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## Judaism and Islam – selected medical and bioethical issues

### Judaizm i islam – wybrane kwestie medyczne i bioetyczne

**Abstract.** This paper examines two monotheistic religions – Judaism and Islam – in the context of medical and biomedical issues. While religions generally greatly impact the entire lives of their believers, health behaviours still play a special role in this regard. Religions are the guidelines on how to behave during the time of sickness. This paper describes the positions of Judaism and Islam on such issues as family planning, abortion, contraception, artificial fertilisation, organ donation and nutrition. Judaism and Islam comprise several branches. Although they refer to the same religious sources, it is possible to find many differences regarding the above bioethical issues. In this paper, I have outlined those positions that are common for the majority of Jews or Muslims. Only occasionally is the position of minority groups shown as well.

**Keywords:** Judaism, Islam, abortion, artificial insemination, dietary laws

**Streszczenie.** Religie mają ogromny wpływ na zachowania człowieka w różnych sferach życia, a jedną z nich są decyzje zdrowotne podejmowane w okresie zdrowia i choroby. Religie są drogowskazem dla osób wierzących w zakresie tego jak postępować w sytuacjach wymagających interwencji wobec własnego ciała, a także jak godnie przeżywać okres choroby, cierpienia czy umierania. Wszystkie te wytyczne wywodzą się z ksiąg świętych dla poszczególnych religii. Nie są jednak one na ogół zapisanymi wprost regułami a jedynie interpretacją poszczególnych zapisów. Dlatego też nawet w przypadku opierania się na tych samych źródłach religijnych istnieje bardzo duże prawdopodobieństwo różnej interpretacji poszczególnych zapisów.

**Słowa kluczowe:** judaizm, islam, aborcja, sztuczne zapłodnienie, zasady żywieniowe

## Introduction

Religions greatly impact human behaviour in various areas of life, including the health decisions made when healthy and ill. Religions

are guideposts for believers on how to deal with circumstances that require interventions on one's own body, as well as how to live with dignity during periods of illness, suffering or dying. All these guidelines are derived from the holy books of each religion. However, they are generally not explicitly written rules, but merely interpretations of the individual scriptures. Therefore, even when relying on the same religious sources, there is a significant probability of different interpretations of individual records.

This paper deals with two monotheistic religions, Islam and Judaism. It aims to show similarities as well as differences in terms of bioethical issues, i.e. fertilisation, abortion, euthanasia and organ donation, but also secondary topics that are nevertheless relevant in the context of medical care for patients from these two groups, i.e. nutritional issues and attitude towards one's body.

Despite their many differences, Judaism and Islam also exhibit numerous similarities. As the oldest monotheistic religion, Judaism was a source to follow for Muhammad, who modelled the Surahs, the books that are part of the Quran, after the Torah. Most noticeable are the references to Genesis and the Book of Jonah from the Old Testament, as well as numerous references to the prophets Abraham and Moses. In the Quran, Muhammad also refers to Christianity, specifically to the Gospels, and cites the teaching of Jesus, regarded as one of the prophets in Islam. Ascribing divine attributes to Jesus is considered blasphemy in Islam.

Muhammad wrote the Quran in an area where there were already followers of Judaism and Christianity, so he had some knowledge of the Torah and the Gospel, at least from oral accounts. Muhammad did not deny the veracity of these holy books. However, according to him, they contained many errors. As he claimed, he brought a message from God to remove the distortions contained in these books, which accrued over several centuries. The Quran was to contain the most important contents of the Torah and the Gospels. Still, it was to be free of all the distortions that had accumulated after the creation of these books, related, for example, to erroneous translations into various languages.

