Evidence provided by scientific and medical authorities, including statements issued by the WHO, played a crucial role in substantiating the anticipated harm and potential hardship (Ibrāhīm 2020, 58–77; IFA 2020b; CSS 2020a; 2020b; al-Shamrānī 2020, 135–137; al-Muhandis 2020, 79–86; ʿAllām 2021a). In their initial deliberations, proponents of this position argued for the exceptional continuation of congregational prayers in the two Holy Mosques of Mecca and Medina. However, this exception was later retracted, and both mosques also became temporarily
inaccessible for congregational prayers and pilgrimage rituals, including Ḥajj or ‘Umra (CSS 2020b; al-Arabiya 2020; IIFRA 2020; ECFR 2020; Ḥusayn 2020, 128–131).

The minority position, championed by some individual scholars, contended that the notions of harm and hardship should not be confined solely to health-related factors. They argued that the closure of mosques and suspension of congregational prayers also pose significant religious harm and hardship. They asserted that a meticulous balance between these various types of harms does not warrant the drastic measures of closing all mosques and suspending all congregational prayers. Advocating for this perspective, scholars referred to scientific and medical arguments either questioning the severity of harm caused by congregational prayers or suggesting less extreme measures, which would permit the continuation of prayers in mosques with mandated social distancing or restricting attendance to individuals not who are not classified in high-risk groups (Ibrāhīm 2020, 35–56, 78–126; al-Shamrānī 2020, 137–138; al-Muhandis 2020, 87–95).

3.4 Rituals During the Month of Ramaḍān

The ninth month of the Islamic calendar, known as Ramaḍān, is a period when fasting becomes obligatory for Muslims under certain conditions. This month is also distinguished by the non-compulsory congregational performance of nightly prayers known as tarāwīḥ.

The crucial question revolved around whether the obligatory nature of fasting would remain unchanged during the COVID-19 pandemic. The majority of fatwās issued by both individual scholars and institutions asserted that, in the absence of compelling scientific evidence demonstrating that fasting would elevate the risk of infection or compromise overall immunity, there was no basis for altering the rulings related to this ritual. Concerning individuals who have been infected, fallen ill, or fall into the high-risk category, their situation should be assessed on a case-by-case basis, as per the advice of their treating physician. Healthcare professionals may be exempted from the obligation of fasting if they are working under extremely strenuous and stressful conditions that significantly undermine their physical well-being, or if they do not have sufficient time for breaking their fast (iftār) or having their predawn meal (suhūr) (IIFRA 2020b; Ḥusayn 2020, 113–114; al-Shamākhī 2020, 1089–1092).

As for the non-compulsory congregational performance of tarāwīḥ, it was part of the broader discussions outlined above regarding congregational rituals. The majority position suggested that these prayers should be conducted at home, either individually or with family members. The non-obligatory nature
of the tarāwīḥ prayer and its allowance for individual performance at home mitigated the intensity of disagreement. This is mainly because Muslim individuals are left with an alternative option to continue the ritual without posing risks to themselves or others (IIFA 2020b; al-Shamākhī 2020, 1086–1088).

Another widely practiced ritual during the last ten days of the month of Ramadān is known as iʿtikāf (literally, seclusion). This practice involves residing in the mosque in seclusion, away from the outside world, with the intention of gaining closeness to Allāh. Although iʿtikāf can only be performed inside the mosque, similar to tarāwīḥ, it is non-compulsory. Therefore, suspending it during the pandemic is considered less problematic than is the case with obligatory rituals (Islamweb 2020).

3.5 Obligatory Charity (Zakāt) and Financial Issues

Earlier pandemics were often linked to poverty, economic hardships, injustices, financial crises, and famines, accompanied by calls to engage in charitable acts, as part of the proposed spiritual remedies mentioned earlier (Ibn Ḥajar 1991, 316; 1969, 3:439; al-Maqrīzī 1997, 4:80–90; Ḥaḍrī Allāh 2018).

The COVID-19 pandemic was no exception in this regard, particularly due to the global lockdowns and closures that halted numerous income-generating sectors for extended periods. In addition to urging affluent Muslims to enhance their voluntary charitable contributions (Ḥusayn 2020, 72–73), several questions arose regarding the optimal management of obligatory charity (zakāt) to mitigate the financial impacts of the pandemic. The majority of these inquiries centered on two primary aspects, namely when and to whom zakāt should be paid.

Zakāt, customarily 2.5% of a Muslim’s total savings when their property surpasses a specific minimum financial threshold (niṣāb, in Arabic), is traditionally paid annually. Given the severe financial repercussions of COVID-19, a heavily debated topic was whether it would be more beneficial to pay zakāt in advance, before its scheduled due time, to address the pressing financial needs of various sectors in society severely impacted by the pandemic. There was a broad agreement that expediting the payment of zakāt a year or two before its due date is permissible, or even recommended, given the context of the COVID-19 pandemic. In addition to referencing views expressed by earlier Muslim jurists on the permissibility of expediting zakāt payment, it was emphasized that prioritizing the best interests of the poor and needy is integral to the governing philosophy of zakāt. Therefore, paying zakāt for one or two years in advance would align with this philosophy, addressing the urgent needs arising from the COVID-19 pandemic. Some scholars emphasized that
groups significantly impacted by the pandemic, such as daily wage laborers and craftsmen who lost their income due to the emergency, should receive higher priority and special consideration (CSS 2020b; IIFA 2020b; ECFR 2020; IUMS 2020a; Ḥusayn 2020, 86–89; al-Zayyūt 2020, 57–58; Sarḥī 2023, 82–83).

Regarding the categories eligible for zakāt allocations, the Qur’ānic verse specifies eight groups: “Zakāt is only for the poor and the needy, for those employed to administer it, for those whose hearts need winning over, for [freeing] slaves, for those in debt, for God’s cause, and for [needy] travelers” (Q 9:60). Amid the COVID-19 pandemic, a debated question arose concerning whether zakāt funds could be utilized to cover expenses related to pandemic-related medical services, such as masks, sanitizers, personal protective equipment (PPE), Medical Oxygen Plant, ventilators, and other high-demand medical devices. The prevailing position supports the permissible use of zakāt funds for such purposes, acknowledging the exceptional circumstances where national health systems might collapse without additional funds. Advocates of this position emphasize that safeguarding life (ḥifẓ al-nafs) is one of the hierarchy objectives of Sharīʿa, and ensuring a well-functioning health sector is indispensable for saving human lives during a pandemic (ʿAllām 2020b; IIFA 2020b; Sarḥī 2023, 65–68). Addressing the unique context of Muslims as religious minorities in Europe, the European Council for Fatwa and Research (ECFR), headquartered in Dublin, asserted that zakāt should primarily be directed to the eight categories explicitly mentioned in the Qurʾān. In the event of surplus funds, the fatwā specifies that they should be directed towards Islamic centers and mosques in Europe. This directive is grounded in the financial challenges faced by these institutions, experiencing a substantial crisis due to pandemic-related closures, leading to a significant reduction in donations while maintaining unchanged financial obligations (ECFR 2020).

