

Matching Mullā Ṣadrā's Philosophy of Ethics with the Common Principles of Medical Ethics

Mehran Seif-Farshad^a, Yousef Kheire^b, Seyyed Mohammadamin Madayen^c

^a mehran seif-farshad Assistant Professor of Medical Ethics, Tabriz University of Medical Sciences , seiffarshadm@tbzmed.ac.ir . (First Writer)

^b . Member of the Center for the development of interdisciplinary research in Islamic sciences and health sciences. Kheirey@tbzmed.ac.ir. (Second Writer)

^c Assistant Professor of the Center for the development of interdisciplinary research in Islamic sciences and health sciences. Tabriz. Iran. Madaenm@tbzmed.ac.ir (Corresponding Author)

Abstract

The category of ethics is traditionally divided among researchers in this field in to three branches: applied ethics, normative ethics and meta-ethics. Despite the three branches, each of these branches has both an effect on the other. Medical ethics as a branch of applied ethics on the one hand is influenced by the views of ethics philosophers and on the other hand due to the importance of the medical profession requires special attention. The present article uses a descriptive and analytical method to apply the philosophy of Ṣadrīan ethics with one of the important views of medical ethics, namely Principalism.

The authors of this study, by examining the relevant texts, have argued the following results that are stated briefly. Principalism is in line with Ṣadrīan moral view in that according to Mullā Ṣadrā's view of moral realism, moral concepts have an existential and external meaning, and therefore moral behavior and advice must be reflected in the world. Principalism also emphasizes the improvement of the moral performance of physicians and clinicians during medical interventions. However, the emphasis on Principalism should not lead to the molding of the clinician's mind, and according to Mullā Ṣadrā's moral Intuitionism, the moral conscience of the physician and those involved in medicine should always show their role during treatment. Based on the study of Mullā Ṣadrā 's views, it is inferred that among the four principles of medical ethics, the two principles of beneficence and non-maleficence are the first priority, and the principles of justice and respect for autonomy are considered a means of profitability and non-prejudicial.

Keywords: Principalism, Mullā Ṣadrā, Intuitionism, Realism

Introduction

Ethical studies are divided into meta-ethics, normative ethics, and applied ethics according to the need for more in-depth discussions. It can be said that philosophy of ethics is the root, science of ethics is the trunk, and applied ethics is the fruit of moral studies. Despite the diversity of study divisions, ethical issues are a single and definite field, and these three branches are strongly related to each other. Principalism is an approach in the field of biomedical ethics whose theorists were concerned with the application of ethics in the field of medical interventions, without the physician and therapists being mentally involved with the theoretical philosophy of ethics.

Principalism in the medical ethics is an approach integrated of virtue-based, teleological and deontological approaches. However, since it lies within the scope of the applied ethics, it can be reviewed and interpreted from the perspective of the three above-mentioned attitudes.

Şadr al-Muti'allihīn Shīrāzī, known as Mullā Şadrā as an important Islamic scholarly philosopher, is one of the great philosophers who has presented a new metaphysical system with special foundations and astonishing innovations. Like his previous philosophers, both Greek and Islamic, in the field of ethics, he chose virtue-based approach and in the field of meta-ethics, according to the principle of the originality of existence, is considered one of the philosophers of moral realism.

However, Principalism has been examined from the perspective of philosophical influences. However, the present article intends to study Principalism and the four principles mentioned in it from the perspective of Şadrīan ethics and apply the criterion of Şadrīan ethics in these four principles.

In light of the above, the question of the present article is what is the interpretation of Principalism in medical ethics from the perspective of Şadrīan ethics and how will the four principles be prioritized in Principalism?

1- The virtue-based ethics and moral criterion of Mullā Şadrā

Şadr al-Muti'allihīn Shīrāzī, known as Mullā Şadrā, is generally regarded as the last philosopher in Islamic philosophy. His views and theories, despite being similar to the two great philosophers before him, namely Ibn Sina and Suhrawardī, has different opinions with them based on its special types.

Most of Mullā Şadrā's differences with Ibn Sina and Suhrawardī are explained by his emphasis on the originality of existence and the importance of the issue of existence over nature. Mullā Şadrā, like all moral philosophers who believe in religion, has a favorable view on the theory of virtue.

