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Death and Gender Theories: Implications for Muslim Doctors and the Muslim Public

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Abstract

Historically everyone understood what death meant. If you were dead, you were dead no matter which country you were in, it meant the same thing wherever you were. Moving from one jurisdiction to another did not affect your legal status of being alive or dead. After being declared dead you were ready to be buried. In the past everyone understood what it meant to be a woman or a man, sex and gender were intrinsically linked and the two terms were used interchangeably. Your sex and gender were determined at birth and remained fixed throughout life. Your legal status of being a man or a woman was not dependent on which jurisdiction you happen to be in. But over the past few decades new theories about death and gender have emerged and evolved under social and political influences giving rise to the phenomena of "legal death" and "legal sex (gender)" which are no longer rooted in actual science. Such that your legal status of being alive or dead, being a man or a woman can depend on which jurisdiction you happen to be in. Some see these theories as social constructs, others as legal fictions. In this post-rational ideology era of political correctness and social justice real debate on such issues is either avoided or discouraged, and many individuals do not voice their opinion for fear of being verbally attacked or abused.

Although there are a number of theories regarding death and gender, the two theories which are currently in vogue are the brain death theory and gender identity theory. Both these theories are based on western society values and have been incorporated into law in many western countries around the world. The practical application of these two theories means they impact the working practices of Muslim health care professionals and the Muslim public in general. This article looks at how these two theories have evolved and their implications for Muslim doctors and the Muslim public.

Introduction

At first glance death and gender would appear to have little if anything in common yet both these phenomena which were traditionally based on science are increasing being rooted in theoretical concepts. They are both seen by some as novel social constructs1,2 that have evolved over a period of a generation or so and reflect changing western society values over that time period.

Although there are a number of theories regarding death and gender, the two theories which are currently in vogue are the brain death theory and gender identity theory. Both concepts postulate that death and gender are confined to the brain while ignoring the rest of the body thereby defying reality. Close examination of each of these concepts leads to absurd logical conclusions which puts doubt on the veracity of the original premise upon which each of these theories are constructed.

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What is death?

One of the problems in determining if someone is dead or not is the definition of death itself. Death is a relatively vague term, and its definition depends on the context giving rise to various types of death such as social death, spiritual death, human death, clinical death, medical death, religious death, legal death, and biological death amongst others.

In this article "actual death" shall refer to what has understood to be death by the ordinary person throughout human history until recently. It is an event which occurs only once in each human being, which involves death of the whole body, with no signs of life, an event which is irreversible by any human intervention and leads to decomposition of the body within days under normal circumstances.

From an Islamic perspective, as well as in Judaism and Christianity, death is signalled by the departure of the soul from the body3,4. The Qur'an also states that death is not a concept of the human mind but reality created by the Almighty:

"Who has created death and life, that He may test you which of you is best in deeds. And He is the All-Mighty, the Oft-Forgiving.."5

And that death is followed by decomposition of the body: "They said: "When we are dead and have become dust and bones, shall we be resurrected indeed?"6

What is gender/ gender identity?

The definition of the word "gender" and its use can be even more confusing than the word "death".

In the past the word gender was used to refer to nouns as being grammatically masculine or feminine in gender in many languages such as Latin, French, Arabic, Urdu, etc. Stock7 identifies four different ways in which the word gender can be used in this day and age:

Gender can be used as a polite substitute for biological sex and was used in official documents in this manner.

Gender is used to describe social stereotypes, expectations and norms of 'masculinity' and 'femininity', originally directed towards biological males and females respectively.

Gender is used for the division between men and women, understood, by definition, as a division between two sets of people: those who have the social role of masculinity projected on to them, and those who have the social role of femininity projected on to them.

Gender is used as a shortened version of gender identity. There are a number of theories (models) related to gender. The medical model theorises that gender identity is mismatch of gender identity (of the mind) with biological sex (of the body) manifesting itself as a condition called "gender dysphoria"8 which was at one time classified by some medical experts as a mental disorder. This is no longer the case in the NHS (UK). In this model gender is a relatively permanent feature.

The gender theory currently in vogue can be understood as the stick of rock (SOR) model which postulates that gender identity is a fundamental part of the self and determines who you "really are". The SOR here refers to a hard cylindrical stick-shaped boiled sugar confectionery commonly sold at seaside tourist resorts in the United Kingdom. The SOR cylinder has a pattern, usually the name of the resort, embedded throughout its length, analogous to a gender identity embedded in an individual.

