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Qur'anic Ethics and Modern Pharmaceutical Science: An Integrated Perspective on Health and Healing

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Abstract
This article explores how ethical and philosophical insights from the Qurʾān can be integrated with modern pharmaceutical science to support a more holistic view of health and medicine. The aim is not to claim unique "Islamic cures." Instead, the study maps Quranic themes related to healing, prevention, compassion, justice, and nature onto core areas of pharmacy, including drug discovery, pharmacovigilance, and patient centered care. Using a qualitative conceptual method, the paper applies thematic analysis to selected verses that mention healing (shifāʾ), human dignity, harm avoidance, moderation, and stewardship of the natural world. These themes are then compared with established pharmaceutical ethics frameworks and safety systems. The analysis finds strong alignment in four areas: prevention and moderation as health guidance, moral responsibility to relieve suffering, respectful use of natural sources for medicines, and a whole person view that includes psychological and spiritual needs. The paper argues that Quran informed ethics can strengthen professional integrity in pharmacy, motivate culturally informed research on natural products, and improve communication with Muslim patients around values, adherence, and safety reporting. Practical recommendations are offered for education, research partnerships, and clinical practice.
Keywords: Islamic Bioethics; Pharmaceutical Ethics; Qurʾān; Pharmacovigilance; Natural Products; Spiritual Well Being

Introduction

Modern pharmacy is often described through science, regulation, and measurable outcomes. These are essential. Yet medicine is also a moral practice. It involves power, vulnerability, trust, and decisions under uncertainty. Many patients understand illness through both biology and meaning. For Muslim patients, that meaning is often shaped by the Qurʾān and its ethical language about mercy, responsibility, and the protection of life.[1] There are two common mistakes in discussions about Islam and medicine. The first is reductionism. It treats religion only as a list of permitted and forbidden items, or only as

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"culture." The second is exaggeration. It tries to read modern pharmacology into scripture, or it markets "Islamic cures" without evidence. This paper takes a third path. It treats Quranic guidance as a source of ethical principles and worldview, then places those principles in dialogue with contemporary pharmacy.[2]

This approach matters for three reasons. First, pharmacy depends on public trust. That trust is not created only by technical competence. It is also shaped by honesty, fairness, confidentiality, and sincere concern for patient welfare.[3] Second, drug discovery still relies heavily on nature. Natural products remain major sources of new medicines, even in an era of synthetic chemistry and biotechnology.[4] Ethical teachings about stewardship, waste, and justice can strengthen how researchers approach natural resources and knowledge sharing.[5] Third, patient centered care is now a major goal of pharmacy practice worldwide. Professional bodies highlight the need to consider people's values, health literacy, and lived experience.[6] For many patients, spiritual well being is part of that experience, especially during serious illness.[7]

This article asks a focused question: How can Quranic insights be integrated with modern pharmacy in a way that supports ethics, safety, and holistic care, while staying consistent with evidence based practice?

Literature Review

Quran, Healing, and Health Guidance

Scholars have long noted that the Qurʾān speaks about healing in multiple registers. It presents healing as a matter of spiritual and moral guidance, as well as relief from distress and hardship.[8] It also speaks about specific signs in nature connected to benefit for humans, such as honey.[9] At the same time, the Quranic language of healing is not a substitute for clinical evidence. A careful reading supports humility, learning, and responsible action, rather than magical thinking.[10]

Islamic Bioethics and Moral Reasoning In Healthcare

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Islamic bioethics draws on scriptural sources, but it also uses methods of moral reasoning developed in legal and ethical tradition. A widely used framework is maqāṣid al sharīʿah, the higher objectives of Islamic law, which include protection of life, intellect, and human dignity.[11] Contemporary work shows how maqāṣid based reasoning can clarify hard clinical issues, including truth telling, autonomy, and harm reduction.[12]

Key ethical principles emphasized in Islamic moral reasoning also overlap with mainstream biomedical ethics: beneficence, non maleficence, justice, and respect for persons.[13] In addition, Islamic discussions often stress responsibility as a trust, or amānah, and excellence in conduct, often described as iḥsān.[14] These concepts are relevant to pharmacy because pharmacists handle powerful therapies, private information, and patient vulnerability.