Beyond the healthcare sector, some researchers advocated for expanding the eligibility criteria for some of the categories eligible for zakāt, as specified in the Qur’ānic verse mentioned earlier. This proposal aimed to effectively mitigate the negative impacts of the pandemic, which attacked the real economy to its core. In the context of Saudi Arabia and the broader Gulf region, suggested solutions involved broadening the scope of the eighth category, specifically travelers (ibn al-sabīl), to encompass various groups that have suffered economic hardships due to the pandemic, such as:

- Employees whose contracts were terminated by their employers, leaving them without salaries and unable to afford travel expenses.
- Nationals employed abroad, facing financial constraints in covering the costs of their return.
– Truck drivers stranded between two countries due to pandemic-related preventive measures (Sâlim 2020, 158–160).

Regarding the first two categories, the poor (fuqarā’) and the needy (masākīn), the suggestion was to expand their scope in order to encompass students studying abroad on partial scholarships. These students, accustomed to working outside of their study hours to cover living expenses, faced challenges meeting their needs when all businesses and shops were shut down (Sâlim 2020, 158–160–161).

Apart from zakāt, scholars have explored the potential impact of the pandemic on other financial aspects, such as lease contracts. They argued that the pandemic would affect the validity of a lease contract if it significantly harms commercial interests, either due to public fear of the virus or state-imposed regulations to mitigate the pandemic. In cases where modifying the contract could restore a balance between harms and benefits for the parties involved, contract adjustment should be prioritized over termination. However, if adjustment is not feasible, terminating the contract would be permissible. This position is supported by the views of earlier Muslim jurists and is aligned with relevant juristic rules and legal maxims, including “harm should be removed,” “averting harm takes precedence over gaining benefit,” and “hardship begets facility” (Jaddū‘ 2020).

3.6 Death Rituals

One notable characteristic of historical pandemics is the significant surge in the death toll, occasionally reaching a point where, as described by some early Muslim scholars, “the majority of the town’s population succumbs to the extent that the dead dry up in their homes, with doors locked while they are inside, due to the lack of anyone available to perform the burials” (Ibn Ḥajar 1991, 337). Therefore, one of the disruptive consequences of pandemics is that the conventional death rituals, which typically apply in normal circumstances, cannot be maintained in the pandemic context. The COVID-19 pandemic, with confirmed deaths reaching almost 7 million, is no exception in this regard. Hence, one of the widely discussed questions pertains to how death-related rituals should be regulated during the abnormal context created by the COVID-19 pandemic.

The recognized dignity of humans necessitates, among other things, respect for one’s body and physical integrity during life and after death. From the principle of posthumous human dignity, emanates a number of rights or claims for the deceased towards the Muslim community to which he/she belongs, each of which assumes the form of collective obligation (fard kifaya), as held by the
majority of Muslim jurists. These communal obligations are extensively discussed in Islamic jurisprudence (*fiqh*) manuals under the heading of *janāʾiz*, which broadly means death-related rituals (Wizārat al-Aqwāf 1983–2006, 16:5–46; IUMS 2020b; ECFR 2020). The COVID-19 pandemic raised questions regarding how the obligations related to specific death-related rituals, namely the ritual washing (*taghsīl*) of the deceased, shrouding the dead body (*takfīn*), funeral prayer (*ṣalāt al-janāza*), and burial (*dafīn*), can be performed without increasing the risk of spreading infection.

As for the ritual washing (*taghsīl*) of the deceased, the agreement is that its communal obligatory nature remains in effect during the pandemic, provided that preventive measures can be taken to avoid harm to the deceased or the living individual performing the washing. If the deceased was infected with the virus, and there is solid evidence that washing the dead body would contribute to spreading the infection, then alternative options should be considered to balance the obligation of implementing this ritual with the need to avoid harming the deceased or the living person who will perform the *taghsīl*. If available, the conventional ritual washing, which involves using water to wash and rub the deceased's entire body, should be performed by a specialized team that has received professional training on using protective equipment. This ensures that they can carry out the *taghsīl* without risking infection. If not available, the option of remote washing, which involves pouring water on the deceased's body from a sufficiently safe distance without direct contact, will be accepted. If the second option is not available, recourse can be made to the dry option of *taghsīl*, using clean dust or sand instead of water. If none of these options are available, then the Muslim community of the deceased will be exempted from the obligation of *taghsīl* or *tayammum* (ECFR 2020; IUMS 2020b; Aḩmādī 2020, 244–250).

Regarding the ritual of shrouding (*takfīn*) the deceased, there is no harm in removing all clothing and burning them as a precautionary measure to prevent infection. The mandatory practice is to envelop the body with a material that covers it entirely, which can include a sanitized plastic bag or a similar substance to mitigate or minimize the risk of infection. If such materials are unavailable, the deceased can be buried in the clothes worn before death. As mentioned earlier, it is recommended to have a specialized team, trained in infection-proof *takfīn* procedures, to handle this process (Aḩmādī 2020, 255–259).

Regarding the burning of corpses or cremation, considered a safer alternative to washing and shrouding, there is agreement that this practice contravenes the Islamic perception of human dignity and the corresponding obligation
to respect human bodies both during life and after death. The agreed-upon position is to avoid burning dead bodies whenever possible and to resort to it only in extremely exceptional circumstances. If cremation becomes unavoidable due to mandatory procedures imposed by state authority, the obligation of performing the funeral prayer persists and should be conducted before the corpse is burned. If not feasible, the funeral prayer can be performed after the cremation on the ashes of the deceased (ECFR 2020; IUMS 2020; al-ʿAjmī 2020, 265–268).

Regarding the funeral prayer (ṣalāt al-janāza), the ideal situation is to be performed in a congregational form and to take place in the mosque. If this ideal is not achievable because of the fear of spreading the infection or because mosques are closed as a preventive measure, then ṣalāt al-janāza can be performed elsewhere, e.g., in the hospital, by a small group comprising the available medical team in addition to some family members, if their presence will not entail risks or harms to themselves or others. If this option is not available, then the prayer can be performed after burial in a dedicated place in the graveyard. If also not possible, then the last resort would be the option of “absentee prayer” (ṣalāt al-ghāʾib), where the funeral prayer can be performed in the absence of the deceased, even if the praying person or group was living in another country or continent than where the deceased was buried (ECFR 2020; IUMS 2020b; al-Aḥmadī 2020, 266–269; al-ʿAjmī 2020, 256–259).