But he explains the virtue-based theory on the basis of the originality of existence, and in this way explains his own particular moral criterion. Therefore, it seems necessary to define Şadrīan virtue-based theory and Şadrīan existential originality in order to clarify the moral criterion from the perspective of Mullā Şadrā.

For Mullā Şadrā, existence is the same as having reality outside and being present in the real world. And that is the factor that everything in the external and real world is realized through which. (Mullā Şadrā, 1420: 219) Accordingly, because existence is the main cause of being realized; reality cannot be imagined higher than existence, and there is no concept more obvious in the mind than the concept of existence. "The concept of existence is the most obvious and enlightened things. The concept of existence does not need to be defined because it is obvious. And because it can include anything, it is the most general things "(Mullā Şadrā, 1361: 6)

As mentioned, Mullā Şadrā's philosophy is based on the originality of existence. Originality of existence means what really exists in the external world is the original thing. (Motahhari, 1377, v. 6: 496) The explanation is that an object in front of the mind can be divided into two concepts of the existence of the object and what that object is. The concept of existence of an object indicates that it is in the external world; and the concept of what an object is indicates the nature of that object. The question in the discussion of the originality of existence is which of the two concepts of existence and nature refers to the external world and which is manifested and depends on what refers to the external world. According to Mullā Şadrā, based on the originality of existence, the existence of objects precedes the nature of objects; and existence is original. Because as long as an object does not exist, the nature and the quality are meaningless to it. Therefore, the existence is original and the nature is credit and, consequently, existence has manifestations in the mind. (Mişbah Yazdī, 1392, vol. 1, 998-1151)

The conclusion Mullā Şadrā takes from the originality of existence in the field of values which is the basis of his moral philosophy is that he considers existence as the source of good and perfection and non-existence as the source of imperfection and evil. (Mullā Şadrā, 1360: 251-252)

The explanation is that according to the originality of existence, everything that is realized in the outside world is of the type of existence. Therefore, the perfections that have occurred for man

and other beings are necessarily of the type of existence, and evil is nothing but the absence of those perfections. Mullā Ṣadrā's moral system, influenced by the religious teachings of Islam and the great Greek philosophers, seeks to form a balanced and moral personality for the human person. Mullā Ṣadrā, based on his philosophical principles, including the originality of existence, explains the attainment of moral character, which is the point of view of virtue, in a special way, which we can call Ṣadrīan special virtue. In the philosophy of virtue-based ethics, the emphasis is on having a desirable and admirable personality trait, and in this regard, virtue-based ethics is a form of reflection and thinking that pays more attention to desirable personality traits. This theory was mentioned in the Western world since ancient times until the advent of modernity and is rooted in the teachings of Socrates. (Jane Porter, 1378)

And it is always important in the Islamic world. (Islami: 1378) Virtue-based ethics is a moral school that emphasizes the moral factor and its motives. In other words, the evaluation of the morality of a behavior will result from the evaluation of the motivations or characteristics of the actor. Judgments about happiness, in turn, are either derived from claims related to righteous behavior and virtue, or are independent of those claims. (slote: 2000: 329)

Mullā Ṣadrā, based on the originality of existence and, consequently, the intensity of existence, considers the beings of the world to be weak and strong. Stones, plants, animals, humans, immaterial beings, and ultimately God are all present, but in the order in which beings are mentioned, from weak to strong, they have more existential perfections. The plant grows while stones don't grow. The animal has a will while no plant has a will. Man has growth and will, and also intellect, but he is in the realm of matter. The abstract being has all these perfections, but it is not in the realm of matter and material limitations, yet it is the product of God and needs Him. And God Almighty has the highest level of perfection, He is unlimited and there is no need for Him.