Pharmacovigilance, Safety, and Public Responsibility

Pharmacovigilance is central to modern drug safety. International definitions describe it as the science and activities related to detecting, assessing, understanding, and preventing adverse effects and other medicine related problems.[15] Major global institutions emphasize that safety monitoring is not optional. It is a duty that continues throughout a product's lifecycle.[16] This duty has ethical dimensions: transparency, timely reporting, and prioritizing patient safety over reputation or profit.[17]

Patient Centered Care, Spirituality, and Pharmacy Practice

constrainPharmacy practice is shifting toward people centered care. Professional policy statements stress collaboration, respect for patient values, and attention to health literacy and equity.[18] Research in social and administrative pharmacy also shows that religious and spiritual beliefs can shape medicine use and adherence, and that pharmacists often face situations where such beliefs matter in counseling and decision making.[19]

There is growing empirical work on "spiritual care" in pharmacy. Surveys of pharmacists and students suggest many believe it can matter for patient outcomes, but they also report barriers such as time ts and fear of saying the wrong thing.[20] This does not mean

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pharmacists should become religious advisors. It means they should be able to recognize when spiritual concerns affect health decisions and respond with sensitivity, referral, and respect.

Natural Products, Ethics, and Benefit Sharing

Natural products remain major sources of new drugs and leads, including antibiotics, anticancer agents, and many others.[21] This supports renewed interest in ethnopharmacology and traditional knowledge. But it also raises ethical concerns about exploitation, consent, and benefit sharing.[22] International frameworks such as access and benefit sharing agreements under the Nagoya Protocol aim to reduce "biopiracy" and promote fairness in collaborations.[23] Recent scholarship also argues for ethical partnerships that credit indigenous communities and support equitable distribution of benefits.[24]

This literature supports the core idea of this paper: pharmacy is not only technical. It is ethical, social, and human. Quranic teachings can contribute to this broader foundation when used carefully.

Research Questions/Objectives

This article addresses three research questions:

1. Which Quranic themes related to health, healing, and nature are most relevant to contemporary pharmacy ethics and practice?
2. Where do these themes align with core pharmaceutical domains such as drug discovery, pharmacovigilance, and patient care?
3. What practical recommendations follow from this alignment for education, research, and clinical practice?

Research Methodology

This study uses a qualitative, conceptual approach. It does not test clinical interventions. It analyzes meanings and ethical implications.

Verse Selection

Verses were selected using three criteria: (a) explicit reference to healing, harm, or human wellbeing, (b) reference to health related practices such as moderation and avoidance of

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intoxicants, and (c) reference to nature as a source of benefit. Examples include verses on healing (shifāʾ), saving life, purity, moderation, and honey.[25]

Thematic Analysis

The verses were coded into themes. The main themes were: prevention and moderation, harm avoidance and preservation of life, compassion and responsibility to relieve suffering, stewardship of nature, and whole person wellbeing.

Comparative Mapping

These themes were mapped onto three pharmacy domains:

- drug discovery and development, including natural product research,
- pharmacovigilance and medication safety systems,
- patient centered care and communication.

Validation Through Scholarship

The mapping was compared against peer reviewed literature in Islamic bioethics, pharmacy practice, pharmacovigilance, and spirituality and health research.[26]

This method aims to generate a structured synthesis that is faithful to both the Quranic ethical voice and to modern scientific standards.

Discussion

Prevention, Moderation, and the Ethics of Health Promotion

A clear Quranic theme is moderation. The verse “eat and drink, but do not waste” presents restraint as a moral habit that supports wellbeing.[27] This kind of guidance aligns with modern preventive medicine. It supports the idea that health is not only reactive treatment. It is also the daily management of risk through diet, behavior, and community norms.

