



Islamic Ethics and Responses to Covid-19 Pandemic

Muhammad Abdulqadir¹ and Fadimatu Bobboji²

¹Department of Islamic Studies, Federal College of Education, Yola

²School of Arts and Social Science, Department of Islamic Studies, Federal College of Education, Yola
muhammadabdulqadir36@gmail.com¹, fadimatubobboji@gmail.com²

Abstract

This paper examines some of the important ethical questions that emerged in connection with the COVID-19 pandemic in light of the various Muslim responses to this global emergency. It focuses on the ethical discussions concerning the main measures that have been taken to fight the disease, which can be divided into two main categories: preventive and therapeutic. The paper also addresses measures taken to handle the dead bodies of deceased patients in a proper and dignified manner, according to relevant Islamic norms. The paper traces the background of these discussions in classical normative discourses, with a particular focus on the issue of the plague and also the issue of medical treatment. The paper argues that Islamic responses to the Covid-19 pandemic echo a longstanding two-pronged moral concern in the Islamic normative tradition with regard to pandemic situations; namely, to balance: the religious and metaphysical dimensions of the scriptural sources with the practical implications of real incidents of plagues and pandemics; and the interests of individuals against the collective interests of groups and societies.

Keywords: bioethics, Coronavirus, Islamic law and ethics.

1. Introduction

The outbreak of the Coronavirus in the early months of 2020 proved to be one of the most transformative events in the modern period. It was first detected in China in December 2019, where several cases of unusual pneumonia were discovered in the city of Wuhan. On January 7, health officials linked these cases to a newly identified virus that belongs to the family of Coronaviruses, which was named COVID-19 (short for coronavirus disease 2019). China reported its first death as a result of the new virus on January 11 and the second on January 17, as the disease started to spread quickly outside China in the following days. The World Health Organization urged governments to take appropriate measures to fight the disease in the middle of global anxiety over the steadily increasing numbers of positive cases. The international organization eventually designated the COVID-19 outbreak a pandemic on March 11 (WHO 2020a; Taylor 2020).

Pandemics constitute a prominent theme in world history, considering the massive and multifaceted impact that such incidents have had both at the individual and collective levels. The most famous example of pandemics in the pre-modern period was the plague, which repeatedly struck most of Europe and the Near East in successive waves across the centuries. Historians usually refer to three main plague pandemics, with subsequent recurrences, in different regions: the Plague of Justinian, in mid-sixth century; the Black Death, in mid-fourteenth century; and the Bombay Plague, in the late nineteenth century, Dols, (1974).

This paper investigates some of the important ethical questions that emerged in connection with the COVID-19 pandemic in light of the various Muslim responses to this global emergency, mainly in the form of individual or collective fatwas as well as other types of normative institutional statements. It focuses on the ethical discussions surrounding some of the main measures that have been taken to fight the disease. In general, these measures can be divided into two main categories: those that aim at preventing the



occurrence of the disease such as lockdown, quarantine, and social distancing mechanisms; and those that aim at treating individuals who have already contracted the disease. To these a third category is added, which includes measures that aim at ensuring appropriate and dignified handling of the dead bodies of individuals who died as a result of the disease.

2. Plagues and Pandemics in Islamic Tradition

In Arabic the term for the plague (ta'un) is derived from the origin that denotes piercing with a sharp tool or weapon such as an arrow. The term is also used to describe a situation involving the death of many people as a result of a common disease, which explains its connection with the term waba'. While ta'un is mostly reserved for the plague, the more generic term waba' is usually used to denote an epidemic, especially one of large-scale impact. Occasionally, however, these two terms were also used interchangeably as synonyms. This is mainly because whenever plagues erupted, they often resulted in a large number of victims, Conrad (1982).

Islamic historical sources are replete with references to a series of plagues that hit different regions at different times. Also, the ethical literature that emerged in connection with plague pandemics often traces the main incidents of these pandemics in different period of Islamic history. For example, al-Nawawi (D. 676/1277) lists five main plagues during the early period of Islam.

- i. The first occurred during the lifetime of the Prophet in the city of al-Mada'in in Iraq in the year 6/627–628, which is known as the plague of Shirawayh.
- ii. The second was the famous plague of 'Amwas during the reign of 'Umar (R. 13–23/634–44) in the year 18/639, which killed about 25000.
- iii. The third occurred during the time of 'Abd Allah ibn al-Zubayr (R. 64–73/683– 692) in the year 69/688, which is known as the sweeping plague (al-ta'un al-jarif). It is reported that for three days during this plague pandemic, about 70,000 people died each day.
- iv. The fourth occurred in Iraq and Syria in the year 87/706, which is known as the plague of the girls (al-fatayat) because most of the victims were young girls.
- v. The fifth plague pandemic occurred in the year 131/749 (al-Nawawi 1929, 1:106; Ibn Hajar n.d., 361–370).