Concerning the obligation to bury dead bodies, this duty extends to all corpses, including incomplete ones, even if only a small remaining part of the deceased is present. Therefore, denying burial to an individual who was infected with the novel coronavirus is considered a morally abhorrent and religiously forbidden act. On the other hand, as elaborated on in the context of previous rituals, all requisite protective measures must be implemented to minimize or mitigate the risk of harming the living by preventing the spread of infection (al-Aḥmadī 2020, 270–274).

Under normal circumstances, the default rule is that each deceased person should be assigned an individual grave. However, in exceptional cases, such as disasters, earthquakes, or pandemics, where allocating separate graves becomes challenging, the option of communal graves will be permissible due to limited burial space, a high number of deceased individuals, preventive measures to contain the spread of infection, or other justified reasons based on both religious and medical considerations. If communal graves are the only viable option, it is advisable to place a barrier of soil between each pair of deceased individuals, ensuring that each one appears to have a distinct burial place. The assessment of necessity should also be proportional, meaning that
men shall be buried with men and women with women unless impractical due to unavoidable circumstances (ECFR 2020; al-Ĥmādi 2020, 274–278; al-Ĥjmī 2020, 260–262).

3.7 Vaccination

Discussions on the religious and ethical dimensions of vaccination trace back to the development of the first modern vaccine for the smallpox outbreak by British physician Edward Jenner (d. 1823) in 1796. Initially met with some hesitance from the Muslim public, fearing potential conflicts with trust in God and belief in divine predetermination, historical sources present a predominantly positive image of responses from Muslim religious scholars, later also coupled with wide acceptance by the general public. Notable examples include the chief muftī of Baghdad in the thirteenth/nineteenth century, Ahmad Effendi (d. 1854), who, along with six of his children and grandchildren, received the smallpox vaccine (Ṣā`īghyān 1929, 206). Similarly, the prominent Muslim scholar Rashīd Riḍā (d. 1354/1935) wrote positively about the same vaccine. Vaccines were generally perceived within the realm of medical prevention (wiqāya) and treatment (tadāwī), often deemed permissible or even recommended, contingent on medical professionals confirming their efficacy and safety (Riḍā 1926, 532, 536). This mainstream perspective was at times considered self-evident, to the extent that some scholars bypassed the examination of the permissibility of vaccination, focusing instead on practical and applied questions, such as whether receiving vaccines during the day in the month of Ramaḍān would invalidate fasting (Salīm 1945).

Opposition to vaccination has consistently been a minority viewpoint but gained notable attention within the context of global polio vaccination campaigns, particularly among Muslims in certain African countries, especially Nigeria, and in Asia, particularly Afghanistan and Pakistan. The resistance to vaccination primarily stemmed from a deep-seated mistrust in scientifically advanced Western countries, particularly the United States, perceived as the main manufacturers of the polio vaccine. The United States-led global war on terror fueled significant political polarization, with many perceiving the U.S. and the West in general as being in conflict with the Muslim world. In this atmosphere, concerns arose that the polio vaccine could be exploited to harm Muslims. Apart from the verified fake polio vaccination campaign orchestrated by the U.S. Central Intelligence Agency (CIA) to locate Al-Qaida leader Osama bin Laden (d. 2011), other rumors, such as the alleged use of vaccines to render Muslim women infertile, heightened skepticism among many Muslims regarding the intentions of the West in providing a supposedly “beneficial” vaccine.
(Yahya 2006; 2007; Warraich 2009; Mushtaq et al. 2015; Boone 2012; Khan and Kanwal 2015).

During the COVID-19 pandemic, extensive Islamic discussions on vaccination emerged once it was declared towards the end of 2020 that the first vaccine for the novel coronavirus was on the horizon. The religio-ethical dimensions of these discussions cannot be isolated from the broader socio-political global context, where vaccination hesitancy, the reluctance or refusal to vaccinate despite the availability of vaccines, was categorized in 2019 by the World Health Organization (WHO) as one of the top-ten threats to global health (WHO 2019).

In line with the preceding discussions on the smallpox vaccine, COVID-19 vaccines were framed within the religiously endorsed realm of medical prevention (wiqāya) and treatment (tadāwi). Despite the fact that the to-be-vaccinated person may not be currently ill and does not require “treatment” in the strict sense of the term, it was argued that the global prevalence of the pandemic has rendered almost everyone potentially susceptible to the disease-causing novel coronavirus. This empirical information was espoused with reference to pertinent juristic rules and legal maxims that allow for similar judgments to be applied to closely related categories, although they are not identical. For instance, the rule of “what is predominant is akin to what is confirmed (al-ghālib ka-l-muḥaqqaq)” and “what is likely, or about, to happen is akin to what has already happened (al-mutawaqqāt al-qarīb ka-l-wāqī)” have been invoked in this context to argue that, from a religious standpoint, the person receiving the vaccine can, ethically speaking, be viewed as a patient undergoing treatment (AMJA 2020a; ‘Allām 2021c).

Against this background, these vaccines can be judged as a form of tadāwi, whose permissibility would be contingent upon the establishment of their efficacy and safety. Given the global prevalence of vaccine hesitancy and the emergence of anti-vaccination movements raising concerns about the effectiveness and safety of vaccines, Muslim religious scholars were keen to underscore that their conclusions in this regard were based on information confirmed by authoritative scientific and medical institutions. They often reference specific international entities such as the WHO and the U.S. Food and Drug Administration (FDA) to reinforce the credibility of their conclusions (AMJA 2020a; ‘Allām 2021c).

Another religious concern raised about the COVID-19 vaccines was that their ingredients contain materials that are considered ritually impure (mawādd najisa), such as porcine gelatin, which should not be consumed by Muslims or injected into their bodies. For this reason, some Muslim scholars, mainly in
the Indian subcontinent, contended that the Chinese vaccine is prohibited as it contains pork gelatin (Times Now Bureau 2020).

In response to this concern, other religious scholars and fatwā institutions across the Muslim world referred to specific vaccines, such as Pfizer-BioNTech and Moderna, stating that their manufacturers confirmed that their ingredients do not contain pork. Even if impure material were included in one of the COVID-19 vaccines, they added, the permissibility of the vaccine would remain unchanged. The permissibility of such vaccines was premised on the argument that the included impure material would be deemed as permitted or pardoned impurity (najāsa maʾfūʿ anhā) on more than one ground.