Mullā Ṣadrā explains the levels of happiness based on the principle of existence which is the source of goodness and perfection. He expresses the happiness of every being in proportion to the degree of perfection of its existential imperfection. The most perfect beings are the existence of the Almighty God, followed by abstract minds - or immaterial beings - followed by human, animal and vegetable populations. The happiness of these creatures will also decrease from top to bottom, respectively. (Mullā Ṣadrā, 1999, vol. 9: 121)

In Ṣadrīan moral system as a system that emphasizes the virtue-based theory and the approach of existential originality, good and balanced character can be achieved by the domination of reason over the other powers of the human soul, and according to this condition, the domination of reason over the whole of human existence makes man capable of reaching the ultimate existential intensity. The esoteric powers of the human soul are the four powers of science - which is the product of reason - anger, lust and justice. The appearance of a human being does not become good and beautiful except for his all goodness and the moderation of his elements and he does not become ugly except due to the ugliness of some elements and the lack of moderation of the elements of the appearance. The inside of man does not become good and beautiful except due to the goodness of all the inner elements and moderation among his inner elements. In this case, man acquires the characteristics of wisdom and freedom. (Mullā Ṣadrā, 1999, v. 6: 373)

The moderation and goodness of science is that it understands the correctness and incorrectness of sayings and words, right and wrong in beliefs, as well as the ugliness and beauty of deeds. If this power is reformed and moderated; there is a fruit called wisdom, which is really the principle of charity and the top of virtues. (88-89: Ibid) The moral criterion based on Ṣadrīan transcendent wisdom, whose emphasis is on the theory of virtue with the role of the human rational dimension, can be interpreted as follows. The moral criterion is the intellect, the intellect that is refined and the truth is revealed to him. In this way, the means of happiness and intensity of human existence are provided. Because right and wrong are distinguished by theoretical intellect, and good and bad deeds and behavior can be recognized by practical intellect. (Mullā Ṣadrā, 1356: 304) But the intellect reaches its perfection i.e. the attainment of truth and true knowledge when it is refined. If purification

of the heart and liberation from animal instincts are realized for man, divine knowledge and light will appear in it. (Mullā Ṣadrā, 1381: 74-80)

1- This criterion of Ṣadrīan ethics is rooted in two areas of meta-ethics. First, morality is one of the realist schools according to the originality of Mullā Ṣadrā's existence in transnational debates. According to realists, moral issues such as justice and oppression that are abstracted from some movements and actions, are considered as descriptions for actions and have a special existence in the outside world and form part of the outside world. (Landau: 2003, 1314) Therefore, every moral act according to Mullā Ṣadrā's transcendent wisdom must have a manifestation of existence. For example, it should bring about the existential evolution of the soul. Second, Mullā Ṣadrā's ethics in the field of semantics supports the view of intuition. According to the verse "And inspired to it both its wrong and its Right" (Al-Shams: 8), He says: If a person avoids material worries and greed and engaging in ugly affairs; he easily understands good and evil. (Mullā Ṣadrā, 1999, v. 7: 167)

In explaining intuitionism, it is necessary to mention that Mullā Ṣadrā does not consider intuition only as a matter of the heart. Rather, the intuition of facts and its understanding from Mullā Ṣadrā's point of view occurs with the promotion of human existence from the sensory and material realms to the intellectual and meta-material realms (Tajarrud). In this regard, he says: "Because of the transcendence and superiority of intellectual forms, the soul cannot see them completely and clearly, so it sees them poorly, and it occurs with the movement and passage of the soul from the perceptible to the imaginary and from there to the rational and the passage from the material world to the other world." (Mullā Ṣadrā, 1999, 289-290). This is why human intuition has both a heart and a rational explanation for Mullā Ṣadrā from the moral truths that God inspired by the human conscience according to verse 8 of Surah Al-Shams of the Qur'an. In the explanation of the hadith of the Prophet, who said that the hearts of all the servants are between the fingers of God Almighty and according to the destiny that has been written for them, He turns them wherever He wants. (Āmulī, v. 8: 318) The second level of the soul of man is called the theoretical intellect and the thinking soul. (Mullā Ṣadrā, 1366, vol. 5: 166)

2- The relationship between Ṣadrīan ethics and Principlism

Principlism is an approach to the study of moral dilemmas based on the application of specific ethical principles. This approach has been adopted in ethical decision-making in many areas of the medical profession.