In pharmacy, prevention appears in vaccination, screening support, lifestyle counseling, and chronic disease management. People centered pharmaceutical care frameworks explicitly include health promotion and disease prevention as core roles.[28] Quranic ethics can support this role by framing prevention as a responsibility, not vanity. It also discourages harmful extremes, including substance abuse. The Quran’s prohibition of

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intoxicants can be read as a public health ethic because it connects individual harm to wider social damage.[29]

At the same time, prevention must not become moral judgment. A Quranic approach that emphasizes mercy and human dignity can help prevent stigma.[30] Patients with addiction, obesity, or chronic illness should not be treated as failures. They should be supported with compassion, accurate information, and access to care.

Preserving Life, Avoiding Harm, and Pharmaceutical Ethics

Another central Quranic theme is the seriousness of human life. The Quran links saving a life to saving humanity in a broad moral sense.[31] This aligns with the ethical foundation of healthcare, including pharmacy. It supports beneficence and non maleficence, but it also adds moral weight. Causing preventable harm through negligence is not only a technical error. It is an ethical failure.

This is where pharmacovigilance becomes morally significant. Safety monitoring exists because clinical trials cannot capture every risk, especially rare events and long term effects.[32] International definitions emphasize detection, understanding, and prevention of harm.[33] Quranic ethics strengthens the inner motivation behind this work. Reporting adverse drug reactions becomes part of amānah, a trust.[34]

This also has implications for institutional culture. In many systems, healthcare workers fear blame. A Quran informed ethical stance can support a "learning culture" where errors are reported to protect future patients. This is not a call to remove accountability. It is a call to prioritize truth, repair, and prevention over hiding mistakes.

Mercy, Compassion, and Relieving Suffering

The Quran frequently describes God's mercy and calls for mercy among people.[35] In healthcare, this becomes a call to relieve suffering. It supports palliative care, pain management, and respectful communication. It also supports justice in access to medicines. Modern pharmacy faces ethical tension around affordability, supply chains, and inequity. A Quranic lens emphasizes justice, or ʿadl, and care for the vulnerable.[36] While this paper

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does not offer economic policy, it argues that pharmacists and researchers should treat access and affordability as ethical concerns, not only business constraints.

Compassion also affects everyday clinical practice. Pharmacists often meet patients at moments of anxiety. A brief respectful conversation can improve adherence and reduce risk. Research shows religious and spiritual beliefs can affect medicine decisions, and pharmacists often recognize the need for culturally sensitive counseling.[37] The Quranic emphasis on gentle speech and respect can strengthen professional bedside manner without turning pharmacy into religious counseling.

Nature as a Source of Medicines and the Ethics of Research

The Quran repeatedly points to nature as a sign and a source of benefit. The example of honey is often discussed, and the Quran describes it as having healing for people.[38] The responsible way to read this in a pharmacy context is not to claim that honey "cures" diseases in a universal way. It is to see it as encouragement to study beneficial natural substances with careful methods.

Modern drug discovery confirms that natural products have been and remain major sources of new medicines.[39] This supports culturally informed interest in plants, foods, and traditional practices. But such interest must follow scientific and ethical rules: rigorous testing, toxicity evaluation, reproducibility, and honest reporting.

It must also follow fairness rules. Natural product research can risk extraction without benefit to source communities. Ethics scholarship on access and benefit sharing highlights the need for equitable agreements, respect for local knowledge, and compliance with international frameworks.[40] Recent work on ethical partnerships with indigenous peoples stresses co authorship, non monetary benefits, and equitable access to resulting medicines.[41] Quranic ethics strengthens these duties through its condemnation of exploitation, its emphasis on justice, and its moral warning against taking what is not rightfully yours.

Whole Person Care, Including Spiritual Wellbeing

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The Quranic view of the human being is not purely biological. It recognizes fear, grief, hope, and meaning. Illness can become a crisis of identity and purpose, not only a physical condition. This aligns with holistic health models and with research linking spiritual wellbeing to quality of life in serious illness.[42]

Pharmacy is increasingly patient centered. This includes understanding what matters to the patient, not only what the guideline says. Professional guidance on people centered pharmaceutical care calls for inclusive communication strategies and culturally responsive services.[43] Quranic insights can support this, especially for Muslim patients who may interpret illness through ideas of patience (ṣabr), trust in God (tawakkul), and prayer. These ideas can affect adherence and coping.

