

Research Article

Ethical Components of Intention in Arab Daily Actions and in Providing Medical Care

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Abstract

Background: Exploring intentions gives us deep insights into moral philosophy and the foundations of ethical decision-making in healthcare. The concept of intention (*Niyyah*) occupies a central position in Islamic moral philosophy and jurisprudence, serving as the primary criterion for evaluating the ethical status of human actions. Despite its centrality to Islamic bioethics, the theoretical framework of *Niyyah* and its practical applications in contemporary clinical dilemmas remain underexplored in the medical literature.

Methods: This article represents a conceptual and ethical analysis of intention in medical practice, particularly within Arab and Islamic cultural contexts. I reviewed philosophical literature on intention, examining both Western ethical theories (particularly Kantian ethics) and Islamic moral philosophy. Islamic sources consulted include the Qur'an, authenticated Hadith collections, and classical and contemporary fiqh literature. I examined contemporary Islamic bioethics scholarship and analyzed specific medical ethics cases where intention plays a crucial role: assisted dying, medical experimentation, and futile care. I also examined historical case studies (the opioid crisis and retrolental fibroplasia) to show how well-intentioned medical interventions can lead to harmful outcomes.

Results: In this article, I make a thorough examination of the concept of intention and related concepts. I discuss several medical dilemmas where intention plays a crucial role: the intention to treat principle, assisted dying, medical experimentation, and the conduct of futile care. Additionally, I examine how good intentions have sometimes led to harmful outcomes, using the opioid crisis and retrolental fibroplasia as cautionary examples. The article also addresses cultural considerations in Arab healthcare contexts, including traditional healing practices, pain management approaches influenced by stoicism and religious beliefs, and the importance of family involvement in medical decision-making.

Conclusion: The Islamic concept of *Niyyah* reminds us that the moral worth of our actions depends not only on their outcomes but also on the purity and sincerity of our intentions. The *Maqasid al-Shariah* framework provides a valuable tool for evaluating whether our actions truly serve the higher purposes of preserving life, preventing harm, and maintaining human dignity. Understanding the role of intention in ethical decision-making is essential for healthcare providers serving Arab and Muslim populations, as Islamic values significantly influence patient preferences, family dynamics, and clinical decision-making processes.

Background

“Is your goal equal to your intention?” You may have the best intentions of cooking an incredible meal, but if you leave the burner on and burn the house down, you will not be remembered as an excellent chef. Sometimes people confuse an intention with a goal. Goal suggests something attained only by prolonged effort and hardship [1]. Intentions, as action plans, can guide behavior. The action plan constitutes the content of the intention, while the commitment is the agent's attitude towards this content.

Folk psychology—or commonsense psychology—explains human behavior based on mental states, including beliefs, desires, and intentions. This explanation is based on the idea that desires motivate behavior and beliefs direct the behavior towards the desired goal [2]. This can be understood in terms of causal chains: desires cause intentions, intentions cause actions, and actions cause the realization of the desired outcome. Some theorists of intentions even base their definition of intentions on the functions they execute. Intentions are responsible for initiating, sustaining, and terminating actions. In this sense, they are closely related

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Keywords: Intention; *Niyyah*; Islamic bioethics; Medical ethics; Arab healthcare; Cultural competence; Maqasid al-Shariah; Double effect; End-of-life care; Pain management

Abbreviations: RLF: Retrolental Fibroplasia; PBUH: Peace Be Upon Him





to motivation. According to developmental psychology, intentions are integral to an understanding of morality. Children learn to assign praise or blame based on whether the actions of others are intentional [3].

Some difficulties in understanding intentions are due to various ambiguities and inconsistencies in how the term is used in ordinary language. For this reason, theorists often distinguish various types of intentions in order to avoid misunderstandings and to clearly specify what is being researched. In general, we talk about prospective and immediate intentions. Prospective intentions, also called “prior intentions,” are forward-looking. We also talk about rational and irrational intentions. For example, the intention to heal oneself through the power of crystals is irrational if it is based on an irrational belief concerning the healing power of crystals. It would be irrational to intend to become healthy if the patient believes that exercising is necessary to become healthy but is unwilling to exercise [4].

Intentions versus outcomes: A moral dilemma

The debate over intentions versus outcomes is a big challenge for ethics and moral responsibility. It asks, what matters more in judging right and wrong: the reasons behind an action or the effects it has? Knowing this is key to understanding how we make moral choices.