Principle 3 of the Yogyakarta Principles9 describes gender identity as "integral to … personality" and "one of the most basic aspects of self-determination, dignity and freedom". Winston10, a well-known British retired professor of gynaecology, says in his book: "No one else can tell someone else what their gender identity is."11 Stonewall, a British charity supporting LGBT rights, defines gender identity as: "A person's innate sense of their own gender, whether male, female, or something else … which may or may not correspond to the sex assigned at birth"12. Gender theory now recognises gender identity as not necessarily being fixed as in the SOR model but as being fluid in nature thereby allowing an individual to change genders or have no gender at all (agender) or multiple genders at the same time (polygender) and there appears to be no limit on the number of gender types possible.

Some of these later developments to the gender theory may have been influenced by role-playing in video games which allow the player to take on an identity of one's choosing depending on one's mood and feelings. From an Islamic perspective the Qur'an says:

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"Exalted is He who created all pairs - from what the earth grows and from themselves and from that which they do not know."13
"And of everything We have created pairs, that you may remember."14

"And the male is not like the female…."15

These Qur'anic verses imply that Islam recognises only two genders (biological sexes) and rulings within Islamic law are based on a two gender model.

Some have suggested that the Quran indicates an additional gender when delineating women`s code of ethics for social encounter with the opposite sex:

"… or those old male servants who have no physical desire… "16

Islam law recognises a "mukhannath" which can be described as an effeminate male and a "khuntha" which is an individual with both male and female organs according to Ibn Qudamah17, although the term is also used for an individual with ambiguous genitalia.

Evolution of the brain death theory

The clinical condition which is referred to as "brain death" was first described in 1958 by two French neurologists, Pierre Mollaret, and Maurice Goulon, who presented a series of 23 patients with irreversible coma due to severe neurological injury at the 23rd International Conference of Neurology. They termed this clinical condition as coma dépassé18.

In 1966, at the CIBA Foundation international symposium on "Ethics in Medical Progress: With Special Reference to Transplantation"19 held in London, one of the main issues was definition of death. Discussions took place concerning the issue of equating le coma dépassé with death for the purposes of organ procurement but there was strong opposition to this concept and the idea was abandoned.

Events then moved over to the USA where in 1968 the Ad Hoc Committee of Harvard medical school was formed under the chairmanship of Henry Beecher, an anaesthesiologist, perhaps in response to the first human to human heart transplant which took place in South Africa in December 1967. In June 1968, the Committee published a paper entitled, "A Definition of Irreversible Coma" in the Journal of the American Medical Association (JAMA) putting forward the concept that an individual in a state of irreversible coma was dead even if the heart and circulation continued to function without providing any philosophical justification for such an assumption.

Questions started to be raised in scholarly literature about this new concept of death.

The original criteria for diagnosing this new clinical condition of "brain death" was modified in subsequent years. The requirement for a completely flat EEG which was necessary for the diagnosis of brain death was withdrawn only a year later, then the requirement for loss of all functions of the central nervous system was dropped as it soon became apparent that spinal cord function could persist in brain dead patients.

In 1981, President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioural Research put forward a philosophical rationale for the brain death concept as "irreversible loss of the capacity of the body to organise and regulate itself, to function as a whole," which was subsequently refuted by a number of commentators including Shewmon20,21, Karakatsanis22 and Tsanakas23, Truog3 and Nair-Collins24.

In response to growing critics, in 2008, the President's Council on Bioethics decided to re-examine the rationale behind the brain death theory to try to provide another philosophical rationale for the brain death concept.

Meanwhile, in the U.K. the brain death concept was also undergoing modifications and revisions. In 1976, the Conference of Medical Royal Colleges published brainstem criteria as prognostic guidelines "to establish diagnostic criteria of such rigour that on their fulfilment the mechanical ventilator can be switched off, in the secure knowledge that there is no possible chance of recovery"25.

Three years later, in 1979, the Conference of Medical Royal Colleges decided that the prognostic guidelines published in 1976 would constitute a diagnosis of brain death meaning that the patient is dead26. It was also claimed that the diagnostic criteria established for brain death criteria would suffice for whole brain death.