Practical examples include:

- A patient refusing gelatin capsules due to concerns about forbidden ingredients.
- A patient fasting and adjusting medication timing.
- A family requesting non disclosure of a serious diagnosis, even when the patient wants to know.

These are not rare issues in many settings. Qualitative research shows Muslim patients may avoid medicines with forbidden ingredients and use principles like necessity (ḍarūrah) or transformation (istiḥālah) in their reasoning.[44] Pharmacists can support safety by addressing these concerns respectfully, offering alternatives when possible, and explaining risks clearly.

This also connects to informed consent and confidentiality. Scholarship on Islamic views of informed consent highlights that decision making can involve family and religious responsibility, but it still requires respect for the person and truthful communication.[45] Work on confidentiality from Islamic ethics emphasizes privacy as a moral duty grounded in Quranic and Prophetic teachings.[46] These align strongly with professional pharmacy ethics.

Results

The conceptual comparison produced four main findings.

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Prevention Is a Shared Value

Quranic calls for moderation and avoidance of harmful substances align with pharmacy's preventive role in public health, chronic disease management, and health promotion.[47]

Medication Is a Moral Responsibility

Quranic emphasis on preserving life and avoiding harm aligns with pharmacovigilance duties, including adverse event reporting, transparent risk communication, and continuous monitoring after approval.[48]

Nature Based Research Is Encouraged but must be Ethical and Evidence Based

Quranic references to beneficial natural substances support responsible natural product research. Modern evidence confirms the major role of natural products in drug discovery.[49] Ethical frameworks on access and benefit sharing support justice and stewardship in how such research is conducted.[50]

Holistic Care Includes Spiritual Needs Without Replacing Science

Quranic perspectives support whole person care that includes psychological and spiritual wellbeing. Empirical literature links spiritual wellbeing with quality of life, and pharmacy practice research shows religion can influence medicine decisions.[51]

Together, these findings support a synthesis: Quranic ethics can reinforce the moral foundations of pharmacy while staying fully compatible with evidence based practice.

Conclusion

This paper argues that Quranic insights can be integrated with modern pharmaceutical science through ethics, worldview, and prevention oriented guidance. This integration should avoid two extremes: treating scripture as a drug handbook, or dismissing spiritual concerns as irrelevant. A careful synthesis strengthens pharmacy's moral center and supports better care for diverse patients.

Recommendations for pharmacy education

1. Include basic training in culturally responsive counseling, including how religious beliefs can shape adherence and risk perception.[52]

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2. Teach ethics using both universal principles and case based reasoning that includes Muslim patient scenarios, such as fasting, ingredient concerns, and family involvement.[53]

Recommendations for research and drug discovery

1. Encourage rigorous research on natural products while avoiding exaggerated claims and ensuring safety evaluation.[54]
2. Use ethical collaboration models for biodiversity and traditional knowledge, including fair benefit sharing and clear agreements.[55]

Recommendations for clinical practice and pharmacovigilance

1. Treat adverse event reporting as a professional trust, and support non punitive safety cultures that prioritize patient protection.[56]
2. Ask simple, respectful questions when spiritual concerns may affect medicine use, then offer options, education, or referral.[57]
3. Protect confidentiality and support informed consent in ways that respect family roles but do not erase the patient's rights and preferences.[58]

A pharmacy grounded in science and strengthened by moral clarity can better serve patients as whole persons. Quranic ethics, when used thoughtfully, can help build that kind of practice.