A familiar phrase that Arabs usually use in conversation with people is: “the main thing is the intention.” Some see this statement as a hint of disappointment with the action that followed that intention. “He has good intentions (*bona fides* in Latin), but his suggestions or actions aren’t really helpful.” Intentions come in different forms that affect our moral views. The first type is about plans or desires for actions we have not done yet. The second is about the reasons behind our actions. The third is about the act of intending to do something. It is often suggested that the person’s intentions play a central role in the moral value of the corresponding actions. For the Muslim person, the thesis is that whether an action is morally permissible depends on the agent’s intention in performing this action. On this view, actions may be morally impermissible if motivated by bad intentions [5].

The Islamic concept of *Niyyah*

Intention has a deep root in Islamic teachings and cultural values, as it determines the goal of the work that a person does, whether it is for God (Allah) alone, for God and others, or for someone other than God. In the hadith, the Caliph Umar ibn al-Khattab said: I heard the Messenger of Allah, Mohammed (PBUH), say: ‘But deeds are [judged] by intentions, and every man has what he intends.’

This hadith establishes what Islamic scholars consider one of the foundational principles of Islamic ethics [6]. Sincerity and purity of intention (*Niyyah*) are crucial in all actions, whether they are acts of worship or daily activities.

Moreover, every action that is not intended for the sake of God is morally unacceptable or even rejected. A person is rewarded for a good intention even if he does not do it, and he sins for a bad intention unless he does not do it.

Actions are considered moral only if they are performed out of goodwill and for the right reasons. Therefore, Islamic scholars have derived an important rule from this hadith, which is their saying: “Matters are judged by their intentions.” This rule is included in all chapters of jurisprudence [6]. The concept of *Niyyah* connects closely with what Islamic scholars call *Maqasid al-Shariah*—the objectives or purposes of Islamic law. These objectives center on preserving five essential things: religion, life, intellect, lineage, and property [18]. When we talk about intention in medical care, we’re really asking whether our actions serve these higher purposes, especially the preservation of life and the prevention of harm.

The *Maqasid* framework provides a systematic approach to evaluating medical interventions. For instance, when a physician considers withdrawing life-sustaining treatment, the question is not simply whether the intention is good or bad, but whether the action aligns with the higher objective of preserving human dignity while preventing unnecessary suffering [18]. This framework helps us move beyond simplistic judgments and engage with the complexity of real clinical situations.

Philosophical parallels: Kant and Buddhist and Islamic ethics

Immanuel Kant, the famous Western philosopher, offers an interesting parallel to the Islamic principle of *Niyyah*. For Kant, it is central that one does not just act outwardly in accordance with one’s duty, which he terms “legality.” Instead, the agent should also be inwardly motivated by the right intention, which he terms “morality.” On this view, donating a lot of money to charities is still, in some sense, morally flawed if it is done with the intention of impressing other people. According to Kant, the main intention should always be to do one’s duty: the good will consists in doing one’s duty for the sake of duty [9].

In Buddhism, intention (*cetana*) is the mental volition that drives, organizes, and shapes actions, forming the core of karma. It determines the ethical quality of actions—whether they lead to suffering or liberation—based on motivations of greed, hatred, or delusion versus renunciation, loving-kindness, and non-harming. By cultivating wholesome intentions, one avoids negative karma and moves toward liberation from suffering [23].

Islamic ethics, Buddhism, and Kantian ethics agree that intention matters deeply—it’s not enough to do the right thing; you must do it for the right reasons. However, there are important differences. For Kant, the focus is on duty and



rational obligation. For Islamic ethics, the focus is on sincerity before God and alignment with divine purposes. In clinical practice, this means that a Muslim physician might evaluate an action not only by asking “Is this my professional duty?” but also “Does this action reflect sincere devotion to God and serve the higher objectives of preserving life and preventing harm?” Both frameworks remind us that the moral quality of our medical decisions depends on more than just their outcomes.

Methods

This article represents a conceptual and ethical analysis of intention in medical practice, particularly within Sunni Arab cultural contexts. My approach has been to examine how the concept of *Niyah* applies to contemporary medical ethics dilemmas rather than to conduct empirical research.

I drew on several sources for this analysis. First, I reviewed philosophical literature on intention, looking at Western ethical theories—particularly Kantian ethics—and Buddhism and Islamic moral philosophy, with special attention to the concept of *Niyah* and how it appears in Islamic jurisprudence. The Islamic sources I consulted include the Qur’an, authenticated Hadith collections, and classical and contemporary fiqh (Islamic jurisprudence) literature [6,7,13,18-20].