## **Islam and Judaism in the modern world**

Judaism is currently a minor religion when compared to Islam. There are approximately 14.3 million Jews in the world who identify with this religion (this figure therefore does not include all people of Jewish origin). The largest number of adherents of this religion live in Israel and the United States. In Poland, 7,353 people indicated Jewish origin according to the 2011 National Population and Housing Census (Zapotoczna, 2016); however, according to the American Jewish Yearbook, there are currently approximately 3,200 Jews living in Poland (DellaPergola, 2016). However, this group only includes members of Jewish religious communities active in several cities in Poland. The reason behind the small number of adherents of Judaism is that the expansion of this religion to other ethnic groups has never been pursued. Further, Orthodox Jews believe only a Jew can be an adherent of Judaism. Today, there are four key religious movements in Judaism: Reform Judaism, Liberal Judaism, Conservative Judaism and Orthodox Judaism. As the name suggests, the orthodox branch follows Jewish tradition to the greatest extent and rigorously adheres to the principles enshrined in the Torah (Unterman 2005). The other denominations follow the individual principles of Jewish tradition to a greater or lesser extent.

The primary source for the formation of Jewish tradition is the Torah (Pentateuch), which contains various rules for life. Jewish tradition also includes the Mishnah, which was compiled from the second century onwards by various rabbis and is an interpretation of the Torah. The Mishnah contains issues related to religious practice and rules for social life. Over the centuries, as life changed, further commentaries were added to the Mishnah. These were collected, eventually forming the Talmud (including the Mishnah and later interpreters' commentaries) in the sixth century. Alongside the Torah, the halakha (Jewish law), denoting the sum of the precepts and prohibitions recorded in the Torah, Mishnah and Talmud, is also central to Jewish tradition. The commandments of the halakha include rules for everyday life and issues concerning health and illness (Kinzbrunner 2004).

On the other hand, Islam is the second most widely followed religion in the world after Christianity and is also the fastest-growing religion in terms of numbers. There are approximately 1.6 billion Muslims in the world. Still, this number is projected to increase significantly over the next four to five decades, putting the religion's adherents on a par with Christians (Pew Research Center 2015: 4). Islam is divided into two main factions: Sunni (about 87% of adherents) and Shia (about 13% of adherents) (Nasr 2010). Smaller factions defining themselves as reformists, such as the Wahhabis within the Sunnis, have emerged within these two groups. However, what is of particular importance in the context of this study, i.e. defining Islam's attitude towards medical and bioethical issues, is to understand the nature of how Islam works. Contrary to seemingly popular theories, Islam is not a homogenous religion. The difference in approach to various social or medical issues is determined not just by one's affiliation to Sunnism or Shiism but, above all, by one's affiliation to a particular school of Muslim law. Unlike Catholicism, in which the Congregation for the Doctrine of the Faith assumes responsibility for the lawful proclamation of the faith, Islam has no such single institution. There are several schools of interpretation of Muslim law in Islam, which have evolved over many centuries. These schools have developed their own and often divergent ways of interpreting the Quran and Sunnah. They operate in areas inhabited by Muslims subject to a particular school of Quranic law. Thus, two Muslims from different areas may have a different understanding and interpretation of the Quran as regards, for example, treatment using a particular method. This is because Islam spread across culturally diverse areas in which there were already established rules of conduct. Thus, the jurists of the respective schools attempted to reconcile the sometimes contradictory principles of the Quran with the customs of the respective peoples adopting Islam. One example is the issue of female genital mutilation, a widespread practice among some African tribes, which has no justification in the Quran (Przyłęcki 2016). The impact of these schools on the daily life of the Muslim population is enormous because there is no division between the sacred and the

profane in Islam (Danecki 2002). This means that Muslim Sharia law applies to religious issues as well as to every other sphere of human life. Muslim law schools interpret the Quran and Sunnah to explain how Muslims must act in everyday life. The Muslim population must abide by the Quran. In Muslim countries, an important role is played by muftis, whose tasks include issuing fatwas, i.e. written legal and theological opinions on the correct behaviour in a given situation. While a fatwa is requested by the person concerned, compliance is not obligatory (Dziekan 2003). Still, muftis may issue different fatwas, depending on the school of Quranic law they belong to.