References

1. Dariusch Atighetchi, Islamic Bioethics: Problems and Perspectives (Dordrecht: Springer, 2007). (Ethernet Education)
2. Aasim I. Padela, "Islamic Bioethics: Between Sacred Law, Lived Experiences, and State Authority," Theological Studies 84, no. 1 (2023): 154–175. (ResearchGate)
3. Sayyed Mohamed Muhsin, "Medical Confidentiality Ethics: The Genesis of an Islamic Juristic Perspective," Journal of Religion and Health 61, no. 4 (2022): 3219–3232. (PMC)
4. David J. Newman and Gordon M. Cragg, "Natural Products as Sources of New Drugs over the Nearly Four Decades from 01/1981 to 09/2019," Journal of Natural Products 83, no. 3 (2020): 770–803, https://doi.org/10.1021/acs.jnatprod.9b01285. (PubMed)
5. Michael Heinrich et al., "Access and Benefit Sharing Under the Nagoya Protocol: Quo Vadis?" Frontiers in Pharmacology 11 (2020): 765. (PMC)
6. International Pharmaceutical Federation (FIP), FIP Statement of Policy: People-centred Pharmaceutical Care (The Hague: FIP, 2023).
7. Martin Bai et al., "A Systematic Review of Associations between Spiritual Well-being and Quality of Life among Patients with Cancer," Psycho-Oncology 24, no. 2 (2015): 128–137. (PMC)

A. Elkadi, "Health and Healing in the Qur'an," American Journal of Islam and Society 2, no. 2 (1985). (American Journal of Islam and Society)

8. The Qurʾān, 16:69, trans. M. A. S. Abdel Haleem, The Qur'an: A New Translation (Oxford: Oxford University Press, 2004). (Al Afkar)

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Al-Asr International Research Journal of Islamic Studies
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Published:
July 30, 2026

A. Elkadi, "Health and Healing in the Qur'an," American Journal of Islam and Society 2, no. 2 (1985). (American Journal of Islam and Society)
9. Hassan Chamsi-Pasha and Mohammed Ali, "Principles of Islamic Medical Ethics," Journal of the British Islamic Medical Association (April 29, 2019). (British Islamic Medical Journal)
10. Manal Z. Alfahmi, "Justification for Requiring Disclosure of Diagnoses and Prognoses to Dying Patients in Saudi Medical Settings: A Maqāṣid Al Sharīʿah-Based Islamic Bioethics Approach," BMC Medical Ethics 23 (2022): 72, https://doi.org/10.1186/s12910-022-00808-6. (PMC)
A. Woodman, "Introduction to Islamic Medical Ethics," Journal of the British Islamic Medical Association (2019). (British Islamic Medical Journal)
11. Hassan Chamsi-Pasha and Mohammed Ali, "Principles of Islamic Medical Ethics," Journal of the British Islamic Medical Association (2019). (British Islamic Medical Journal)
12. European Medicines Agency, "Pharmacovigilance: Overview," accessed December 30, 2025. (European Medicines Agency (EMA))
13. World Health Organization, The Importance of Pharmacovigilance: Safety Monitoring of Medicinal Products (Geneva: WHO, 2002). (Iris)
14. J. Jose and S. S. Rao, "Pharmacovigilance: Basic Concepts and an Overview of the Literature," Therapeutic Advances in Drug Safety 12 (2021): 1–15. (PMC)
15. International Pharmaceutical Federation (FIP), FIP Statement of Policy: People-centred Pharmaceutical Care (2023).
16. Moustafa Daher, Betty Chaar, and Bandana Saini, "Impact of Patients' Religious and Spiritual Beliefs in Pharmacy: From the Perspective of the Pharmacist," Research in Social and Administrative Pharmacy 11, no. 1 (2015): e31–e41, https://doi.org/10.1016/j.sapharm.2014.05.004. (ScienceDirect)
17. Priscilla Gavaza et al., "Perspectives about Spiritual Care in Pharmacy Practice: A Community-based Survey," Pharmacy 10, no. 4 (2022). (PMC)
18. David J. Newman and Gordon M. Cragg, "Natural Products as Sources of New Drugs," Journal of Natural Products 83, no. 3 (2020): 770–803. (PubMed)
19. Steven R. King and Thomas Carlson, "Biological Diversity, Indigenous Knowledge, Drug Discovery and Intellectual Property Rights," Journal of Ethnopharmacology 51, no. 1–3 (1996): 29–38. (ScienceDirect)
20. Thomas Greiber et al., An Explanatory Guide to the Nagoya Protocol on Access and Benefit-sharing (Gland, Switzerland: IUCN, 2012). (IUCN Portals)
21. Mariana C. T. Astolfi et al., "Partnerships with Indigenous Peoples for an Ethical Biodiversity and Health Research Agenda," Nature Communications 16 (2025). (Nature)
22. The Qurʾān, 17:82; 26:80; 5:32; 7:31; 5:90; trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
23. Atighetchi, Islamic Bioethics; WHO, Importance of Pharmacovigilance; Newman and Cragg, "Natural Products." (Ethernet Education)
24. The Qurʾān, 7:31, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
25. International Pharmaceutical Federation (FIP), People-centred Pharmaceutical Care (2023).
26. The Qurʾān, 5:90, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
27. The Qurʾān, 49:13; 16:90, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
28. The Qurʾān, 5:32, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
29. Jose and Rao, "Pharmacovigilance: Basic Concepts." (PMC)
30. European Medicines Agency, "Pharmacovigilance: Overview." (European Medicines Agency (EMA))