This claim was withdrawn in 1995 after a review by a Working Group of the Royal College of Physicians. The Conference of Medical Royal Colleges formally adopted the term "brainstem death" which was stated to be equivalent to death of the individual27 which was put

into question by the German neurosurgeon Hassler's report of successfully arousing patients comatosed from discrete brainstem injury by artificially stimulating the reticular activating system.28

Furthermore, criticism of the UK's brainstem criteria was voiced by the President's Council for Bioethics in 2008, "The UK standard….such a reduction, in addition to being conceptually suspect, is clinically dangerous because it suggests that the confirmatory tests that go beyond the bedside checks for apnoea and brainstem reflexes are simply superfluous."29

In the 1990s, it became clear that certain brain functions such as hypothalamic and pituitary functions remained in brain dead patients, and this was not consistent with the legal definition of brain death which required irreversible cessation of all brain functions (UDDA Act, 1981). "Cessation of all brain functions" in clinical practice became to be interpreted as "cessation of all critical brain functions, " which led to some academics such as Singer voicing their concern: "the brain death criterion for death is nothing other than a convenient fiction"30, a view corroborated by other scholars.31,32,33 Veatch has gone so far as to say, "It has now become clear that no reasonable person accepts the Harvard Committee position that "brain death" is a plausible definition of death."34

Evolution of the gender identity theory

In 1949, the French existentialist feminist, Simone de Beauvoir, in her book entitled "The Second Sex" wrote "One is not born, but rather becomes a woman." De Beauvoir argued that cultural representations of femininity are mostly formed by, and largely in the interests of men. Womanhood and by extension manhood are essentially social and not biological. Women are defined as a group who have a feminine social role projected upon them. This idea was later developed by the so-called "Second wave" feminists in the 1960s and 1970s who gave femininity and masculinity, understood as the different bundles of expectations, stereotypes and norms faced by men and women respectively, a special name,"gender".For many of these second wave feminists, it was important to think of gender (in this sense) as purely social, without a biological basis. This gave birth to the conceptual distinction between (biological) sex and gender.

This conceptual divorce between biological sex and gender allowed feminists to debunk the old-established norms of a woman's role in society entrusted on her because of her anatomy. A woman's potential should not be limited by her biology gave rise to laws on contraception and abortion.

In the medical field, also in the 1960s the concept of gender identity was first introduced by Money and Stoller. Money defined gender roles as "all those things that a person says or does to disclose himself or herself as having the status of a boy or a man, a girl or a woman."[35]

The concept of gender identity then arose out of gender roles. According to Money: "Gender identity is the private experience of gender role, and gender role is the public manifestation of gender identity."[36] A gender identity was considered to be a psychologically internalised gender role. It was assumed that during early development, each one of us comes to psychologically relate to ourselves in a wholesale 'gendered' way, which may or may not match facts about our biological sex. Money thought that gender identities could be male, female or neither ("androgynous").

Money was involved in the gender reassignment of Bruce Reimer. Bruce and his identical twin brother Brian were born in Canada in 1965 and both were diagnosed at the age of six months as having phimosis. While undergoing a routine circumcision procedure Bruce's penis was severely damaged beyond recognition by the use of diathermy. Bruce's parents sought the advice of Money, a psychologist and sexologist who worked at the John Hopkins Hospital in USA, who advised them to raise Bruce as a girl. Bruce subsequently underwent gender reassignment surgery at the same hospital in which his penis and testes were removed and tissues refashioned into female genitalia. He was renamed Brenda. During puberty Brenda was given oestrogen to promote breast development. Brenda and Brian were regularly followed up by Money as part of his research. Brian being an identical twin was a perfect control. Brenda was forced by her parents to wear dresses and was directed to engage in typical female norms, such as playing with dolls and mingling with other girls. Brenda's parents never disclosed to Brenda that he/she was born a boy.

Money described Brenda's sex transition as a success claiming Brenda behaved like a little girl and did not demonstrate any of the boyish mannerisms of the twin brother Brian. Money published data to reinforce his theories on gender identity providing justification for other sex reassignments surgeries to beperformed on children across the USA. However, Brenda's parents revealed a completely different story. They reported that Brenda did not identify as a girl and resented visiting

Money for treatment to the extent that at the age of thirteen Brenda threatened to commit suicide if subjected to further visits to Money for treatment. At the age of fifteen Brenda's father told Brenda the truth about being born a boy and the subsequent sex reassignment surgery performed for transition into a girl. Brenda in later years revealed suffering from psychological trauma, changed her/ his name to David and later underwent de-transition surgery and hormone therapy in an attempt to transit back to his original birth gender/ sex of a male.

In 1990 David married a single mother of three. He later went public about his medical history accounting what he endured under Money's treatment and at the age of 28 committed suicide.