## **Family planning**

In both Judaism and Islam, there is no unified position on the issue of fertilisation and related problems concerning infertility treatment, contraception or abortion. However, many points of commonality between the two religions can be noted, the main one being the permissibility of abortion, especially during the initial period of pregnancy.

In Judaism, as in Islam, a special role is given to the issue of family planning. Having offspring is an overriding value, so much so that, as in Islam, polygamy was permissible in traditional Judaism (although nowadays rarely practised) and celibacy is forbidden. Still, polygamy was an acceptable solution, especially if the woman was infertile. There is, however, a difference in terms of adopting the parents' religion. In Judaism, the child adopts the mother's religion (Unterman, 2005) and in Islam, the father's religion (Dean, 2003). Therefore, Islam allows a Muslim man to marry a Jewish or Christian woman (Islam only recognises these two religions) but does not allow a Muslim woman to marry a man of a religion other than Islam. Judaism, on the other hand, obliges men to marry and have children. At the same time, a man cannot marry an infertile woman. Nonetheless, Judaism of today recognises adoption and artificial insemination as solutions to infertility (Tworuschka and Tworuschka 2009).

Artificial reproduction methods have become very popular among Jews, especially Orthodox Jews, who face difficulties with natural

conception. Israel has the highest number of infertility clinics per capita in the world, including those performing artificial insemination. One reason for this interest in artificial insemination methods, as stated by Tirzah Meacham (2009b), is the religious obligation of male procreation and another is the natural need for reproduction resulting from the extermination of some six million Jews during the Second World War. Moreover, some Jews are concerned about the persistent threat from the Arab community, which is rapidly growing in numbers.

Artificial insemination does raise legal and religious issues, however, and these are considered by individual rabbis. The basic halakhic question concerns the issue of fertilisation which, in this case, is not the result of sexual intercourse between spouses. Can ejaculation resulting from masturbation, considered a sin in Judaism, be justified in such a situation? Further, questions arise as to the legal status of the conceived child, especially if the sperm donor is another man. How can one protect oneself from possible incest in the future if the donor is unknown? Another problem is the assessment of such behaviour in terms of possible adultery (Meacham 2009b).

Because of the risks of artificial insemination, as indicated above, Judaism distinguishes between homologous insemination (the donors of the reproductive cells are spouses) and heterologous insemination (with the reproductive cell coming from a third party). Rabbis overwhelmingly argue that only the first form is permissible, thereby permitting ejaculation without sexual intercourse. At the same time, one of the more difficult issues where there is no consensus among rabbis is the definition of the child's legal status or, more precisely, the relationship between the father and the child. Some believe that the child's paternity cannot be halachically established in the absence of sexual intercourse, even if the sperm donor was the husband of the child's mother, which would make the child legally attributed to the lineage of the mother and her father (Meacham 2009b).

In contrast, the second form of fertilisation is deemed adultery and most rabbis consider it unacceptable. (Klöcker, Tworuschka and Tworuschka 2002). Yet even in this case, there are isolated instances of contrary reasoning. Rabbi Moshe Feinstein believes that insemination with semen from a third-party donor is possible when

the psychological condition of a woman who cannot become pregnant due to her husband's infertility is very bad. In this situation, however, the husband must consent to this form of fertilisation. Still, the rabbis who permit artificial insemination with semen from a third-party donor claim that it is only permissible if the donor is a non-Jewish person. This is to significantly minimise the risk of incest in the future (Meascham 2009b).

There is also no consensus in Judaism regarding the use of contraception, although according to the Talmud it could be used in three cases, i.e. when the woman is:

- a minor and becoming pregnant would put her at risk of death;
- pregnant – to prevent harm to the fetus;
- lactating – to prevent the nursing mother from losing her breastmilk and thus the possible death of the child (Klöcker et. al. 2002)

The current view is that contraceptives should be used when a woman's life or health is at risk. Oral and intrauterine contraceptives are considered permissible. The condom, on the other hand, should only be used in exceptional situations because wasting semen is considered a serious crime. For this reason, intermittent intercourse, which involves „spilling the semen“, is also deemed forbidden (Unterman 2005).