Principlism seeks to provide ethical guidance in clinical practice, and for this purpose uses several specific ethical principles. The most famous version of Principlism is presented by Beauchamp and Childress in the book Principles of Medical Ethics. In this work, they name four basic principles in the field of biomedical ethics. 1- Respect for autonomy 2- Beneficence 3- Non-maleficence 4- Justice (Singer and Viens: 4)

The word principle somehow implies total acceptance. These four principles are universally accepted values because they provide us with the principles of desirable fundamental propositions. (Beauchamp and Childress, 2013: 13) The theory of Principlism offers us a simple but accessible solution and does not involve the medical ethics researcher in the abstract discussions of the philosophy of ethics. The four common principles are culturally neutral, which can be used to reflect on ethical issues concerning health care. (Gillon, 1994: 184-188)

Although these principles do not create the law, they do help physicians and colleagues to make decisions on ethical issues. In other words, these four main principles and attitudes enable health care workers to create consistent and ethical commitments, and use a common ethical language, and a common analytical framework for responding to ethical problems in care, rather than different and heterogeneous ethical cultures. (Ibid)

In Islam and some other religions, these four principles are generally accepted, but individual authority and independence come after utility. (Larijani, 1392: 24) While in the current view, none of the moral principles takes precedence over the other.

The critique to Principlism can be summarized as the fact that Principlism is an inefficient tool that seeks to apply a small number of moral principles in all matters and in all circumstances and is insensitive to the inherent complexities and tensions of morality. (Larijani, 1392:

215) Due to the inadequacy of only four principles for decision-making and action in cases of disagreement, in many cases, to perform a morally correct action must be discussed and all aspects must be considered. (Dracopolus: 1998)

The four common medical principles introduced and categorized by Beauchamp and Childress in the book "The Principles of Biomedical Ethics", is accepted by all moral views and schools.

Since the present article tries to rank and review these principles based on Mullā Ṣadrā's philosophy of ethics, it is necessary to first mention Mullā Ṣadrā's views in the two areas of Meta Ethics and Normative Ethics, and in the second step to examine each one independently and evaluate these four principles according to the criteria of Ṣadrīan ethics.

Before examining the four principles, it seems necessary to mention two points of Mullā Ṣadrā's transcendent wisdom, which are significant for the preservation and importance of the soul.

First, Mullā Ṣadrā, according to Islamic teachings, considers only God Almighty as the absolute ruler of the universe, and only He is allowed to rule the universe, and He is the owner of the universe. "There is no rule except Allah" (government is exclusively for God) (An'am: 57). "And Allah is the King of the heavens and the earth" (Nūr: 42) (God is the only owner of the earth and the heavens). According to these verses of the Qur'an, Mullā Ṣadrā introduces a new philosophical argument called existential poverty. (Mullā Ṣadrā, 1999, v. 2: 378) The basis of Mullā Ṣadrā in this discussion is that all beings as divine creatures receive their existence and reality from God and God has existence in nature in His identity, so He does not need anyone. Now all beings have an inherent and existential dependence on God. (Ibid.), (Ubūdīyat and Miṣbāḥ, 1386: 117)

The moral consequence of the above is that no one but God Almighty has the right to interfere in the affairs of creatures. "Inherent obedience is only to God, whose obedience is obligatory, and other than Him, obedience is not obligatory unless God allows and commands to interfere in the affairs of creatures." (Sobhani, 1411, v. 2: 73)

And the second point is that God created the universe to achieve the happiness of creatures, including human happiness (Tabataba'i, 1390, v. 8: 235) Therefore, the goal of enforcing the divine laws is to achieve the perfection and happiness of human beings, and whoever interferes in the affairs of creation with the permission of God, must strive to achieve this goal. "It is the desired law - the divine law, which helps people to implement a method that will lead to order in the affairs of livelihood in this world and bring them to God in the hereafter" (Mullā Ṣadrā, 1360: 360) What is considered in the study of common medical principles from Mullā Ṣadrā's point of view as a presupposition of philosophy are two points that can be deduced from Mulla Ṣadrā's meta-ethical and normative ethics.