Second, I examined contemporary Islamic bioethics scholarship from the past decade to understand how Muslim scholars and healthcare practitioners are applying traditional ethical frameworks to modern medical dilemmas. This included work on end-of-life care, medical research ethics, and cultural competence in healthcare delivery [18-21].

Third, I analyzed specific medical ethics cases where intention plays a crucial role: assisted dying, medical experimentation, and futile care. I selected these cases because they represent common ethical dilemmas in contemporary healthcare where the physician’s intention significantly affects how we judge the action morally. I also examined historical case studies—specifically the opioid crisis and retrolental fibroplasia—to show how well-intentioned medical interventions can lead to harmful outcomes when not properly evaluated [15,17].

Fourth, I looked at recent literature addressing cultural factors in Arab healthcare contexts, particularly regarding traditional healing practices, pain management, and family involvement in medical decision-making [14,16,22]. My perspective is informed by my professional experience as a nurse educator working in Arab communities at the Nazareth Academic School of Nursing.

This approach has limitations. It does not include empirical data on how healthcare providers in Arab contexts actually reason about intention in their daily practice, nor does it capture patient perspectives on these issues. The

analysis focuses primarily on Sunni Islamic jurisprudence and may not fully represent other Islamic traditions or the diversity of Arab cultural practices. Additionally, while I draw on recent scholarship, the rapidly evolving nature of both medical technology and Islamic bioethics means that new perspectives continue to emerge.

Results

Intention in medical practice: Clinical applications

Intention to treat and to implement healthcare explores the most complicated, perplexing, and fascinating moral issues facing medicine today. Below, three examples from the medical field are discussed.

Assisted dying: The question of lethal intention

First, does the physician have the right to administer a lethal dose of a drug? The physician’s assistance is usually limited to prescribing a lethal dose of drugs to a suffering and terminally ill patient. The patient takes the specified, lethal dose by his own hand. A debate arises depending on the doctor’s intention: Is this action permissible?

Defenders of this action may morally claim that when it is done with the good intention to relieve the patient’s pain, it can be justified. Some advocates for assisted dying strongly oppose the terms “assisted suicide” and “suicide,” and prefer terms such as “medical aid in dying” or “assisted dying.” In November 2022, at its biannual General Meeting, the World Federation of Right to Die Societies discussed and adopted the phrase “voluntary assisted dying” as the preferred terminology for this medical practice.

In Islam, according to a rigid approach, the Muslim doctor should not intervene directly to voluntarily take the life of the patient, not even out of pity (Islamic Code of Medical Ethics, Kuwait 1981). The doctor must see whether the patient is curable or not, not whether he must continue to live. Similarly, he must not administer drugs that accelerate death, even after an explicit request by relatives; acceleration of this kind would correspond to murder.

Quran 3:145 states: “*Nor can a soul die except by God’s leave, the term being fixed as by writing*”

Quran 3:156 adds: “*It is God that gives Life and Death, and God sees well all that ye do.*”

These verses suggest that God has fixed the length of each life, but they leave room for human and medical efforts to save it when some hope exists [7]. The patient’s request for his life to be ended has been evaluated by juridical doctrine in some aspects. The four canonical Sunnite juridical schools (Hanafi, Maliki, Shafi’i, and Hanbali) were not unanimous in their pronouncements. For all schools, the request to be “killed” does not make the action lawful—it remains murder. However, the disagreement concerns the possibility of



applying punishments to those who accelerate the death of a terminally ill patient: the Hanafis favor penal sanctions; the other scholars are partly in favor and partly contrary to penal sanctions.

Contemporary Islamic bioethics scholars have developed more nuanced frameworks for thinking about end-of-life care. While direct euthanasia remains prohibited, there is growing acceptance of withdrawing or withholding futile treatments when they offer no reasonable hope of benefit and only prolong suffering [20,21]. The key ethical distinction rests on intention: the physician intends to stop futile intervention, not to cause death. Death is foreseen but not intended as the goal of the action.

In many medical aid in dying programs, physicians play a significant role, usually expressed as “gatekeepers,” often putting them at the forefront of the issue. Decades of opinion research show that physicians in the US and several European countries are less supportive of the legalization of medical aid in dying than the general public [8].