In Judaism, abortion is not considered murder. The status of an embryo depends on its stage of development. Up to the 40th day after fertilisation, the embryo is merely water, so abortion is considered permissible up to this point (Meacham 2009a); however, it can be carried out up to the 3rd month of pregnancy in case of valid reasons (Unterman 2005). The fetus is considered „part of its mother“ until birth, (Meacham 2009a) thus having no legal status. Until birth, or more precisely, the emergence of the head from the reproductive organs, or half of the body in the case of a breech birth, the fetus is considered a living being. Still, its life is considered less valuable than that of the mother. Only when the head or half of the body emerges, as long the pregnancy has taken place as planned, does the child acquire a status partially equal to that of the mother. It only gains the full status of a human being after the completion of a timely delivery or, in the

case of a preterm pregnancy, after surviving 30 days (Meacham 2009a). Only then does the child become a *nephesh*, i.e. an independently living person (Feldman 1994).

At the same time, Jewish tradition as contained in the Mishnah permits the induction of an artificial miscarriage later in the pregnancy if it threatens the life or health of the mother (Muszala 2009). This position stems from the fact that the *halakha* does not grant the fetus equal status with the mother: the life of an actual person always takes precedence over that of a potential person. In other cases, abortion is considered unacceptable by most rabbis, although there is no clear position on this. It is worth noting the other factors that warrant abortion. These mainly include pregnancy as a result of rape or the likelihood of severe fetal disability. One vital element that may justify abortion is also considered to be the bad impact of pregnancy on a woman's mental health, i.e. cases where giving birth to a child could lead to suicide (Klöcker et. al. 2002).

Much like Judaism, Islam has not developed a unified position on issues such as artificial insemination, contraception and abortion. The following will, however, outline the dominant approach accepted by most schools of Islamic law. At the same time, a believer can always ask the mufti to issue a fatwa in doubtful cases.

When discussing health issues affecting Muslims, the words of Muhammad, as recounted by the faithful, are particularly important. He claimed that there is a cure for every disease and that Allah does not create any disease without creating a cure (Kyriakides-Yeldham, 2005).

Islam therefore acknowledges that infertility is a disease and thus different treatments are possible, including various types of artificial insemination. The recognition of both in-vivo and in-vitro artificial insemination is made possible by the fact that already medieval Islamic law acknowledged that pregnancy could occur if there was no direct sexual contact between the spouses (Kyriakides-Yeldham, 2005). Thus, pregnancy occurring as a result of artificial insemination is not considered to interfere with divine creation or to violate divine will and intention. Islam argues that the technology used for insemination only provides an alternative means of combining the gametes while not contributing to the creation of the egg or sperm. Thus, the reproductive



cells themselves are entirely a gift from God (Kyriakides-Yeldham, 2005).

In accepting artificial insemination, Muslim jurists also consent to the collection of semen through masturbation, which is forbidden in Islam. It is considered acceptable in such cases, as it is not performed for pleasure. Furthermore, according to the Quran, Allah forgives those who are forced to perform illicit acts when their intention is not to sin (Kyriakides-Yeldham, 2005).

In Islam, there is a noticeable difference between Sunnis and Shiites as to who can be a sperm donor. Sunni Islamic law accepts artificial insemination methods only in marriage and as long as the reproductive cells come from the spouses (prohibiting insemination with the sperm of a third-party donor or a deceased husband) (Inhorn, Serour 2011). Still, Shia clerics issued a different fatwa on this issue and fertilisation with reproductive cells from a donor other than the husband is currently allowed in Iran and Lebanon. Cryopreservation of embryos is also permitted in most Muslim countries (Inhorn, Serour, 2011).

Abortion is considered morally wrong in Islam, but it is permissible in specific cases. The basic question one would need to answer is: When does an embryo become a person? The Quran states that when 42 nights have passed, Allah sends an angel who shapes the embryo into ears, eyes, skin, flesh and bones. However, this is still not equivalent to the acquisition of a soul. Indeed, this moment has been set at

120 days after conception. The fetus becomes a person according to Islamic law upon acquiring the soul. It thus acquires rights, and abortion becomes a crime at that point (Kyriakides-Yeldham, 2005).