Despite what appears to be a failed experiment Money's clinical work and ideas were influential in shaping the gender identity theory. Money, had initially developed the concept that we adopt gender roles to individuals with disorders of sexual development (DSDs), sometimes referred to as intersex individuals, but later extended the concept to everyone, suggesting that we all adopt gender roles. Money postulated that gender identity is primarily learned through one's upbringing (nurture) as opposed to one's inborn traits (nature). He proposed that gender identity could be changed through behavioural interventions, and he advocated that gender reassignment was the solution for treating any child with DSD traits or atypical sex anatomies. A new-born child could be raised either as boy or a girl dependent on social upbringing. By separating gender from biological sex it became apparent that gender need not be limited to just two options, male or female.

In the 1980s Fausto-Sterling, a professor of biology and gender studies, increased the public's understanding of DSDs and reinforced the concept that biological sex is not limited to just two options. She postulated that sex is "a vast, infinitely malleable continuum."[37]

In 1990 Butler's theory asserted that gender is a performance[38]. Butler based her analysis on Michel Foucault's idea that the juridical systems of power are responsible for producing the subjects they represent. In other words, the subject is formed, defined, and reproducedin accordance with the requirements or principles of the power structures. This also applies to the gender categories of male and female: they are arbitrary, artificial and do not reflect any prior material division. Butler asserted that the only way feminism could be revived was to unchain itself from the attempt of forming a single, unified and definite gender identity. Butler asserted that not only is gender a social construction but also sex which she considered to be a gender category. The body is conceived as a mere passive recipient of cultural laws and norms, biology loses its central position to determine destiny and is replaced by culture and society.

Butler's work had a significant impact in academic circles in the field of gender studies. In the 1990s the queer theory[39] was forged and Women's Studies departments founded in the 1970s and '80s started to rename themselves as Gender Studies departments.

In the 2000s the gender theory really took off as we know it, probably influenced by Serano's work entitled "Whipping girl"[40] postulating that sexual difference in its biological facet is endogenous (in the brain) and separate from ''gender expression''. It is not one's biological sex nor even one's "social role" that makes one a woman or a man – it is having a female or male "gender identity" that does it.

In 2006, an international group of experts in law, health and human rights met in Yogyakarta, Indonesia, and produced what have become known as the "Yogyakarta Principles" which declared gender identity to be a fundamental human right, one of the most basic aspects of self-determination, dignity, and freedom.

Principle 3 states: "No one shall be subjected to pressure to conceal, suppress, or deny their … gender identity". Moreover: "all State-issued identity papers which indicate a person's gender/sex – including birth certificates, passports, electoral records, and other documents – [should] reflect the person's profound self-defined gender identity."[8]This is in effect changing or erasing the history of a person in an effect to hide the reality. There are companies which will doctor family photographs to change the reality.

The practical effect of gender self-identification has seen an explosion in the number of gender identities. In 2014 Facebook offered its UK users a choice of 71 gender options.[41] This explosion in gender identities is mirrored by an explosion in gender dysphoria amongst teenage children and the emergence of a new condition called rapid onset gender dysphoria[42].

Since publication of the Yogyakarta Principles, the concept of gender identity as a fundamental part of the self, not under any circumstances to be suppressed, has filtered down into legislation and policymaking in numerous countries and states.

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Determination of Legal Death and Legal Sex (Gender)

Although there is no statutory definition of death in the UK, the UK law courts have accepted brainstem death as legal death43,44,45. Whole brain death is recognised as death in law in all USA States.
The method of determining legal sex was devised by Omrod in 1970, after the Corbett v Corbett46 case, being dependent on type of gonads, chromosomes and genitalia at birth. Following the Goodwin v United Kingdom47 case decision by the European Court of Human Rights in 2002 legal sex is now determined through gonads, chromosomes, and genitalia at birth and though gender role and gender reassignment treatment.