Medical experimentation: The doctrine of double effect

Second, is it permissible to conduct medical experiments on humans? Medical experiments conducted on humans are divided into two categories:

The first category includes experiments that do not harm humans or cause minor harm that can be controlled. Scientists and researchers conduct experiments that are tested on non-humans and conclude that they do not cause harm to humans. This includes drug trials that are conducted to determine the appropriate dose, quantity, timing, and efficiency in treating the patient with this new medicine. Islamic law supports science and encourages people to conduct such experiments to discover the evidence and knowledge that contribute to solving health problems and finding the treatment that will revive souls and make them healthy.

One of the objectives of Islamic Sharia also leads to the statement that it is permissible and legitimate to conduct experiments to help people reach the highest levels of health and wellness [18]. The ruling on means is related to the ruling on objectives, as they seek to bring about people’s interests—what scholars call “preserving human health.”

The doctrine of double effect is a closely related principle. It states that there are cases in which the agent may not intend to harm others, even if this harm is used as a means to a “greater good.” However, in Islam, in otherwise equivalent cases, it is permissible to harm others if this harm is a side effect—a double effect—but not a means [10]. The Doctrine of Double Effect talks about unintended harm and whether it is acceptable. This shows the tricky balance between what we mean to do and what actually happens.

In medical research, this principle becomes particularly important. For instance, when testing a new cancer treatment, researchers know that some participants may experience serious side effects. The question is whether these harms are intended as a means to gather data, or whether they are foreseen but unintended consequences of trying to develop a beneficial treatment. Islamic ethics, like the doctrine of double effect, permits the latter but not the former [19,20]. The researcher’s intention must be to benefit humanity through medical knowledge, not to harm participants as a tool for achieving that goal.

The second category involves medical experiments that harm a person and cause harm to him or one of his organs. Some drug experiments are conducted on humans, and their results are harmful and dangerous. The Islamic ruling on these experiments is that they are not permissible because they contradict the objectives of the Islamic Sharia in preserving human life and his right to exist regardless of his color, religion, or race, out of respect for his humanity and dignity [11].

Futile care: When treatment offers no benefit

Third, is it allowed to conduct futile care? Futile care is the continuation of providing healthcare and treatment to a patient despite there being no reasonable benefit or hope of recovery. It may take the form of surgery in cases of metastatic cancer, even though it does not help and does not cure the patient, or continuing to place brainstem-dead patients on ventilators. Many of the controversies surrounding the concept of futile care center on how futility is evaluated differently in specific situations.

Physicians are not ethically obligated to provide care that they consider futile, unreasonable, or both, either voluntarily or in response to patient or surrogate demands. Physician refusal to provide futile or unreasonable care is supported by the universal ethical principles of non-maleficence, beneficence, and distributive justice [12].

The rule of “no harm” is one of the jurisprudential rules that was taken from the Prophet’s hadith: “There is no harm in Islam,” which indicates the denial and prohibition of harming oneself or others in the Islamic religion. It is considered one of the well-known rules that are used in most chapters of jurisprudence because Sharia law is based on bringing benefits and repelling harms [13].

The principle of non-maleficence is the doctor’s obligation not to harm the patient. This simple principle is underpinned by many ethical rules: do not kill, do not cause pain or suffering. This means that physicians must take all necessary precautions to avoid causing physical, psychological, or emotional harm to patients [13]. In cases when death seems imminent and inevitable, a physician can, in good conscience,



abandon treatments that would only provide an unstable and painful life, without interrupting the patient's due palliative care.

Contemporary Islamic bioethics has developed a more sophisticated understanding of futile care that considers both the physician's clinical judgment and the family's values and preferences [20,21]. While the physician has the expertise to determine whether a treatment is medically futile, the family's perspective on what constitutes an acceptable quality of life and meaningful existence must also be respected. The intention here is not to abandon the patient, but to shift the focus from cure to comfort, from prolonging life at all costs to ensuring dignity in the dying process.

Cultural considerations in Arab healthcare contexts

Two examples are discussed:

Traditional healing practices: On the other hand, in the Arab world, people seek *traditional healing* practices, which include natural remedies, spiritual rituals, and physical treatments. These practices are deeply rooted in ancient beliefs and continue to be relevant today, especially in rural areas due to accessibility issues [14]. Traditional healing methods in Arab communities include practices such as *hijama*. (cupping therapy), recitation of Quranic verses for healing, use of herbal medicines, and consultation with traditional healers.