According to the philosophical principle of the originality of existence, everything that is real is necessarily of the type of existence. Existence is what gives objects truth and brings them into the real world. This matter and philosophical principle brings Mullā Ṣadrā Shīrāzī in the field of meta-ethics closer to the realist view in the question of ontology. According to Mullā Ṣadrā himself, goodness as a fact, is really an existential matter and is present outside. (Mullā Ṣadrā, 1999, v. 7: 57)

Also, like the Greek and Islamic sages before him, he emphasizes the management of powers and the carnal desire to balance the human soul. In this regard, the acquisition of a virtuous soul, the moral conscience in the belief of Mullā Ṣadrā and the ancient Greek philosophers and Islamic moral scholars is able to discover a criterion that distinguishes goodness from ugliness and evil. (Mullā Ṣadrā, 1389, vol. 6: 373-376)

Therefore, according to the author, Mullā Ṣadrā is in the spark of virtue-based philosophers. According to the above points, as a conclusion of this part of the present article, it can be said that Principialism is compatible with Ṣadrā's ethics in the following aspects. An important aspect of compatibility of Principialism with Ṣadrīan ethics is that Mullā Ṣadrā is close to ethical realism and Principialism shows a way that a doctor makes the best decision in practice and takes the best action. Because moral realism seeks good and evil in the real world. Thus, Mullā Ṣadrā, as a realist moral philosopher, can accept Principialism in the realm of beneficence in practical application.

On the other hand, if we accept that principles are not for limiting in forms, but for regulating thinking and reasoning, and ultimately benefiting from correct moral analysis, familiarity with these principles can show that it is consistent with Mullā Ṣadrā's intuitive approach.

3- Examining the four principles based on Ṣadrīan viewpoint

As mentioned, Beauchamp and Childers in the book "Principles of Biomedical Ethics" point to four ethical principles that have become commonplace today and have been used as accepted issue in the field of medical ethics. We will review these four common principles in the continuation of the article according to Ṣadrīan philosophy of ethics.

A-Autonomy

Autonomy or the principle of respect for human free will, believes that one should respect one's ability to be autonomous. Man's capacity to make choices based on individual knowledge, beliefs, and values is called autonomy. (Downie and calman: 1994)

This principle requires that the patient be consulted and agreed upon before any action is taken. Satisfaction of the patient along with awareness, confidentiality and fulfillment of the covenant are examples of this principle. (Larijani, 1392: 25)

According to the principle of autonomy or respect for the authority of individuals, there are two moral responsibilities. The first is that people should be considered autonomous, and the second is that people who are somehow deprived of the power of autonomy have the right to protect themselves. As a result, the principle of respect for individuals is divided into two moral obligations, one is that each individual is free. Another is that a person who does not have full authority should be supported. Some people lose this ability due to illness or mental retardation or when the person does not have complete freedom. Respect for the minor or the incapacitated person requires that the person be protected until he or she reaches puberty. (Abbasi, 1383: 42)

According to Mullā Ṣadrā's moral realism, which stems from the originality of his existence, goodness is what is manifested in reality. Therefore, health and relief from disease are considered as a fact as good or useful, and efforts should be made to achieve the main goal of medical efforts.

Since life is a divine trust and man is responsible for its preservation, and the responsibility for preserving life is given more priority over the right to choose life, and this is due to the fact of absolute divine ownership, we can conclude that the patient should consider the doctor's advice as a divine duty. The physician should entrust the treatment to a specialist colleague when he / she is convinced that the treatment of the patient's disease is beyond his / her field of expertise and knowledge.

In this case, both the physician and the patient will see authority as a means to good health. Of course, in case the patient has lost the ability of autonomy, the doctor will consider the patient's life as a divine trust in the patient's body and will try to preserve it, and of course, to the extent that the patient has the capacity to be aware of the treatment process will inform him of the appropriate treatment process justification.

Of course, it also remains in place that the patient, if qualified, is responsible for maintaining life as a divine duty and is responsible for accepting or not accepting the healing process. In the meantime, the physician has a moral responsibility to justify the patient's cooperation with the physician and to maintain the patient's inner peace by informing him about the appropriate treatment process and to invite him to accept treatment.

In short, to make an independent choice, the patient must be free to make his or her own choices (free from control). To be able to choose, the patient should be enough informed and to be able to make decisions. (As the baby does not have an independent choice because it does not have the capacity for such a choice) (Iserson: 1999)

Of course, since the patient's information about the nature of the disease and the effectiveness of the treatment will never be the same as that of the physician, the patient and physician, although involved in deciding the treatment, will not share equality. The therapist's cooperation may agree to the redistribution of responsibilities, so that the therapist is given a more patriarchal role

(Larijani, 1392: 487). Hence, the value of autonomy is based on the amount of information obtained from medical evidence and examinations, not on the mere decision of the patient.