One of the possible grounds is that the impure material used in the manufacturing of some vaccines is usually too tiny and microscopic to be seen by the naked human eye. Such a small impure component (najāsa yasira) does not affect the original state of purity of the larger entity, namely the vaccine. In other cases, the incorporated impure material undergoes a chemical transformation (istikḥāla) during the manufacturing process, so that its original state of impurity ceases to exist. In other cases, the impure material does not make an integral part of the vaccine’s ingredients but is rather used as a stabilizer for storage purposes, meaning that the vaccine only comes in contact with impurity, which jurists term as “impurity by proximity (najāsa bi-l-mujāwara).” Additionally, the use of the COVID-19 vaccines takes place in the context of a global pandemic that created a state of public necessity (darūra ʿāmma), under which the use of impure material for medical purposes has been permitted by a great number of Muslim scholars, especially when no impurity-free options are available (UCF 2020; al-Rashidi 2022, 214–216).

The aforementioned discussions have given rise to a range of perspectives on the overall religious judgment of COVID-19 vaccines. These viewpoints can be categorized into four main groups:

a) Prohibition: Advocated by a minority of scholars, particularly concerning the Chinese vaccine due to the inclusion of ritually impure materials.

b) Permissibility: Supported by the majority of individual Muslim scholars and fatwā institutions globally, viewing the vaccines as a novel and effective form of treatment (tadāwi) (UCF 2020; AMJA 2020a; IIFA 2020b).

c) Recommendation: Endorsed by some opinions, considering the significant hardships caused by the pandemic and the vaccine’s efficacy in mitigating them (UCF 2020; AMJA 2020a).

d) Obligation: Suggested by some fatwā institutions, especially when mandated by state authorities, contending that vaccines serve as a medical treatment, whose efficacy is either certain or predominant, for a
devastating disease caused by the pandemic. Other perspectives argue that vaccination is obligatory only for certain individuals, particularly those in high-risk groups (UCF 2020). A third group asserts that providing vaccines is compulsory upon health authorities to serve the public interest (AMJA 2020a; al-Ḥusaynān 2021, 882–886).

The authors of this article contend that classifying the COVID-19 vaccination as a “collective obligation (fard kifāya)” is the most fitting designation. Within this framework, community members, viewed as a cohesive social unit, bear a shared responsibility to partake in vaccination efforts until the threshold of herd immunity is attained. This collective commitment is crucial for effectively curtailing the spread of the pandemic.

3.8 Triage

Alongside the alarming increase in the death toll, the COVID-19 pandemic has brought about another devastating consequence: a sudden surge in the number of patients requiring urgent, and at times life-saving, medical intervention. Unlike previous pandemics, this crisis has given rise to unprecedented challenges, presenting profound ethical dilemmas. Some hospitals found themselves grappling with a scarcity of resources, notably in intensive care units (ICUs), where the demand for urgent treatment exceeded capacity. Crucially, there was an insufficiency of ventilators and critical care resources to meet the needs of all patients at risk of succumbing to respiratory failure or other organ failures. In these critical situations, healthcare providers are confronted with some of the most difficult triage challenges. This involves not only ranking and prioritizing patients but also making the difficult decision of determining who will have the opportunity to survive and who will not (Truog et al. 2020; Kucewicz-Czech and Damps 2020).

In addition to a limited number of fatwās addressing triage-related questions (ECFR 2020; AMJA 2020b), some research papers have explored the development of a coherent set of principles and guidelines rooted in the Islamic religio-moral tradition. The authors of these papers have stated that their objective is to aid the healthcare sector in navigating the challenges posed by the COVID-19 pandemic and potential similar emergency situations in the future (al-Qaḥṭānī 2020; al-Ḥasan 2020; Milūd 2021; Āl Manāḥī 2021).

In an earlier study co-authored by one of the authors of this article, an Islamic bioethical framework was proposed with the aim of providing the necessary flexibility for offering relevant guidance in light of the dynamic nature of a pandemic (Saleh and Ghaly 2020). Herein, we present a revised edition
of this framework, integrating insights derived from studies published subsequent to our initial work.

- **The sanctity of human life should be indiscriminately respected**: In life-threatening scenarios, like the extensively studied scenario in pre-modern *fiqh* manuals involving a sinking ship with valuable products, animals, and humans onboard, Muslim scholars held that preserving inviolable life (*nafs maṣūma*) is a religious obligation that applies equally to all individuals involved. Any discriminatory criteria, such as favoring free individuals over slaves or Muslims over non-Muslims, were rejected in various juristic sources. The acceptable sacrifices, if needed to save lives on the sinking ship, should start with inanimate objects such as goods and, if insufficient, then animals. This prioritization is grounded in the respect due to animals as ensouled beings, which grants them the soul-based sanctity (*ḥurmat al-rūḥ*). Additionally, it stems from the higher inherent value accorded to human life (*sharaf al-nafs*). Consequently, assigning higher priority to certain individuals or groups based on social status, profession, or health condition is not morally justifiable in principle. In this regard, current clinical triage protocols must safeguard vulnerable segments of society from potential biases that may (un)intentionally favor the privileged.

- **Acts are judged by their goals and purposes**: In ordinary circumstances, Muslims are under a religious obligation to pursue life-saving treatment. However, in pandemic-related situations where resources are severely limited, and both healthcare providers and patients are aware that only a finite number of lives can be saved, it is permissible for patients with sound decisional capacity to opt, with an altruistic intention, forgoing life-saving treatment, prioritizing the lives of others. In our perspective, a patient who altruistically decides to relinquish a ventilator for another should not be involved in selecting the next eligible recipient, as this could potentially raise ethical complications. For instance, there may be concerns about exerting undue influence on older individuals to sacrifice for the sake of their younger relatives.

- **Harm shall not be eliminated by equal or greater harm**: In applying this principle, religious scholars argue that in situations of starvation, it is not permissible to take food from another person when the available food can only save one life. The harm of losing one's life cannot be eliminated by sacrificing someone else's life. Consequently, it would not be permissible to remove a ventilator from one patient for the benefit of another, as long as the life of the first patient can be equally preserved. In this context, the
act of withdrawing life support would raise more ethically challenging concerns than withholding it.