3. Overview of the Islamic Responses to the COVID-19 Pandemic

Numerous normative pronouncements have been issued throughout the Muslim world to answer the various questions that emerged since the beginning of the epidemic in early 2020. This already sizeable literature of normative pronouncements shows the wide range of moral questions that occupied Muslim religious scholars and ethicists as the disease quickly turned into a global public health crisis, with ramifications touching every aspect of people's lives. These pronouncements include individual as well as collective fatwas, institutional statements (by both national and transnational institutions), and professional guidelines and recommendations, Sabri, (2020). While some fatwas concentrated on a single issue such as prayer, others addressed multiple issues. Major fatwa institutions have also convened special joint meetings between the jurists and medical experts to discuss pressing questions associated with the various medical concerns that the pandemic triggered. Due to the difficulty of covering the full scope of the normative literature that has been generated, this paper will concentrate mainly on two meetings as illustrative examples:

- A. The first was convened by the International Islamic Fiqh Academy of the Organization of Islamic Cooperation (IIFA) on April 16 (IIFA 2020a); and the second was hosted by the European Council for Fatwa and Research (ECFR) between March 25–28 (ECFR 2020a, 2020b). The concluding statements of these two meetings reveal the range of issues that the participants addressed and the adopted



recommendations show that they aimed to cover the various juristic, medical, and public policy dimensions of the COVID-19 pandemic. These two statements have been chosen for more than one reason. The first is their relatively comprehensive thematic scope, as they both cover most of the issues that have been addressed in individual or specific fatwas.

- B. The second is their broad geographic scope. While both institutions are often classified as transnational or international, they tend to address different segments of the global Muslim population. IIFA, as one can judge from its members and participating scholars, addresses mainly Muslims in Muslim-majority regions. On the other hand, ECFR, as its name suggests, addresses Muslims in minority setting in the West in general and in Europe in particular.

Other reasons also have to do with collective institutional fatwas as compared to individual ones. For example, collective fatwas tend to include more diversity than individual fatwas. Also, when it comes to certain issues that require technical expertise, collective fatwas often incorporate the opinion of subject-matter experts. This, however, does not mean that these two statements are exhaustive in terms of the range of religio-moral questions that have been raised in connection with the COVID-19 pandemic or that they represent all the opinions that have been articulated by different Muslim authorities. But, for the purpose of this paper, they offer a representative sample of opinions on some of the main questions that the pandemic has triggered.

To begin with, and in terms of structure, each of these two statements has its own distinctive features. While the IIFA statement is formulated as a statement that includes a number of (24) bullet points, the ECFR is formulated as a single document that comprises multiple fatwas. It should be noted that the ECFR held a subsequent meeting in April to follow up on the earlier meeting that was held in March. The total number of fatwas that were issued in these two meetings is 34:1–22 in the first (ECFR 2020a); and 22–34 in the second (ECFR 2020b). Both meetings reflect a significant effort to integrate verified scientific information about the disease that the virus causes and how to limit its transmission through the participation of medical experts representing a number of relevant specialties. The two statements that were issued after these meetings include introductions on relevant medical (IIFA) and theoethical (ECFR) background information. For example, the IIFA begins with an overview of the disease, its characteristics, and symptoms. It highlights two main points:

- i. The highly infectious nature of the disease that the virus causes (therefore the importance of avoiding exposure through social distancing and maintaining personal hygiene routines);
- ii. And the incomplete or evolving nature of scientific research on this new virus, which defied efforts to understand or combat the disease. On the other hand, the ECFR statement begins with a synopsis of the Islamic view of plagues and epidemics.

4. Preventive Measures

A quick survey of the normative Islamic literature that was generated in response to the COVID-19 pandemic reveals that the major bulk of this literature addresses the preventive measures that should be undertaken in order to minimize exposure to the virus. These preventive measures aim to limit or, to the extent possible, prevent social gatherings or collective interpersonal interactions involving any type of physical contact. From a religious perspective, these measures affect almost all the Islamic ritual acts, particularly congregational prayers. Other similar questions were raised about the possibility of suspending pilgrimage to the holy shrines in Mecca and Medina in light of the travel restrictions that were imposed to prevent mass transmission of the disease. Apart from this concentration on the impact of the pandemic on ritual prayer and pilgrimage to the holy shrines, there were also questions about the other ritual pillars of Islam: fasting and charity. For example, some questions were raised about whether the pandemic can be considered a valid excuse for not observing the ritual fast during the month of Ramadan. Similarly, some questions were raised about whether the pandemic can provide enough justification to pay the annual ritual



charity in advance in order to assist those in need, especially those who have been adversely affected by the pandemic.