Logical deductions derived from the 2 theories

To check the veracity of the premises upon which each of these two theories are based on we can look at the logical deductions which can be derived from these two theories:

1. Doctors on occasions provide medical care including ventilation to dead bodies.
2. By providing oxygen and food to a dead body its bodily functions can be maintained and its decomposition can be prevented; in some cases for years.
3. An individual who has oxygenated blood flowing throughout his body, is able to absorb oxygen through his lungs, absorb food through his gut, expel waste products from his body, grow normally, fight infection, able to heal wounds, maintain homeostasis can be legally declared dead. All these are signs of life, yet the individual can be declared legally dead.
4. An individual who does not have a single organ in his body which is dead can be declared legally dead, implying the whole body is dead.
5. An individual whose body is performing numerous bodily functions of life normally which are necessary to sustain life can be declared legally dead.
6. An individual with a beard, hairy chest, fully functioning testes, producing spermatozoa, with normal looking male genitalia who has fathered a child can be declared legally to be a woman in some countries around the world, and such a law may soon be introduced in Scotland.
7. Gender on a birth certificate[48] can be legally changed means that the past can be altered. An individual who decides to change gender is given a new medical record with a new NHS number. Any information relating to the patient's previous identity is not to be included in the new record
8. "Boys can have menstrual periods too."[49]
9. "Biological men can give birth"[50]
10. "A woman can have a penis."[51]

To many people these logical deductions will appear absurd, they defy human intellect and bring into question the premises upon which each of these two theories are constructed. However, these theories and deductions arising therefrom are supported by academics, educational institutions, high level politicians, health bodies and the mainstream media.

It is important to realise that theories and even legal rulings are not always based on reality. Such theories are effectively a set of beliefs, a quasi-religion. With a rapid decline in traditional religions many people have adopted this quasi-religion because it gives them a sense of belonging, a sense of purpose, feeling good and virtuous. Brain death and gender identity impart legal status of death and gender on an individual, but they do not and cannot change the biological state of an individual.

Implications for Muslims

For Muslim health care professional involved in organ transplantation surgical retrieval of organs from individual declared brain dead may pose a moral dilemma. If brain death is not actual death, then the removal of essential organs will lead to death of the donor. The taking of human life is explicitly forbidden in the Qur'an:

"…and kill not anyone whom Allah has forbidden, except for a just cause (according to Islamic law). This He hascommanded you that you may understand."[52]

From the perspective of the organ donor it is forbidden to give up one's own life or to instruct someone to end one's life, the Qur'an says:

"*And do not kill yourselves (nor kill one another).*"[53].

Muslim healthcare professionals may also be involved with surgery on DSD individuals and gender reassignment (affirmation) surgery. Islamic scholars consider it permissible for a *khuntha,* an individual with abnormal sexual development such that the genitalia are ambiguous, to undergo corrective surgery for medical reasons. Islamic scholars have provided guidelines based on external body features in assigning sex to a *khuntha*[54,55]. A *khuntha* in whom sex can be determined is referred to as a *khuntha ghayr mushkil*, whereas one in whom sex cannot be determined is referred to as *khuntha*

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mushkil. The Islamic scholars allow medical and surgical corrective treatment in a *khuntha ghayr mushkil* in whom features of maleness or femaleness can be determined. However, these basic guidelines and terminologies do not adequately reflect the full range of abnormalities seen in DSD individuals in medical practice.

Under the gender self-identification system Muslim female patients may also face challenging situations while seeking treatment in the NHS such as having a cervical smear test performed by a health care professional who is legally a woman but biologically a male[56] with all the features of a male.

Discussion and Conclusion

From the above discussions it would seem defining death and defining a woman (or man) in a concise manner is extremely difficult. However there is no doubt that there are only two biological states of being alive or dead and only two biological sexes, male and female. In rare cases it is not always possible to neatly categorize every individual as male or female.

One approach to determine if an individual is dead or alive or a man or a woman is to look at a cluster of features associated with each of these labels to see which label best fits a particular situation. A very small percentage of cases which do not align according to a well-established classification system does not mean that the classification is non-functional and needs to be abandoned. An exception to the rule should not be used to formulate the rule itself. A new definition or classification should only be adopted if it aligns with reality better than a previous classification or serves the needs of society more usefully. From an Islamic perspective any new classification should be within the bounds of Islamic law.

It is important to realise that what is enshrined in secular law is not necessarily in concordance with biological reality or religious beliefs.

The death and gender identity theories are still evolving. There is a push to disconnect the meaning of these terms from science. Some academics are claiming that “there is no such thing as biological sex”[57] nor is it valid to hold a position that there are only two sexes. Some gender theory scholars attribute biological sex not to biology but to birth certificates[58]. Even some politicians promote this ideology. In 2020, Dawn Butler of the Labour Party as the Shadow Women andEqualities Secretary stated on national TV that babies are born without a biological sex[59]. To push this ideology into social media has faced some resistance in the law courts. The 2021 High Court ruling[60] in the test case of Maya Forstater means that gender-critical beliefs are protected by the Equality Act. So it appears that to believe that biological sex is real and immutable as a belief is protected by UK law. The gender debate has become highly politicised in North America and U.K. with the schools becoming part of the battle ground.