- **The principle of the lesser harm/evil**: Muslim scholars concur that when faced with two evils or harms, tolerating the lesser harm or evil is permissible if it is the sole means to avoid a greater one. However, when applying this principle to the aforementioned scenario of a sinking ship, where throwing some individuals into the sea is the only way to save the remaining passengers, opinions diverge. Some scholars argue that sacrificing individuals to eliminate harm with an equal one is impermissible, as every life is equally valuable. Others contend that saving some lives at the expense of others is the lesser evil, raising the challenge of determining criteria for choosing who will be sacrificed and who will remain onboard. The commonly suggested approach is a lottery (random allocation), due to its unbiased nature.

- **Necessity overrides prohibition**: In situations of a scarcity of frontline workers, it is generally permissible to prioritize those possessing the required skills over others to maximize the greater benefit to society, by facilitating the means to save as many lives as possible.

3.9 **Preventive Measures Imposed by State Authorities**

In his seminal work on plagues, the eminent religious scholar Ibn Ḥajar al-ʿAsqalānī (d. 852/1449) cited instances where the ruler of the Muslim community would proactively organize community-wide practices, often taking the form of religious rituals, with the aim of containing the pandemic. In many cases, the ruler would arrange a special congregational prayer or request people to fast for a designated period. According to Ibn Ḥajar’s analysis, it seems that these plague-specific activities, though initiated by the ruler, did not carry a legally binding character. Notably, Ibn Ḥajar himself refrained from participating in these congregational prayers, including the one attended by the ruler of Egypt at the time, al-Muʿayyad (d. 824/1421), despite the special relationship that Ibn Ḥajar claimed to have with him (Ibn Ḥajar 199, 328–330).

The historical setting of the COVID-19 pandemic differed in various aspects from the previously outlined context by Ibn Ḥajar. In addition to its medical impact, the COVID-19 pandemic was marked by a set of non-therapeutic preventive measures enforced by almost all governments worldwide. These measures, such as quarantine, physical distancing, travel ban, and social isolation, aimed at curbing the spread of infection-causing SARS-CoV-2. While intended to safeguard public health as a public good (*maslaḥa ʿamma*), they simultaneously constrained individuals’ freedom to engage in practices typically
considered by contemporary Muslim religious scholars as religiously permissible (*mubāḥ*).

In response to the dilemmas arising from the balance between respecting individuals’ interest in engaging in permissible practices and safeguarding public good, the position adopted by almost all national *fatwā* institutions, espoused by many individual religious scholars, was overwhelmingly defending the measures imposed by their respective governments and stressing their legitimacy on religious grounds (IIFA 2020b; CSS 2020a; 2020c; al-Miḥmādī 2020, 662, 662–664).

This position is fundamentally premised on two interconnected arguments: (a) available scientific and medical information confirms that the preventive measures mandated by governments are effective in curbing the pandemic and improving public health, and (b) the majority of Muslim scholars throughout history hold that the ruler (*waliyy al-amr*) in principle has the authority to restrict the scope of certain permissible acts as long as the imposed restrictions contribute to serving the society’s public interest (*maṣlaḥa ‘āmma*).

Regarding the first argument, the scientific ground justifying the invasive state-imposed measures typically relies on information provided by health authorities within the respective country, such as the Ministry of Health, or statements issued by international institutions like the World Health Organization (WHO). As an illustrative example, the Saudi Council of Senior Scholars (CSS) issued a resolution noting that they have taken note of authenticated medical reports pertaining to the pandemic, which were explained by the Minister of Health, who attended the CSS session dedicated to discussing the COVID-19 pandemic. The resolution added that these reports underscore the severity of the pandemic due to its rapid transmission, posing a threat to lives. The Minister emphasized that without comprehensive and extensive precautionary measures, the risk would significantly increase, highlighting gatherings as a major source of infection transmission (CSS 2020; al-Miḥmādī 2020, 662–663).

Regarding the second argument, reference was frequently made to the historical discussions about the scope of the political authority vested in the ruler, known by the classical term *waliyy al-amr*, signifying the head of the community. Contrary to a minority of scholars, the overwhelming majority of Muslim scholars agree that *waliyy al-amr* is fundamentally authorized to impose restrictions on certain practices in society. These practices are initially optional for the members of society because they fall within the category of religiously permissible (*mubāḥ*) acts. However, these practices be rendered either obligatory or prohibited by the ruler, provided that these restrictions are
intended to serve the public good. Within this framework, it was argued that the preventive measures enforced by the state to curb the COVID-19 pandemic exemplify initially permissible practices (such as mixing with people, traveling, and attending ceremonies) that the ruler can prohibit to achieve significant public benefits, such as safeguarding human lives and enhancing public health (al-Miḥmādī 2020, 644–661).

With the exception of reservations expressed by some individual scholars regarding the aforementioned suspension of congregational prayers and closure of mosques, it seems that proponents of this position would easily entitle state authorities to impose restrictions on almost any form of activity as long as it is judged by the government to be a threat to public health. According to some, such an extended scope of authority would even apply to the domain of religious rituals. For instance, contrary to the pre-modern perspective mentioned earlier by Ibn Ḥajar, some researchers have quoted opinions of early Muslim jurists, indicating that the ruler would have the right to mandate Muslims to perform special prayers or fasting on specific days as a spiritual measure that can help contain the pandemic (Ḥusayn 2020, 80, 86–89).

Some of the institutional fatwās expressed their position in unequivocal and bold terms, stressing that it is a religious imperative (wājib sharʿī) for everyone to adhere to the state-imposed restrictions strictly (CSS 2020a; IIFA 2020b; UCF 2020), and that violations constitute “a clear departure from the commands and judgments of God, and abandonment of Sharīʿa and its rules” (CSS 2020c).

3.10 Related Sources
Almost all the historical sources outlined in the “Historical Issues” section regained prominence with the outbreak of the COVID-19 pandemic. In addition to recently published editions of some works written by pre-modern scholars (ʿAtāʾ Allāh 2018; Ibn Ḥajar 2023), these classical sources have been extensively referenced and scrutinized in the modern studies outlined below.

Because of the relatively short time required to prepare them, the first responses to the urgent religio-ethical questions triggered by the COVID-19 pandemic assumed the form of religious advice (fatwās), especially those issued by national and transnational institutions. Among the national fatwā institutions actively contributing to these discussions were Hayʾat Kibār al-ʿUlamāʾ (Council of Senior Scholars) in Saudi Arabia (CSS 2020), Dār al-Iftāʾ al-Miṣriyya (House of Fatwā in Egypt) (ʿAllām 2020a; 2021b; 2021c), Hayʾat Kibār al-ʿUlamāʾ (Council of Senior Scholars) affiliated with al-Azhar in Egypt (CSS 2020a; 2020b), and Majmaʿ Fuqahāʾ al-Shariʿa bi-Amrīkā in the Assembly of Muslim Jurists of America (AMJA) in the United States of America (AMJA
Transnational institutions contributing to these deliberations included al-Majmaʿ al-Fiqhī al-Islāmī al-Dawli (International Islamic Fiqh Academy, IIFAI) based in Jeddah, Saudi Arabia, al-İttihat al-İlamî li-İllumâ’ al-Müslümin (International Union of Muslim Scholars) based in Doha, Qatar (IUMS 2020a; 2020b), and al-Ma’lîs al-Ürûbbî lil-Iftâ wa-l-Buḥûth (European Council for Fatwa and Research) based in Dublin in Ireland (ECFR 2020).