Abortion during the first period of pregnancy is sometimes compared simply to contraception; however, there is no consensus in this regard between the different schools of Islamic law. Still, contraception in the form of intermittent intercourse was widely used in pre-Islamic Arabia, thus, even though the hadiths give a contradictory position on this issue, it is believed that the Prophet chose not to comment on whether this method was acceptable. Thus, contemporary schools of Islamic law generally accept intermittent intercourse and extend its legality to other types of contraception (Kyriakides-Yeldham, 2005). Can abortion therefore also be considered a form of contraception? In general, any

comparison between abortion and contraception is rejected because abortion concerns an existing entity. Even during the first four months, Islam considers life to be sacred and abortion is not possible except in two defined cases: when the mother's life is endangered due to an established and developing pregnancy and when the embryo is severely deformed. When it is necessary to choose between the life of the mother or that of the fetus, the mother's life takes precedence. In the second case, there is no legal consensus. According to contemporary positions, the aim is to accept prenatal tests confirming the embryo's deformity as sufficient for an abortion in the period before the fetus acquires a soul. However, not every physical defect is recognised as justifying an abortion. According to some scholars, intellectual disabilities and failure to develop limbs do not warrant abortion.

Abortion should therefore not be carried out after the fetus has been endowed with a soul, which occurs 120 days after fertilisation. Thus, it can be considered permissible up to this point in important cases. After that time, it is prohibited and generally punishable. Exceptionally, it can only be carried out in cases where the mother's life is at risk. According to more conservative Muslim circles, abortion can be carried out up to the 40th day after fertilisation at the latest, which is when the transformation of the embryo into an *alaqah* (literally meaning a blood clot) takes place. According to Islam, this is the second developmental stage of the embryo (Kyriakides-Yeldham, 2005).

## **Attitude towards the body and death**

Judaism and Islam both consider life to be the greatest value because it is given by God. Therefore, ill people must undertake the necessary treatment. At the same time, they may be exempted from key prohibitions, e.g. fasting during the Sabbath (in the case of Jews) or Ramadan (in the case of Muslims).

All forms of taking life, which include not only common murder but also euthanasia and suicide, are morally unjustifiable and prohibited in both religions. On the other hand, if the patient is incurably ill and in great pain and at the same time there is no medical doubt that

the patient will soon die, it is possible to discontinue the persistent therapy. In Islam, it is even explicitly considered inappropriate. After all, it is medically impossible for the patient to return to independent life (Kinzbrunner, 2004; Skura-Madzińska 2009).

The Jewish halakha also makes a distinction between natural treatment methods that are intended to help the patient recover, such as feeding, watering and administering oxygen, and those that are only intended to prolong the state of terminal illness, such as resuscitation after the patient's heart has stopped. In the former case, it is considered that these methods must be used, while in the latter case, they can be discontinued (Kinzbrunner, 2004; Skura-Madzińska 2009).

Judaism lacks a unified position on whether organ donation is appropriate. Nonetheless, it can be assumed that most denominations allow organ harvesting and transplantation, although liberal and Reform Jews are the most open to this form of helping other human beings. In contrast, some American Jews representing the ultra-Orthodox branch of Judaism are entirely opposed to it (Popovsky 2007). There is also no clear position among Jewish rabbis on the possibility of pig heart transplants (Unterman 2005).

The Jewish halakha also has guidelines on how dying patients should be treated. In Judaism, death is not considered the end, but the beginning of a new life. What always guarantees such a new life is, according to Jewish law, the confession of sins. A dying person must not be bothered in any way, and even overzealous care (e.g. washing the patient) is considered to be bothering, as such behaviour can hasten death (Unterman 2005).

