

Editorial

Immunisation from the perspective of Maqasid Shari'ah

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The *Maqasid Shari'ah* is the highest objectives of the *Shari'ah* (Islamic Law). As the true and authentic compass of the entire corpus of Islamic legal prescriptions, the *Maqasid Shari'ah* defines the cardinal purposes of the Muslim's individual, societal, national and global life experiences.

The higher objectives of the *Shari'ah* is the promotion of the common good and benefit (*jalb al-masalih*) and the prevention and protection from harm (*dar' al-mafasid*)¹.

It is these higher objectives of *Shari'ah* that dictate the Muslims' participation in civil society, political governance, health-related programs and similar activities in their mutual quest for *rahmah* (mercy), *adl* (justice) and *falah* (success) in the worldly life for all mankind.

The success of humans is reflected in the well-being of society which is nurtured and protected by the comprehensive preservation of the five essentials in human life, namely faith and morality (*deen*), life (*nafs*), intellect (*'aql*), progeny (*nasl*) and wealth (*mal*)².

Three of the priorities of the *Maqasid Shari'ah* are directly related to health, while the first (faith and morality) and the fifth (wealth) are indirectly but intimately associated.

This implies that in the realm of medicine and healthcare, any health intervention program must lead towards a healthy and morally upright being, prevent premature and inappropriate deaths, protect from intellectual and physical disabilities, promote safe reproduction, proliferation of the human progeny and is cost-effective.

Allah says in Surah Al-Maidah; 5:32:

"And if anyone saved one life, it would be as if he had saved mankind entirely"

Embodied in the *Maqasid Shari'ah* are a few cardinal principles in relation to medicine and healthcare. These include the close interplay of the concepts of:

1. *Adl wa-Ihsan* (justice with fairness and mercy)
2. *Islah* (continuous transformation towards the society's well-being)
3. *La Darara wala Dirara* (non-maleficence and beneficence)

4. *Amanah* (individual autonomy) and *Maslahah Ammah* (public interest and benefits)

1. *Adl wa-Ihsan*

Justice with fairness and mercy is reflected in the Quranic message that orders both *adl* and *ihsan* to be executed in tandem in all aspects of human life. (Al-Qur'an 16-90)

"Allah commands doing justice, doing good to others, and giving to near relatives, and He forbids indecency, wickedness, and rebellion: He admonishes you so that you may take heed."

The World Health Organization, WHO's Expanded Program of Immunisation (EPI) is a relatively inexpensive intervention but yet a powerful equalizer of the inequities that exists between children the world over.

Towards addressing equity in global child health, if all of the basic vaccines in the EPI program (eg DTP-IPV-Hib, MMR, TB) and more of the newer vaccines (Rotavirus and Pneumococcal) is made available to the developing countries, there is an opportunity to save more lives and preventing disabilities.

It would contribute towards 25% reduction of the United Nations' Millennium Development Goal 4 (MDG4) whose endpoint is improving the survival of children and decreasing the Under 5 mortality by 2/3³.

2. *Islah*

The perpetual and unrelenting efforts of man (*islah*) to combat and conquer the ravages of infectious diseases has been rewarded with the many successes in the global immunization program. Since the advent of the small pox vaccine in 1796, the world has since witnessed the eradication of this deadly and debilitating disease in 1980. The world is now virtually free of polio, which is presently endemic in only two countries in the world⁴. The WHO is now up-scaling strategies towards the elimination of both measles (M) and rubella (R) with their successful MR immunization program.

This transformation (*islah*) towards the eventual eradication and elimination of vaccine preventable diseases (VPD) via the global Expanded Program of Immunisation (EPI) is a cardinal principle of the *maqasid shari'ah*. And Muslims who oppose the

immunization programs needs to reconsider their basic premises and arguments or provide their *hujjah* (evidence) if they still persist otherwise.

Allah says in the Quran, Surah Yusuf, 12:108;

Say: This is my way; I call to Allah, I and those who follow me being certain, and glory be to Allah, and I am not one of the polytheists.

3. *La Darara wala Dirara*

The principle of non-maleficence asserts an obligation not to inflict harm intentionally. The obligation to avoid any kind of harmful actions were indicated by many verses of the *Qur'an*. One of the verses read:

“... make not your own hands contribute to (your) destruction...”

(*Al-Baqarah*: 195)

The Hippocratic oath asserts “first do no harm”. We act in ways that don't cause needless harm to others, that is we take ‘due care’.

The principle of beneficence potentially demands more than the principle of non-maleficence, because as health care providers (HCP), we must take positive actions to help others, not merely refrain from harmful acts.