Most of the fatwas and statements that were issued in connection with the outbreak of the Coronavirus concentrated on its impact on holding congregational prayers in mosques. One of the earliest examples was the statement that was issued by al-Azhar's Senior Scholars' Assembly on March 15, which was dedicated mainly to this question, as evident from its title "permissibility of suspending Friday and congregational prayers for the purpose of protecting people from the Coronavirus" Sabri, (2020). The fatwa encourages people to follow public health instructions and guidelines in order to limit the circulation of the virus. Finally, the fatwa concludes by urging people to increase their good deeds, provide assistance to the sick and the needy, and to turn to God in prayer by imploring Him to lift this disease.

A similar statement on the permissibility of suspending Friday and congregational prayers was issued by the Senior Scholars' Assembly in Saudi Arabia on March 17 (Sabri 2020, 16–18). In support of this view, the fatwa does not only cite Prophetic reports, but also relevant Qur'anic verses. While the fatwa by al-Azhar's Senior Scholars' Assembly invokes the notion of the higher objectives of Shari'ah, the Saudi statement cites specific Qur'anic references emphasizing the importance of protecting one's life (Q 2:195; 4:29).

Pilgrimage to the holy shrines in Mecca and Medina was the other main ritual practice, after prayer, that was heavily impacted by the preventive measures to fight the Coronavirus. In light of travel bans and limitations to freedom of movement, many questions were raised over whether the annual pilgrimage to the holy shrines would still be held. For example, the ECFR statement includes a fatwa answering a question about the possibility of postponing pilgrimage last year, assuming that the pandemic would continue until the time of the Hajj season and that travel would be possible (fatwa no. 31). The fatwa emphasizes the point that the obligation to perform pilgrimage to the sacred shrine in Mecca is predicated on the conditions of ability (*qudra*) or feasibility (*istita'a*), which includes three main elements: physical health, financial means, and absence of impending dangers that may threaten one's safety or life. The fatwa indicates that if pilgrimage is suspended due to concerns over the transmission of the infection, it will be permissible to postpone the performance of this act of worship until the following year.

Apart from these implications on Islamic ritual practices, the normative pronouncements that were generated in response to the pandemic tend to reinforce the preventive measures that have been suggested by medical experts as well as public health authorities. This is particularly the case in the statements that were issued after joint deliberations between Islamic religious scholars and medical professionals, as is the case with the statements by IIFA and ECFR. For example, the IIFA statement clearly notes that governments can impose all necessary restrictions that aim to benefit the general public (point 4). This may include procedures such as travel bans, limiting the circulation of cash notes or coins, suspension of educational activities, and closure of shopping venues. This would also include the imposition of lockdowns as well as necessary social distancing procedures that aim to prevent or minimize exposure to the virus. The justification provided here is the legal maxim indicating that the ruler's (government) authority on the ruled is tied to the achievement of utility, especially at the public or collective level (al-Suyuti 2004, 1:278; Ibn Nujaym n.d., 131–132).

Preventive measures include the isolation of those who are already infected and also those who had contact with them. The IIFA indicates that imposition of quarantine in these cases is obligatory in order to prevent the transmission of the virus. Moreover, the statement notes, it would be impermissible for infected individuals to conceal this information either from authorities or from family members. Those who fail to do so can be subjected to a discretionary penalty. According to the statement, infected individuals who act carelessly should be reported to the authorities to ensure that proper procedures are implemented (point 6).



The ECFR statement also emphasizes the importance of adhering to quarantine and lockdown procedures in infected areas.

4.1 Therapeutic Measures

One of the important steps in charting an effective therapeutic plan for the disease, which has often been reiterated both in the medical and normative instructions, is the development of a mature and balanced attitude towards the pandemic, one that avoids both careless underestimation of its risks but also unnecessary exaggeration of its dangers. Such attitude would require proper understanding of the nature of the disease on the basis of reliable and trusted sources. For example, the IIFA statement denounces the circulation of inaccurate information and rumors that instill fear and anxiety. It emphasizes the importance of educational efforts to raise awareness about the virus and the diseases it causes, which should also reassure the public and reinforce hope and optimism. It recognizes that the most important resource in the fight against the pandemic is the immunity system and that its health depends on biological as well as psychological factors, which together contribute to one's overall well-being (point 16).

While taking necessary precautions to limit the spread of the pandemic is important in general whether in the implementation of preventive or therapeutic measures, ethicists advise against panicking or exaggerated emotional reactions. Multiple news reports show how extreme fear of or obsession with the disease can lead to various forms of bullying against vulnerable patients fighting the disease, their families, or even improper and disrespectful attitudes towards the bodies of deceased COVID-19 patients. The ECFR statement includes a fatwa that warns against all forms of bullying against Coronavirus patients and their families, particularly within the medical or clinical setting. It draws a distinction between taking necessary precautions on the one hand, and showing extreme aversion towards patients and loathing them, on the other. Even if one cannot provide necessary care or help, one should at least show kindness and empathy (fatwa no. 11).