At present, instead of respecting the Autonomous Person, respect for the patient's Autonomous Choice is more important and emphasized. And this emphasis obliges medical professionals to help the patient to make better choices and decisions to empower the patient and remove obstacles to the patient's right decision-making.

Completing the topic

B and C. Beneficence and non-maleficence

According to these two principles, health care providers should do useful work to help the patient and not doing works that harms the patient (Schwartz, preece and Hendry; 2002: 134-155) Beneficence is closely linked to the tradition of healing and helping. These concepts are central to the patient. (Stone, 2002: 31-90) According to these two principles, physicians must have the appropriate qualifications. Because otherwise they are unlikely to benefit the patient and possibly harm the patient. It is generally accepted that in order to benefit the patient, it is sometimes necessary to expose the patient to certain risks. But as a general rule, the amount of risk expected should be justified by the amount of benefit expected. Serious and effective scientific and practical training both before and after starting a doctor's career and gaining sufficient experience about the benefits and harms of medical interventions are among these mandatory commitments. (Larijani, 1392: 25)

About the second and third cases, the principle of beneficence and non-maleficence is an obvious duty of the physician and is an initial and fundamental expectation that the patient has of his physician. However, the diagnosis and criteria in prescribing or not prescribing drugs that have significant side effects, or performing or not performing surgeries that have a significant risk, and how likely the patient is to recover from this prescribing drug and performing surgery, depends on the doctor's moral conscience.

Legislation in such cases may either not be possible or it may be associated with significant difficulties. If laws are enacted, these laws may be flawed. But if the virtue-based moral view is accepted by the physician, and he cultivates his soul in the face of material interests, he with his moral intuition can determine whether or not to prescribe medication or to perform or not to perform surgery. Of course, it is important to mention three points in the theory of virtue:

- 1- Having professional competence namely having sufficient knowledge and skills
- 2- Using up-to-date knowledge and evidence-based medicine
- 3- Familiarity and ability to analyze professional commitments and adhere to commitments

In fact, beneficence and non-maleficence can be explained from two of Mullā Ṣadrā's moral perspectives, namely intuitionism and virtue-based theory. A physician who has a refined soul and is adorned with virtues can make the best judgments when dealing with ethical issues in the field of medicine according to the available facts. And this moral intuition can be the best alternative to the rules. Because laws, no matter how detailed, are still general precepts, but moral intuition tells the most precise precepts according to the most detailed facts. In fact, it can be said that such an intuition will show the doctor the solution that has the most benefit and the least harm for the patient.

This recent point corresponds to the main point of view in Evidence based medicine. Evidence-based medicine is the correct, explicit and prudent use of the best available evidence in deciding on the care of each patient, and this means combining individual clinical experiences with the best clinical evidence available and obtained from systematic research (Sackett, et al. 1996).

Accordingly, evidence-based medicine is the science of achieving relevant information, examining validity of information and using relevant and valid information in clinical decisions. In this science, the best evidence available along with the physician's experiences and the patient's unique desires and values lead to clinical decisions. In the meantime, the desirability of clinical outcomes from the patient's point of view and the direct and indirect costs of the disease and diagnostic and therapeutic interventions are best combined.

D. Justice

Justice is a moral obligation based on fair judgment between the parties to the judgment (Frey: 2001). In medical ethics, the obligations and requirements arising from justice can be divided into three categories: 1 - Fair distribution of funds 2 - Justice in respect of the rights of the people. 3- Justice in the implementation of acceptable moral laws (Ibid)

Although equality is the heart of justice, as Aristotle said many years ago, justice is more than equality. As Islamic scholars have defined it as placing any object in its proper position and giving the right to the rightful owner. (Sabzevari: 1391: 54)

Justice does not mean that we have to have a single standard of medical care for all people, but it does mean that we accept and act responsibly under certain conditions to treat the patient, and because of differences in wealth, position or race we should not discriminate in the provision of services (Campbell, 2001: 2-19) This principle is seriously considered in the field of health care and is emphasized at all stages and levels. (Larijani, 1392: 25-26)

Justice in the medical paradigm is considered in allocating medical resources to patients. In the medical paradigm, the issue of justice is reflected in the fact that there are sick people in the community for whom health resources should be spent on treatment and rehabilitation. The question now is what criteria should be used to allocate resources. (Aramesh: 1386)

To study the principle of justice according to Ṣadrīan philosophy of ethics, we need to examine Mullā Ṣadrā's meta-ethical perspective and normative ethics. Moral realism in meta-ethics and virtue-based ethics in normative ethics helps us to explain this principle from the Ṣadrā viewpoint.

