

## Medical Ethics in Religious Traditions: A Study of Judaism, Catholicism, and Islam

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### Abstract

Multiculturalism and its associated plurality of value systems is rapidly becoming the norm in modern medical practice. Given this increasing diversity, greater emphasis upon cultural and ethical competence in physician training is necessary in order to provide culturally sensitive and ethically sound care. Religious values shape ethical codes and are expressed in the cultural norms of subcommunities in a society. Thus, an understanding of religious values that may influence the clinical encounter is important. This paper provides an overview of the ethical constructs of the sacred law traditions of Judaism, Catholicism, and Islam and will outline approaches taken by each faith regarding medical ethics. It is hoped that the insights gained will aid both clinicians and ethicists to better understand these religious paradigms of medical ethics and thereby positively affect patient care through increased tolerance and understanding.

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Religious approaches to medical ethics share a common grounding of ethical positions in religiously based claims (Lammers, 1998; Williams, 1997). A brief discussion of the theological principles that guide each religion's vision of healthcare follows. There is a long tradition of Catholic medical ethics dating from Augustine's writings on suicide and Thomas Aquinas's doctrine of natural law to modern-day directives on euthanasia and reproductive technologies (O'Rourke, 1999). The church's ethical and religious directives govern Catholic medical ethics (Ethical and Religious Directives for Catholic Health Care Services, 2001). The monotheistic religions of Judaism, Christianity, and Islam uphold a duty to protect life that is on temporary hold from God. Medical ethics is based on a set of values that professionals can refer to in the case of any confusion or conflict. These values include the respect for autonomy, non-maleficence, beneficence, and justice.[1] Such tenets may allow doctors, care providers, and families to create a treatment plan and work towards the same common goal without any conflict.[2] It is important to note that these four values are non-hierarchical, meaning no one principle routinely "trumps" another. [3]. The term medical ethics first dates back to 1803, when English author and physician Thomas Percival published *Only RUB 220.84/month*. Bioethics: Ethical and Religious Traditions. STUDY. Flashcards. Learn. deontological, prevalent in Catholicism, right acts are those that conform to moral standard in nature and reasonable people can discover, discern them through human reason, nature itself is theological (purpose embedded) and conformity with those ends is ethical theistic versions, St. Thomas Aquinas, naturalistic versions (without God) override consideration of utility, individual preference and cultural laws, supplies general moral code universal and absolute. -> apply to all situations. fundamental goods of natural laws according to St. Thomas Aquinas. focus on efficacy and safety of medical practice usually defer to medical practices fundamental