4.2 Handling of Dead Bodies

One of the important, and perhaps distinctive, aspects of the Coronavirus pandemic, and of pandemics in general, is the increased rate of fatality. Apart from the severe social and psychological toll of the loss in human life, the high rate of death cases creates added pressure on health as well as other designated facilities, to secure the necessary resources to ensure proper and dignified handling of the dead, as expected in normal circumstances. In this respect, the changing conditions of life under the pandemic affect the deceased as much as they affect the living. News reports, particularly from countries that witnessed relatively higher percentages of infection and death cases, were replete with deplorable details showing how the COVID-19 pandemic created additional complexities for the victims and deprived their family members from being together with them at the last moments of their lives. As a worker in a funeral home in Italy put it: "This pandemic kills twice. First, it isolates you from your loved ones right before you die. Then, it does not allow anyone to get closure" (Bettiza 2020).

In the face of the rising numbers of death cases and the various complexities that this situation may cause, safety becomes the highest priority and governments often devise specific protocols to meet the need to dispose of dead bodies in efficient, yet (religiously) appropriate ways. From an Islamic perspective, and in light of the specific rules concerning the handling of dead bodies, a significant portion of the normative literature that was produced in response to the Coronavirus pandemic, was dedicated to this topic. In general, the issue of funerals (*al-jana'iz*) includes several points such as washing, shrouding, prayer, burial, and also consolation etiquettes. The IIFA statement indicates that washing and shrouding of the dead body is obligatory. However, if washing becomes unfeasible, sprinkling of water would be sufficient, otherwise, the obligation to wash the body can be substituted by dry ablution with dust (*tayammum*). If this also becomes difficult, this requirement can be dropped and preventive health procedures should be followed. The same can also be observed with regard to shrouding (point 13). The statement also points out the possibility that washing of dead bodies in these cases may be undertaken by remotely-controlled devices if



proper rules are implemented, should such devices become available. The statement urges Muslim technical experts to work on the development of these tools. Similarly, the ECFR statement includes a fatwa on this issue, which gives preference to the view that the dead bodies of individuals who died because of the Coronavirus can be buried without washing or even dry ablution, in order to minimize chances of infection through direct contact with the body of the deceased person.

According to this fatwa, achieving the interest of those who are living, by protecting their life, takes priority over observing the rules pertaining to washing the bodies of those who have died. Moreover, the communicable nature of the disease would require special training on how to avoid the transmission of the infection, which might not be available to those undertaking this procedure. In these circumstances, the dead body can be buried in the body bag or casket, within which it was placed in the hospital, after the offering of the funeral prayer. The funeral prayer is a collective duty, which can be performed by those who are present and able but it can also be performed in absentia, either individually or in congregation (fatwa no. 19).

5. Conclusion

The Coronavirus pandemic has created one of the most serious public health crises in recent history. Within a few weeks of its emergence in China, it spread all over the world and left its impact on all aspects of people's lives. The high rate of infection has increased pressure on medical resources and services, and intensified demand for basic medical supplies. For the current generation, the pandemic has brought to memory the legacy of major pestilences both in the pre-modern and modern periods. Islamic ethical deliberations on the Covid-19 pandemic build on an existing tradition that emerged in connection with preceding incidents of epidemics, especially those associated with the plague. This tradition began with commentaries on specific references in the Islamic foundational sources, which eventually developed into detailed and systematic discussions across the various genres of the normative tradition including theology, jurisprudence, and mysticism. What is remarkable about this tradition is its continuous evolution in light of the recurrent episodes of epidemics, which made ongoing interpretation and reinterpretation necessary. The example of contagion illustrates this process of ongoing construction, as competing Prophetic reports have usually been reconciled in order to remove seeming contradictions – in line with a more active rather than passive or fatalistic attitude towards pandemics.

Islamic responses to the Covid-19 pandemic, therefore, should be situated within this ongoing and evolving ethical tradition, deriving from both normative and empirical sources. These recent responses also reflect important changes and transformations that the Islamic normative discourses have undergone in the modern period. As the two statements issued by the IIFA and the ECFR manifest, the authority structure in the modern period has been reconfigured to give more room for collective deliberations and institutional interdisciplinary formulations. Moreover, these statements reveal the extent to which increasingly normative pronouncements integrate modern scientific medical knowledge and also how much religious scholars collaborate with public health authorities, at the local and global levels. In other words, as much as these statements build on the extended Islamic moral tradition, they also strive to fulfill the necessary conditions for the “continuing relevancy” of the tradition, as the late historian Marshal Hodgson put it, by seeking to meet the needs of contemporary Muslims and to address their emerging questions, Hodgson, (1977).

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