According to the ethical realist view of resource allocation, if there is an example of considering the rights of individuals and enforcing oppressive laws, one should choose the option that brings the most conceivable good for society in terms of health. So the criterion for allocating resources should be based on how the greatest good will happen in society. As the priority of the treatment staff for the covid 19 vaccine, which has the greatest health effect in the community.

However, since this principle, like the principles of beneficence and non-maleficence, is in some way accompanied by selection, having a virtuous moral conscience is the basic principle in determining the appropriate option.

A physician or a person who has a role in the work of therapy must reach such a balance of powers and carnal desires that he cannot prioritize his personal material interests over the vital interests of individuals and overall health. However, it is difficult to formulate laws that cover all instances and are complete in the allocation of health resources; but the moral intuition of the doctor and therapist is a useful guide in these cases.

E. Ranking common principles and explaining Ṣadrīan view on Principlism

The critique of Principlism can be done from both practical and theoretical aspects. Because morality is basically the source of all human thought and behavior. (Khalq:1395)

Principlism is compatible with Mullā Ṣadrā 's philosophy of ethics, because according to the originality of existence and the view of moral realism, Principlism wants to achieve a certain goodness, that is, health and cure of disease in the realm of application and practice. However, if Principlism is formulated in the minds of physicians and therapists in a way that does not allow them to understand moral intuition, it may be incompatible with Ṣadrīan ethics from this perspective.

Despite all these interpretations, the authors believe that using any of these four principles to make the right choice requires a moral conscience that has reached the level of virtue theory. What is seriously considered in medical ethics and professional behavior is to make the best decision and then make the right choice, and in this way it is very important to acquire the necessary skills to practice medicine. These competencies include: medical knowledge and skills, patient or caregiver care, communication and interpersonal skills, professional behavior, and systematic practice. A review of these capabilities shows that adherence to professional commitments and requirements in the light of excellence of the ethical characteristics and virtues will pave the way.

Therefore, it can be said that Principlism can cooperate to some extent with the virtue-based theory. However, Principlism is next to the three approaches that are expressed in normative ethics, which are: deontological, teleological and virtue-based theory. (Larijani, 1392: 16-31)

In the field of ranking the four principles of medical ethics according to Mullā Ṣadrā's ethical point of view, the criterion of Ṣadrā ethics should be mentioned. Ṣadrāian moral criterion was virtue-based rationalism or refined rationalism in such a way that with such an intellect he recognized right and wrong or good and bad of thought and action. (Mullā Ṣadrā, 1356: 304)

And this goodness is considered as goodness and from Mullā Ṣadrā's point of view it is goodness of the type of existence (Mullā Ṣadrā, 1999: vol. 7, 167) and for this reason Mullā Ṣadrā is considered as one of the realist philosophers in the field of meta-ethics.

The second and third principles, according to their emphasis on beneficence and non-maleficence, are more in line with moral realism, and these two principles require a virtue-based soul according to the contents of paragraphs B and C, so these two principles can be given first priority. But because the principles of autonomy and justice are the means to maximize health of society and patients, are second only to each other.