The teaching and promotion of gender identity which was initially introduced as an anti-bullying program to make LGBTQ+ kids at schools feel comfortable and safe has resulted in everyone having to learn a whole new terminology, as well as affirm and celebrate this new gender ideology. Every child is considered potentially LGBTQ+ which has the effect of shifting the basis of stability of the children and promoting a skewed picture of reality.

Science tells us that human reproduction is sexual, it involves the production of only two kinds of gametes (spermatozoa and eggs) which applies to all mammals. From an evolutionary perspective sexual reproduction developed millions of years before the cognitive function of the brain so biological sex was established long before any notion of gender identity. The biological potential to produce either spermatozoa or eggs is the underlying basis of biological sex, and there are only two options.

In a similar manner death is being disconnected from the fact that death inevitably leads to a rapid cessation of all body functions of life and decomposition of the body. Proponents of the brain death theory tell us that the real underlying cause of death in patients declared dead using traditional cardio-respiratory criteria is brain death because cessation of heart beat means no blood flow to the brain which will lead to brain death.

If a theory developed by a rational mind, such a brain death and gender identity theories, cannot withstand the test of rationalism the such theories should be rejected.

Otherwise, the use of everyday language has to be changed to accommodate such theories with absurd outcomes[61,62]and perhaps even lead to thought control for fear of falling foul of the law. As George Orwell said, “"If thought corrupt language, language can corrupt thought."[63]

Is it possible for someone dead to come back to life[64,65], is it possible for a dead body not to decompose for weeks or months under normal circumstances, and can a man

mensturate[48], have a uterus and give birth to a baby[66]? The answer to these questions based on our traditional understanding of death and what it means to be a man is, "Absolutely not." Yet, the application of the brain death and gender identity theories has meant the answer to these questions is, "Yes!" The underlying reason is we have changed the definition of what it means to be dead, and what is means to be a man or a woman.

Other absurd outcomes are likely: an 80-year-old individual with multi-organ failure with a brainstem stroke, sepsis and C2-3 cervical cord injury on a ventilator who has no brainstem reflexes except an eyelash reflex is alive while a 20-year-old individual involved in a motor vehicle accident who has sustained a serious brainstem injury is in a coma, has no brainstem function but all his other organs are functioning is declared dead by neurological criteria. The reality is that the 80 year old is closer to actual death than the 20 year old, yet the former is alive but the latter is considered dead.

Similarly, individuals who are legally men will be offered cervical smears. New terminology such as "menstruators"[67], "cervix-havers" and "chest-feeders"[68] is being used by some health bodies and the media is following suit. For instance, the American Cancer Societyrecommends that "individuals with acervix" follow their guidelines[69].

In this post-rational ideology era truth for many people is not necessarily based on facts and reality but on whatever is required is to achieve a particular goal or based on a particular narrative. According to this new ideology truth is a social construct, this truth has to be accepted even if it defies our senses and human logic. Politicians have entered the arena to rubber stamp what they want to promote as the truth with little or no regard to common sense and reality. In Islam truth is to be sought from Revelation, namely the Qur'an and hadith, thereafter using human intellect and thereafter one's senses. Neither brain death nor gender identity theories are explicitly mentioned in Scripture but both go against what our senses tell us and against human intellect. These theories are an afront to objective truth and they impact our lives. That is why they need to be challenged. If intelligent individuals remain silent or promulgate theories which are not backed by scientific evidence then it is difficult to know what direction our society will take.

The adoption of these novel theories has practical implications for Muslim doctors and the Muslim public. Muslim scholars[70] and other experts need to discuss thesecomplex subjects to provide Muslim doctors and the Muslim public unified guidance on issues such as retrieval of essential organs from brain dead individuals, the prescribing of puberty blocking drug for gender reassignment, participation in gender reassignment (affirmation) surgery.Any guidance by the scholars must necessarily take in to account the law of the land while at the same time comply with Islamic beliefs and duties. The recent ruling by the Employment Appeal Tribunal in the case of Dr. David MacKereth v The Department for Work and Pensions[71] held that religious beliefs are protected under the Equalities Act 2010 but the appellant was not entitled to express those views at work.

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