According to the halakha, the funeral should take place within a very short time of death, even on the same day if possible, and the body must be buried in a Jewish cemetery. Different branches of Judaism present divergent approaches to the cremation of the body, ranging from prohibition in the Orthodox faction to acceptance in the Reform faction (Unterman 2005). In contrast, Judaism is opposed to post-mortem examination, unless it is a requirement by the judicial authorities in the case of a suspected crime (Trepp 2009).

In Islam, the rule is that a dying person cannot be left alone. Before death, their face is turned towards Mecca and the Shahada, the Muslim

profession of faith, is whispered. After death, the body is washed by people of the same sex as the deceased person and then wrapped in a shroud and buried no later than 24 hours after death. According to traditional beliefs, prolonged retention of the body may result in the soul of the deceased being trapped inside it and having trouble reaching paradise. In Muslim countries, the predominant practice is to bury the body without a coffin (Kózka, 2010).

Islam approves of organ harvesting for transplantation. One of the more significant documents issued on this issue is the 1996 fatwa promulgated by the Muslim Council of Britain, which includes scholars from various Islamic law schools. They considered that, according to the latest medical knowledge, the brain death criterion should be taken as the definition of death and the medical community has the knowledge to determine it. Thus, it was deemed that the determination of brain death is the basis for organ harvesting for transplantation. Organ donation should be decided upon while the person concerned is still alive, and they should carry an organ donor card. However, in the absence of such a card, the Muslim Council of Britain ruled that the decision on organ donation could also be made by the deceased's next of kin. At the same time, remuneration for organ donation and trade was considered forbidden. This fatwa has been adopted by countries like Egypt, Saudi Arabia, Malaysia, Libya, Morocco and Iran (Kyriakides-Yeldham, 2005). This stance on organ harvesting is primarily because, according to Islam, the body does not belong to the person – it is merely lent to them by Allah. Thus, a person who does not own their body cannot dispose of it at their discretion.

## **Religion and circumcision**

The ritual of circumcision exists among both Jews and Muslims, although there are important differences. First, for Jews, circumcision is strictly religious; it is an obligation that comes from Abraham according to the Torah. For Muslims, circumcision should be seen more as a tradition, even though many Muslims now consider it a religious obligation. Indeed, the Quran does not prescribe circumcision and it is

only in the Sunnah that references to this custom can be found. Indeed, Muhammad is supposed to have said „(...) that he was not sent to men to circumcise them, but to convert them” (Dziekan 2008). However, circumcision was already prevalent in the areas where Islam is now dominant even before Islam was founded. Islam has therefore simply accepted the existing customs.

For Jews, circumcision must be performed on the eighth day after birth, even if it falls on the Sabbath, except when the child is ill. Circumcision is carried out in the presence of witnesses by a mohel, i.e. a person authorised to perform it. This act can also be performed by the father if he has the ability to do so. During this ceremony, the child is given a name (Trepp 2011).

In the case of Islam, there is no consensus among schools of Islamic law as to whether circumcision is a natural law applicable to all males or merely a custom. However, regardless of the status of circumcision, almost all men undergo this ritual, which takes place between seven days after birth and 15 years of age. This age range is generally due to the traditions of the given region.

Some Muslim countries also practice female genital mutilation, which occurs in Africa (e.g. Kenya, southern Egypt, Somalia), certain areas of the Arabian Peninsula and partly in Southeast Asia (Dziekan 2008). The practice involves the partial or total removal of the clitoris and sometimes the labia. Although the practice is rooted in tradition rather than religion, it has been locally mandated by some Muslim clerics. An example is Somalia, where female genital mutilation is always argued for based on religion. It is believed that a non-mutilated girl would become possessed by the devil and become a debauchee (Balicki 2010).

## **Dietary rules**

Both Judaism and Islam have specific religiously determined dietary rules. Hebrew has the word „kashrut”, meaning a set of rules of Jewish religious law regarding diet. Thus, the actual food is called kosher, although the word itself has a broader application. For example,

clothing can be kosher too, if it complies with the rules of the halakha. In contrast, Islam distinguishes between halal (permissible) and haram (forbidden).