References

- 1- Abbasi, Mahmoud, (1383 HS), Collection of Medical Ethical Codes, Tehran: Legal Publishing.
- 2- Alam al-Huda, Ali ibn Hussain, (1998 AD), Amālī al-Murtidā (Ghurar al-Fawā'id and Durar al-Qalā'id), researcher and editor: Ibrahim, Muhammad Abu al-Faḍl, vol. 1, p. 318, Dar al-Fikr al-Arabi, Cairo, first edition.
- 3- Arameshf Kiarash, (1386 HS), Discussion on the principle of justice in medical ethics, ethics in science and technology, second year, No. 3.4,
- 4- Ardeshir Larijani, Muhammad Bāqir, (1392 HS), Physician and Ethical Considerations, Volume 2, Translation and correction of Kiarash Aramesh, Tehran: Publications for Tomorrow.
- 5- Beauchamp, T, L and Childress, J, F. (2013 AD), principles of biomedical Ethics, oxford: oxford university press
- 6- Campble, A, Gillett, G, Jones, G, (2001 AD), Medical Ethics, Theories of Medical Ethics, uk. Oxford, oxford university press.
- 7- Dowine, R, Calmank, (1994), Healthy Respect. Second Ed, oxford: oxford university press.
- 8- Frey, RG, (2001 AD), utilitarianism, The annual Intensive course on Medical Ethics: London.
- 9- Iserson, Kenneth V, (1999 AD), Emergency Medicine Clinics of North America 17 (2): 283-306, ixPrinciples of biomedical ethics.
- 10- Islami, Seyyed Hassan, (1378 HS), Virtue-based Ethics and its Relationship with Islamic Ethics, Journal of Islamic Ethics, First Year, No. 1.
- 11- Jane Porter, (1378 HS), Ethics of Virtue, Ghabsat Magazine, Year 4, Number 13.
- 12- Khalq, Shahla and Javadi Yeganeh, Muhammad Reza, (1395 HS), the Explanation of Theoretical and Behavioral Values of Scientific Ethics among Students, Journal of Social Cultural Strategy, Sixth year, Number 24.
- 13- Landau, Russ-shafer, (2003 AD), Moral Realism. Defense, tord aniversity press, New York.
- 14- Mišbāh, Muḡtabā and Ubudiyat, Abdul Rasoul (1386 Hs), Philosophical Theology, (Fundamentals of Islamic Thought), Volume 2, Qom: Imam Khomeini Educational and Research Institute.
- 15- Mišbāh Yazdī, Muhammad Taqi, (1392 HS), Teaching Philosophy, Vol. 1, Qom: Imam Khomeini Educational and Research Institute Publications.
- 16- Motahhari, Morteza, (1367 HS), collection of works, vol. 6, Tehran: Sadraa.
- 17- Mullā Ṣadrā, Muhammad Ibn Ibrahim, (1361 HS), Mashā'ir, translated by Gholam Hossein Ahani, Tehran: Molla Publications.
- 18- Sabzevari, Hadi Ibn Mahdi, (1391 HS), Sharh al-Asma' al-Hassani, Qom: Navid Islami Publishing.
- 19- Sackett, DL, WMC Rosenberg, JAM Gray, RB Haynes, and WS Richardson. (1996 AD), "Evidence based medicine: what it is and what it is not." BMJ 312, no. 7023: 71-72.
- 20- Singer, P, A and viens, A, M, (2008 AD), the Cambridge text book, (Cambridge of Bio Ethics)
- 21- Slote, Michael, (2000 AD), Virtue Ethics, Caftton, Black well Gude to Ethical theory, Latollette, Black well Publishers.
- 22- Sobhani, Ja'far, (1411 AH), Theology, Qom: World Center for Islamic Studies,
- 23- Tabataba'i, Seyyed Muhammad Hussein, (1390 Hs), vol. 8, Al-Mizan fi al-Tafsir al-Quraan, Bayrut: Press Scientific Institute.

- 24- (1420 AH) Al-Arshiyah, Research by Fooladkar, Beirut: Al-Tarikh Al-Arabi Institute.
- 25- (1381 HS), Kasr al-Aṣnam al-Jahiliyah, edited by Dr. Mohsen Jahangiri, Tehran: Hikmat Ṣadrā Foundation.
- 26- (1356 HS), Al-Mabda' wa Al-Ma'ād, edited by Seyyed Jalaluddin Ashtibani, Tehran: Anjuman Publications.
- 27- (1360 HS), Al-Shawāhid Al-Rubūbiyyah, edited by Seyyed Jalaluddin Ashtibani, Mashhad: University Publishing Center.
- 28- (1366 HS), Al-Tafsir al-Qur'an al-Hakim, v. 5, Qom: Nashr Bidar.
- 29- (1999 AD), Transcendent Wisdom in the Four Mental Travels, Lebanon: Dar Al-Ihyā Turāth Al-Arabiya.