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Al-Asr International Research Journal of Islamic Studies
Vol 6 Issue 7 | July 2026
ISSN E: (2790-7694)
ISSN P: (2790-7686)
Published:
July 30, 2026

31. Chamsi-Pasha and Ali, "Principles of Islamic Medical Ethics." (British Islamic Medical Journal)
32. The Qurʾān, 21:107; 16:90, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
33. The Qurʾān, 4:135, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
34. Daher, Chaar, and Saini, "Impact of Patients' Religious and Spiritual Beliefs in Pharmacy." (ScienceDirect)
35. The Qurʾān, 16:69, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (Al Afkar)
36. Newman and Cragg, "Natural Products as Sources of New Drugs," 770–803. (PubMed)
37. Heinrich et al., "Access and Benefit Sharing Under the Nagoya Protocol." (PMC)
38. Astolfi et al., "Partnerships with Indigenous Peoples." (Nature)
39. Bai et al., "Spiritual Well-being and Quality of Life," 128–137. (PMC)
40. International Pharmaceutical Federation (FIP), People-centred Pharmaceutical Care (2023).
41. Zainab Nazar et al., "Islamic Reasoning and the Use of Prohibited Medicines among Muslim Patients: A Qualitative Study," International Journal of Clinical Pharmacy (2025). (Springer)
42. Samuel Packer, "Informed Consent with a Focus on Islamic Views," Journal of the Islamic Medical Association of North America 43, no. 3 (2011), https://doi.org/10.5915/43-3-9040. (Islamic Medical Association Journal)
43. Muhsin, "Medical Confidentiality Ethics," 3219–3232. (PMC)
44. The Qurʾān, 7:31; 2:195, trans. Abdel Haleem (Oxford: Oxford University Press, 2004). (American Journal of Islam and Society)
45. World Health Organization, The Importance of Pharmacovigilance (Geneva: WHO, 2002). (Iris)
46. Newman and Cragg, "Natural Products as Sources of New Drugs." (PubMed)
47. Greiber et al., Explanatory Guide to the Nagoya Protocol (2012). (IUCN Portals)
48. Daher, Chaar, and Saini, "Impact of Patients' Religious and Spiritual Beliefs in Pharmacy"; Bai et al., "Spiritual Well-being and Quality of Life." (ScienceDirect)
49. International Pharmaceutical Federation (FIP), People-centred Pharmaceutical Care (2023).
50. Alfahmi, "Disclosure of Diagnoses and Prognoses," BMC Medical Ethics 23 (2022): 72. (PMC)
51. Newman and Cragg, "Natural Products as Sources of New Drugs." (PubMed)
52. Heinrich et al., "Access and Benefit Sharing Under the Nagoya Protocol"; Astolfi et al., "Partnerships with Indigenous Peoples." (PMC)
53. World Health Organization, The Importance of Pharmacovigilance (2002). (Iris)
54. Gavaza et al., "Perspectives about Spiritual Care in Pharmacy Practice." (PMC)
55. Packer, "Informed Consent with a Focus on Islamic Views"; Muhsin, "Medical Confidentiality Ethics." (Islamic Medical Association Journal)

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