As part of the Digital Islamic Law Lab series initiated by the Program in Islamic Law at Harvard, Professor Adnan Zulfiqar of Rutgers University led the “Mapping COVID-19 Fatwas Project.” The project aims to create a comprehensive repository of fatwâs for scholars, policymakers, and individuals interested in Islamic perspectives on the pandemic. By August 2020, the project had gathered over 100 fatwâs from nearly 30 countries/regions, spanning various languages including Arabic, Urdu, Farsi, English, Turkish, and Indonesian (Bahasa) (Zulfiqar 2020).

In terms of research-focused studies, a few books were published shortly after the onset of the pandemic (Ibrâhîm 2020; Şabrî 2020), in addition to a number of MA theses and PhD dissertations (al-Manbijî 2016; Sarhî 2023). Islamic Studies journals have played an increasingly active role in these conversations, with thematic issues like the three-volume edition published in 2020 by Majallat al-Jam‘iyya al-Fiqhiyya al-Sũ’udiyya. Additionally, a growing number of individual articles, many of which are referenced in this article, have contributed to these discussions.

4 Thematic Issue

The articles published in this thematic issue share a common ground in exploring the ethical dimensions brought forth by pandemics, both historically and in the context of the COVID-19 outbreak. They bridge historical expertise with the lived experience of the COVID-19 pandemic, aiming to resurrect ethical considerations, leveraging standard discussions. This methodological aspect necessitates further study and contemplation within the field of Islamic ethics. Moreover, they unveil the ethical aspects of historical discussions surrounding plagues, contagion, and preventive measures. This highlights the existence of a multidisciplinary perspective in these discussions, aiding in drawing from Islamic tradition for current discourse, advancement, and evolution in the field of Islamic ethics as a whole and particularly in the ethics of pandemics. These articles also converge on discussing overarching issues like the clash of values during a pandemic, as well as more specific inquiries such as the ethical
dilemma of withdrawing ventilators due to resource scarcity and the question of permissibility to flee from a pandemic. Additionally, they touch upon the standards for handling the deceased dead bodies during pandemics, aligning health requirements with ethical duties to preserve the dignity of these bodies.

In “Can We Flee the Plague? A Theological, Moral, and Practical Issue in the Early Islamicate World,” Simon V. Pierre explores the recurring outbreaks of the first plague of Justinian (541–549 CE) in Early Islam, which persisted until its sudden disappearance around 132/749. Societies during this time grappled with crucial issues when faced with such epidemics: reconciling acceptance of destiny and safeguarding lives and societal structures, all while entertaining the belief that contagion was speculative and the disease itself was a divine punishment for sinners. Drawing from the archetypal plague of ʿAmwās (Emmaus, 17–18/638–639), the concept of fleeing was perceived as an act of disobedience to God’s will. To contextualize these Islamic perspectives and traditions, the analysis incorporates Syriac and Greek parallels that debate the wisdom of fleeing an infected area, as seen in Bar Penkāyē’s (fl. late first/seventh century) poignant portrayal of the 67/687 epidemic. The Islamic armies faced significant pestilence during their campaigns, interpreting these outbreaks as legitimate causes for martyrdom, while fleeing was condemned as desertion. Meanwhile, Anastasius Sinai (d. ca. 80/700) sought to comprehend how Arabia could be shielded from the mortality afflicting Palestine, concluding that not all plagues were supernatural punishments.

In “al-ʿAdwā wa-l-Iḥtirāz: al-Akhlâq al-Kalāmiyya wa-Taṣādum al-Qiyam fī Zaman al-Wabāʾ (Contagion and Preventive Measures: Theological Ethics and the Dilemma of Conflicting Values During the Pandemic),” Mutaz al-Khatib explores the intersection of Islamic theology and ethics as they relate to classical discussions on contagion and preventive measures. The article introduces three models that shed light on contagion’s complex nature within the Ashʿarī theological school. This reveals that reducing contagion solely to ethical subjectivism or voluntarism overlooks its diverse and intricate essence. It argues that while these discussions predominantly focus on theology, an ethical framework also exists, offering diverse perspectives that seemingly conflict when determining the paramount value to prioritize and safeguard during pandemics. Contagion has played a pivotal role in discussions about plagues, spanning various disciplines such as medicine, Islamic jurisprudence (fiqh), theology (kalām), Sufism, and ethics, encompassing both theoretical and applied considerations. Given the intricacies inherent in discussions on contagion and prevention, the article suggests an approach through “theological ethics,” aiming to address the moral dimensions within Islamic theology spanning from...
theoretical discourse to practical applications, as seen in instances like dealing with plagues. This exploration becomes pivotal in navigating the intricate intersections between theology and ethics amid these complex circumstances.

In “From the Plague to the Coronavirus: Islamic Ethics and Responses to the COVID-19 Pandemic,” Ayman Shabana delves into the ethical inquiries arising from the COVID-19 pandemic, exploring varied Muslim responses to this global crisis. The focus is on ethical considerations surrounding the primary measures adopted to combat the disease, categorized into preventive and therapeutic actions. Moreover, the paper examines protocols for respectfully handling deceased patients’ bodies in accordance with Islamic norms. These discussions are rooted in classical normative discourses, particularly emphasizing the historical contexts of plagues and medical treatments. Shabana’s argument revolves around Islamic responses to the Covid-19 pandemic, revealing an enduring moral concern within Islamic normative traditions. This concern involves balancing the religious and metaphysical aspects of scriptural sources with the practical implications of real-life pandemics. Additionally, it highlights the need to weigh individual interests against the collective interests of larger groups and societies during pandemic situations.