Today, the rules of kashrut are observed by Orthodox Jews. The first rule of kashrut is a ban on blood consumption. This is the very prohibition from Genesis that Jehovah's Witnesses also refer to: „you shall not eat flesh with its life, that is, its blood” (Kameraz-Kos 2008). This prohibition gives rise to a vital principle in Judaism concerning the special preparation of meat. Jews may not eat meat from animals that have not been slaughtered according to Judaism's rules of ritual slaughter. Only a specialised shochet (butcher) may carry out the slaughtering (Kameraz-Kos 2008). After killing the animal, the shochet checks the animal's organs to see if it is healthy. Before preparing the meat, the cook must still kosher the meat, i.e. soak it in clean water for about half an hour, then rinse it, drain it and sprinkle it with a layer of salt. The meat should be left in this state for about an hour. The salt is intended to absorb any remaining blood. Finally, the meat must be rinsed several times, each time in fresh water (Kameraz-Kos 2008).

The second rule of kashrut concerns the types of clean animals, i.e. those whose meat is suitable for consumption. The Bible allows Jews to eat the meat of cloven hoof animals that are also ruminants. These include the cow, ox, goat, ram and roe deer. Those animals that lack one of these characteristics may not serve as food. This includes, for example, the pig, as it is not a ruminant. Additionally, it is permitted to eat fish, but only those with fins and scales. Eating other aquatic animals, e.g. eels, catfish, crabs and snails, is prohibited. As for birds, farmed poultry, i.e. chickens, ducks, turkeys, geese, and game birds like pheasants, guinea fowl and partridges, are considered kosher. In contrast, eating birds of prey and songbirds is considered to be prohibited. Notably, the principle of ritual slaughter also applies to the consumption of birds. As such, meat from dead or injured animals, including meat from hunted animals, cannot be consumed (Kameraz-Kos 2008).

The third fundamental rule of kashrut is the separation of meat dishes from dairy dishes. Thus, one cannot, for example, eat a sandwich with butter and cold meat. The rabbis have set rules about how much

time should pass between eating one type of food and another. Thus, the prevailing rule of thumb is that six hours must elapse between the consumption of meat and its products and milk and its products (some rabbis say four hours), while the other way round, i.e. milk/meat, at least two hours must pass (Kameraz-Kos 2008).

The above rules play an enormous role in the lives of Orthodox Jews. This is because they must be sure that meat and dairy have not been combined as early as the meal preparation stage. Therefore, Jews who follow these rules only eat in places where they are sure these rules are observed (Kameraz-Kos 2008).

Islamic law distinguishes between halal (permissible to eat) and haram (forbidden) food products. A list of halal and haram products can be found in a document produced by the FAO and WHO Codex Alimentarius Commission in 1997 (Vries 1999). The haram products mainly include pork together with related products (fat, gelatine), blood and carrion (Górak-Sosnowska 2011). The ban on eating the carcass of any animal means that only meat from animals that have been ritually killed by bloodletting can be consumed (there is a precise description of who can perform ritual slaughter and how). Prohibited products also include meat from wild boar, dogs, carnivores with tusks and claws and birds of prey, as well as alcohol and drugs. The above prohibitions may be relevant when it is advisable, for example, to give a Muslim patient medication containing substances not allowed in Islam, such as alcohol. Despite the various prohibitions and injunctions, most do not apply during illness. Islam promotes the message that God created man and gave him a body to take care of it. Therefore, health can be considered a supreme value and the care of the body a duty for every believer. Muslims must lead a healthy lifestyle by maintaining good body hygiene and diet. Furthermore, in case of illness, a Muslim should seek various ways to recover from it (Inhorn, Serour 2011). As such, Islam takes a rather liberal approach to the treatment of the faithful, e.g. it does not prohibit the use of drugs containing alcohol or narcotics if they are essential for therapy. This decision was taken in 2002 at a meeting of the Muslim Scholars' Board of the World Muslim League in Mecca.

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