Immunisation satisfies all the pre-requisites of the principle of beneficence because it benefits the general health and welfare of children. The global burden of Under-5 deaths was 8.8 million in 2008 ⁵. Muslim countries contributed 40% of the Under-5 deaths in the world. Approximately 2.5 million deaths are prevented and 750,000 children are saved from disabilities every year by the global immunisation program. Apart from preventing and removing the sources of harm which are the vaccine preventable diseases, immunisation has been shown to improve the IQ and other cognitive functions namely language and mathematics scores.

Any medical intervention is bound to be associated with some degree of risk. The potential adverse effects of immunisation must be carefully weighed against the individual, societal and economic benefits accrued from World Health Organisation's (WHO) Expanded Program of Immunisation (EPI).

It is not logical to avoid any form of medical intervention solely to avoid risks. This paradigm of thought is irrational because even doing nothing is associated with risks, namely the increased risk of epidemics and pandemics of diseases, increased and prolonged hospitalisations, increased utilisation of expensive treatment, increased deaths and increased physical and intellectual disabilities.

The benefit risk ratio unequivocally favours immunisation. Our children and our society enjoy monumental benefits (*maslahah*) compared to the

small risks associated with vaccinations. The most common side effects of immunisations which may be considered as ‘*mafsadah*’ are mild and transient only ⁶.

4. *Amanah versus Maslahah Ammah*

The health care professional may have the greater knowledge of vaccine preventable diseases, of possibilities, risks, treatment, outcomes and the options of prevention with immunisations. Nonetheless, the principle of autonomy (*amanah*), in *usul fiqh* (principles of jurisprudence), respects and values the individual (or the parents or legal guardians) as the one who makes the self-defining choices upon which he then acts and for which he is accountable.

This however needs to be considered within the context of the wider public interest and benefits. Thus the principal Islamic legal maxim (*al-Qawa'id al-Fiqhiyyah*) which stipulates; “*the individual right may have to be sacrificed in order to protect the public interest.*” It is this vein that medical interventions, such as the global immunization programs that have been proven to promote and protect the general health and well being of the public have priority over the considerations of the individual interest.

Another important moral consideration is to ensure that the individual choices one makes does not harm others. Those who do not immunize against VPD are at increased risk of being infected. They therefore might pass on the infection to others, who may then be harmed ⁷!

The omission to vaccinate has obviously impacted negatively on the well being of the public, which would be enough arguments for policy makers to impose an obligation to act.

If sufficient numbers of people in a community are immunized, usually in excess of 80%, then the protection against vaccine preventable diseases is conferred to virtually all persons in the community. This is known as herd immunity. This community immunity offers protection to vulnerable segments of the community who cannot be immunized due to various reasons eg too young, have cancers, have HIV/AIDS, are on chemotherapy or radiotherapy. The common good of the community is served which extends beyond the individual. In addition, the community benefits from the economic savings and improved security as a result of the immunization programs.

Conclusions

The *maqasidic* method in looking into issues concerning health represents a comprehensive,

holistic and universal approach towards *Shari'ah*. Above all, the whole idea of *maqasid* implies a comprehensive implementation of justice and mercy in the community through the promotion of the common good and benefit (*jalb al-masalih*) and the prevention and protection from harm (*dar' al-mafasid*) towards the preservation and promotion of human well-being.

Through the lenses of *maqasid shari'ah*, the global Expanded Program of Immunisation has been shown and proven to be a very safe, effective and cost savings global child survival strategy. There is an unequivocal *maqasidic* and moral case in favour of

immunization.

Justice requires that every child should have ready access to routine vaccination against serious childhood diseases and which should be a global priority for all governments and international health agencies. With the exception of clean drinking water, immunisation is the most powerful public health intervention program.

We should therefore not be gullible nor easily persuaded by various irresponsible groups which misinforms in the various media that immunization is harmful, not effective and not permissible by *Shari'ah*.

References:

1. Shari'ah Intelligence. The basic principles and objectives of Islamic jurisprudence. Islamic Education Trust Nigeria. 2015
 2. Al-Quran, 2:189; 3:130; 3:200; 5:35; 5:100; 24:31; 28:67; 24:51
 3. Musa MN, Siti AI, Chan LJ. Immunisation controversies. What you really need to know. August 2015
 4. <http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>
 5. Black RE et al. Global, regional, and national causes of child mortality in 2008: a systematic analysis. *Lancet* 2010 Jun 5;375(9730):1969-87
 6. Alain Joffe. Anaphylaxis after vaccination is rare. Reviewing *McNeil MM et al. J Allergy Clin Immunol* 2015 Sep 28. <http://www.jwatch.org/na39392/2015/10/23/anaphylaxis-after-vaccination-rare#sthash.l033ezuu.dpuf>
 7. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a1.htm>
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