In “Aligning Medical and Muslim Morality: An Islamic Bioethical Approach to Applying and Rationing Life-Sustaining Ventilators in the COVID-19 Pandemic Era,” Aasim I. Padela, Mansur Ali, and Asim Yusuf delve into one of the ethical dilemmas raised by the COVID-19 pandemic, prompting a reexamination of long-standing ethical questions regarding pandemic management, equitable resource allocation, and end-of-life preparations. Their contribution to these discussions focuses on the use of mechanical ventilation in treating COVID-19 patients. The article specifically addresses key queries: When is it acceptable for Muslim patients or their families to opt out of mechanical ventilation? Under what circumstances can Muslim clinicians justify withholding or withdrawing mechanical ventilation from patients? And, for policymakers, is there an Islamically justifiable framework for distributing mechanical ventilation when resources are scarce? Through Islamic bioethical analyses, the authors merge biostatistical data and social contexts with ethico-legal constructs, bridging biomedical knowledge with the principles of Islamic jurisprudence. Their analysis reveals that forgoing mechanical ventilation aligns with Islamic principles for Muslims, provides several conditions allowing Muslim clinicians to justify withholding or withdrawing mechanical ventilation, and proposes multiple policy frameworks for ventilator allocation that align with Islamic principles of justice.
In “Islamic Ethics and the COVID-19 Pandemic: A Report on an Interdisciplinary 2020 Summer School,” Khalid Elzamzamy presents a report detailing a summer school designed to equip graduate students with the essential tools for examining pandemic-related inquiries from an Islamic perspective. Titled “Islamic Ethics and the Covid-19 Pandemic,” this summer school was co-organized by the Center for Islamic Legislation and Ethics (CILE), Qatar, and the Leuven Centre for the Study of Islam and Society, Belgium, held from 9 to 12 August 2020. The report aims to offer an overview of the school’s discussed topics and highlights numerous references that can be explored for further information on the subject matter.

5 Concluding Remarks: Critical Insights and Future Prospects

The COVID-19 pandemic has been global in almost every sense, with an impact encompassing the realms of medicine, socio-politics, and economics for nearly all inhabitants of our planet. We contend that this inherently global nature of the pandemic should be duly acknowledged in moral discourse. A pivotal lesson arising from this crisis is the imperative for ethicists worldwide to exercise epistemic humility, recognizing the need to be attuned to a wide array of perspectives rooted in diverse moral traditions. Engaging in critical and constructive conversations with one another becomes essential.

In the concluding section of this introductory article, we delineate two primary analytical and critical observations. The first, pertaining to the issue of interdisciplinarity, explores how the global discourse on pandemic ethics can become more inclusive and comprehensive. The second observation specifically centers on the Islamic discourse, outlining areas where improvements can be made on specific fronts.

Since the onset of the pandemic, prestigious journals specializing in science and medicine, such as the New England Journal of Medicine, Nature, Science, and Lancet, have opened their platforms to ethical perspectives authored by specialists in biomedical sciences and ethics. They have predominantly made their content available via open access to ensure widespread dissemination of information worldwide. Well-established academic journals affiliated with European and US-based institutions, particularly those with interdisciplinary research interests spanning biomedical sciences and ethics, have dedicated thematic issues to address the questions arising from the pandemic. Additionally, a substantial number of individual articles have been published. Notable examples include the Kennedy Institute of Ethics Journal and the American Journal of Bioethics.
On one hand, publications from Western academia offer valuable insights into complex and ethically challenging issues, providing benefits to researchers worldwide regardless of their religious background or the moral tradition in which they specialize. Regrettably, the publications examined in this article, which focused on examining authoritative sources in the Islamic tradition, reveal a limited engagement with these insights. Many of the topics discussed in the aforementioned journals, particularly those related to scientific research ethics, are noticeably absent from works focusing on Islamic perspectives.

More importantly, the monodisciplinary approach that exclusively concentrates on internal Islamic discussions regarding state-imposed preventive measures has, at times, led to nearly unconditional and uncritical support for any restrictions imposed by governmental authorities. Integrating perspectives from the aforementioned journals could have facilitated a more critical examination of these issues, fostering more robust reasoning still rooted in the Islamic tradition but open to insights from other moral traditions.

As an illustrative example, authors in a thematic issue of the aforementioned Kennedy Institute of Ethics Journal also discussed state-imposed preventive measures, but using terms such as “severe restrictions on citizens’ civil, political, and economic liberties,” “restrictions of citizens’ basic liberties,” and “mass suppression of freedom of movement and association.” They stressed that the newly imposed measures exceeded the less controversial and less demanding social distancing approaches witnessed in prior epidemics. Framing the issues in this manner, the authors argued that governments failed to meet the justificatory burdens necessary to legitimize such invasive restrictions. The rationale behind this assertion was that authorities relied on flawed data and models, lacking other forms of evidence essential for justifying such extensive restrictions (Winsberg et al. 2020). It is worth noting that, as outlined above, the Islamic deliberations on this issue notably lacked a critical examination of the scientific information and data provided by governmental authorities.

This example underscores the significance of the moral framing applied to the issues at hand and the resulting justificatory burdens necessitated by the advocates of a specific perspective. The authors in question framed the discussion using terms related to individuals’ basic rights, liberties, and constitutional rights. This framing implies that restrictions on these rights would require more robust and stringent justificatory burdens compared to the framing adopted in Islamic perspectives. The latter employs language referring to optional activities that are considered “religiously permissible”. In addition to addressing the uncritical acceptance and endorsement of scientific and medical data from governmental authorities, one may contemplate how Islamic perspectives on state-imposed preventive measures would evolve if the framing
shifted toward a rights-based dichotomy distinguishing between the rights of God (ḥuqūq Allāh) and the rights of people (ḥuqūq al-ʿibād).

On the flip side, Western deliberations and resulting publications are primarily rooted in secular frameworks, often treating religious concepts and modes of reasoning as alienated elements that don't align with the public discourse in secularized societies. This partially accounts for the limited engagement with ethical challenges related to religious rituals, some of which are detailed in this introductory article and in this thematic issue, within mainstream Western publications. If these publications are intended exclusively for Western societies, they fail to resonate with significant segments of these societies whose moral perspectives are grounded in non-secular traditions such as Islam, Christianity, and Judaism. Conversely, if these writings aim to reach a broader global audience, they overlook the reality that many societies worldwide are not secularized, and religious values form an integral part of public moral discourse in these communities.

The pandemic underscored the importance of issues like practicing religious rituals, which were once approached as part of certain groups' specific morality, or the so-called particular morality. In the context of the COVID-19 pandemic, these issues should be part of a broader conversation because the conduct of these religious groups has an impact on global public health, extending beyond the confines of their religious communities or national boundaries.

Given this backdrop, we contend that a genuinely global moral discourse, particularly concerning pandemic ethics, should not solely rely on one single moral tradition, whether secular or religious. Instead, it should be built on interdisciplinary conversations that seriously and critically engage with perspectives rooted in various traditions.

Focusing on Islamic discussions on pandemic ethics and the lessons to be learned, an initial note is due on the methodological aspects. In general, modern Islamic ethical discourse, spanning various applied fields such as bioethics, environmental ethics, and political ethics, often lacks methodological rigor and, at times, clear methodology. The Islamic discourse on the COVID-19 pandemic, by delving into parallel discussions on earlier pandemics, sets a commendable example of how contemporary ethical deliberations can benefit from enhanced historical awareness and rootedness in the rich Islamic tradition. Nevertheless, akin to many other applied fields, it is not always evident how judgments on practical issues are connected to and synchronized with well-articulated and robust theoretical foundations. Apart from limited and scattered methodological insights regarding the proposed fiqh al-ṭawāri’ī (jurisprudence of emergency), which appears to combine elements like legal
maxims and higher objectives of Sharīʿa, a governing methodology that consistently addresses all relevant applied issues is still lacking.

Expanding on the earlier observation regarding the question of interdisciplinarity, it becomes apparent that researchers in Islamic Studies urgently need to venture beyond their comfort zones and engage with perspectives that extend beyond the conventional scope of their field. This deficiency was particularly evident when addressing the ethical questions arising from state-imposed preventive measures. Almost all fatwās and research papers consistently employ the pre-modern term waliyy al-amr, originally signifying the individual leader of the Muslim community, to refer to modern governmental authorities within a much more intricate and multi-layered political system. This issue is conspicuous in some papers to the extent that author quotes the fifth/eleventh-century scholar al-Māwardī (d. 450/1058) to define what waliyy al-amr in his paper (al-Miḥmādī 2020, 641). To make morally significant distinctions between the pre-modern political system in which waliyy al-amr operated and the modern system to which governmental authorities belong, it is imperative to engage with works from modern fields such as political sciences and political ethics.

Similarly, the absence of a thorough examination of the psychological and mental health repercussions, at least partially correlated with state-imposed preventive measures, should be seen in the context of the limited knowledge of modern fields like mental health and psychology among contemporary researchers in Islamic studies.

References


## Appendix 1: Overview of Key Ethical Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Relevant Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical Issues: Early Pandemics</td>
<td></td>
</tr>
</tbody>
</table>
| * Etiology of pandemics  
  – Medical (miasma theory) or metaphysical (the invisible beings of the *jinn*) | * Hadith commentaries: Scholarly commentaries on canonical collections of Prophetic traditions compiled by well-known traditionists like al-Bukhārī (d. 256/870) and Muslim (d. 261/875) (Ibn Ḥajar 1959; al-Nawawī 1972). |
| * Theodicy and divine wisdom  
  – Theoretical discussions: different possibilities, including punishment, blessing and mercy.  
  – Practical: Coping mechanisms aligned with virtues rooted in the Islamic tradition and appropriate conduct of religiously and ethically committed Muslims who had to live with the repercussions of plagues, including the loss of beloved ones. | * Dedicated treaties, usually of strong interdisciplinary character, written by authors with specialization or strong background in different areas, including religious scholarly disciplines, literary genres, history, and medicine.  
| * (Non)contagious nature of the disease | * Discrete perspectives expressed by religious scholars in different works that belong to broader genres or disciplines  
| * Medical and/or spiritual treatments of the disease.  
 * Limiting individuals’ movement freedom, e.g., not getting in out of plague-stricken areas, isolation and quarantine |
COVID-19 and Pandemic Ethics in the Islamic Tradition

(Cont.)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Relevant Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Methodological Aspects: usually in modified and recontextualized forms.</td>
<td>* Historical sources:</td>
</tr>
<tr>
<td>* Historical Issues</td>
<td>* Religious advice (fatwās), issued national and transnational institutions, and by individual religious scholars</td>
</tr>
<tr>
<td>– Revisited: fiqh al-ṭawārī’ (jurisprudence of emergency)</td>
<td>* Research-focused studies</td>
</tr>
<tr>
<td>* Congregational Rituals:</td>
<td>– Books</td>
</tr>
<tr>
<td>– Obligatory congregational prayers, Friday prayer, and Eid prayers</td>
<td>– MA theses and PhD dissertations</td>
</tr>
<tr>
<td>– Closure of the mosques</td>
<td>– Journal thematic issues</td>
</tr>
<tr>
<td>* Rituals during the month of Ramaḍān</td>
<td>– Journal individual articles</td>
</tr>
<tr>
<td>– Fasting</td>
<td></td>
</tr>
<tr>
<td>– Night prayers (tarāwīḥ)</td>
<td></td>
</tr>
<tr>
<td>– Obligatory charity (zakāt) and financial issues</td>
<td></td>
</tr>
<tr>
<td>– Expediting the time of zakāt payment</td>
<td></td>
</tr>
<tr>
<td>– Recipients of zakāt money</td>
<td></td>
</tr>
<tr>
<td>– Lease contracts</td>
<td></td>
</tr>
<tr>
<td>* Death rituals</td>
<td></td>
</tr>
<tr>
<td>– Ritual washing (taghsīl) of the deceased</td>
<td></td>
</tr>
<tr>
<td>– Shrouding the dead body (takfīn)</td>
<td></td>
</tr>
<tr>
<td>– Funeral prayer (ṣalāt al-janāza)</td>
<td></td>
</tr>
<tr>
<td>– Burial (dafn)</td>
<td></td>
</tr>
<tr>
<td>* Vaccination</td>
<td></td>
</tr>
<tr>
<td>– Framing through the realm of medical prevention (wiqāya) and treatment (tadāwī)</td>
<td></td>
</tr>
<tr>
<td>– Responses to concerns about the use ritual impure materials (mawādd najīsa)</td>
<td></td>
</tr>
<tr>
<td>– Overall religio-ethical judgement of vaccination: permissible, recommended, prohibited, obligatory on individual basis, obligatory on collective basis.</td>
<td></td>
</tr>
<tr>
<td>Issue</td>
<td>Relevant Sources</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| * Triage: suggested guiding principles                               | – The sanctity of human life should be indiscriminately respected  
– Acts are judged by their goals and purposes  
– Harm shall not be eliminated by equal or greater harm  
– The principle of the lesser harm/evil  
* Preventive measures imposed by state authorities: justified on the basis of two main arguments:  
– serving a public good, viz, saving human lives and improving public health, as confirmed by healthcare authorities  
– State authorities’ entitlement to restrict the scope of certain permissible practices to serve the public good. |

Appendix 2: An Extended Bibliography on Islam, Pandemics, COVID-19 and Morality