Healthcare providers working in Arab communities need to understand these practices. Rather than dismissing traditional healing, a culturally sensitive approach involves understanding why patients may prefer or combine these methods with conventional treatment [22]. Some patients view traditional healing as part of their religious and cultural identity, while others turn to it when conventional medicine has failed to provide relief. The intention behind seeking traditional healing is often deeply connected to faith and trust in divine providence.

For healthcare providers, the ethical challenge is to respect these practices while ensuring patient safety. If a traditional remedy is harmless or potentially beneficial, supporting the patient's use of it can strengthen the therapeutic relationship. However, if a practice poses real medical risks or leads patients to delay necessary treatment, the provider has an obligation to educate and counsel the patient. The key is to approach these conversations with cultural humility, recognizing that the patient's motive in seeking traditional healing often reflects deeply held values about health, faith, and identity [22].

Pain management and cultural factors

It is important to consider cultural beliefs when implementing medical practices. For example, pain

management in elderly Arab patients may be influenced by cultural factors such as stoicism, religious beliefs, family involvement, and communication styles [16].

Many elderly Arab patients may exhibit stoicism, which can lead to underreporting of pain. This stoicism is often rooted in cultural values that emphasize endurance and self-control. Religious beliefs can also play a role in how pain is perceived and managed. Some patients may view pain as a test of faith or a part of life that should be endured without complaint. They may believe that suffering brings them closer to God or that it expiates sins. This perspective, while spiritually meaningful to the patient, can make pain assessment and management more challenging for healthcare providers [16].

Families often play a significant role in decision-making and providing care, which can influence how pain is managed. In Arab culture, family members are typically deeply involved in the patient's care and may serve as advocates, interpreters, and decision-makers. Healthcare providers need to recognize this family-centered approach and work collaboratively with family members to ensure effective pain management [16,22].

Indirect communication and the use of non-verbal cues are common in Arab culture. Patients may not directly express pain or discomfort, instead relying on facial expressions, body language, or indirect statements. Healthcare providers need to be attuned to these communication styles to accurately assess and address pain. Asking direct questions about pain intensity may not always elicit accurate responses; instead, providers should observe the patient and ask open-ended questions that allow for more nuanced expression [16].

Understanding these cultural factors is essential for providing effective and compassionate pain management to Arab patients. The motive behind culturally competent care is not simply to be sensitive or politically correct, but to genuinely understand and respect the patient's values and experiences so that medical care can be truly beneficial and aligned with the patient's own goals and beliefs [22].

When Good Intentions Lead to Bad Outcomes?

The opioid crisis: A modern medical tragedy

The opioid crisis that exists today developed over the past 30 years. The reasons for this are many. Good intentions to relieve pain and suffering led to increased prescribing of opioids, which contributed to the misuse of opioids and even death.

Following the publication of a short letter to the editor in a major medical journal declaring that those with chronic pain who received opioids rarely became addicted, prescribers' attitudes toward opioid use changed. Opioids were no longer reserved for the treatment of acute pain or terminal pain conditions, but were now used to treat any pain condition.



Governing agencies began to evaluate doctors and hospitals on their control of patients' pain. Ultimately, reimbursement became tied to patients' perception of pain control.

As a result, increasing amounts of opioids were prescribed, which led to dependence. When this occurred, patients sought more in the form of opioid prescriptions from providers or from illegal sources. Illegal, unregulated sources of opioids are now a factor in the increasing death rate from opioid overdoses. Stopping the opioid crisis will require the engagement of all, including healthcare providers, hospitals, the pharmaceutical industry, and federal and state government agencies [15].

This case illustrates a critical point: Obvious doesn't always mean right. The motive to relieve suffering was noble, but the failure to rigorously evaluate the evidence and anticipate unintended consequences led to one of the worst public health crises in modern history. There have been many other examples in the history of medicine that illustrate the need for caution when applying simple logic to the advancement of medical science [17].

Retroental fibroplasia: When oxygen becomes toxic

Continuous oxygen causes an ocular disorder called Retroental Fibroplasia (RLF). This is another example of logic and common sense resulting in worsened rather than improved outcomes. Premature infants often struggle to breathe, and it seemed obvious that providing them with high concentrations of oxygen would help them survive. The intention was clearly good—to help these vulnerable babies breathe and survive.

At the time, there was no suspected relationship between this disorder and the use of high-concentration oxygen. It was only through carefully designed clinical trials that it was discovered that it was, in fact, the concentrated oxygen that was causing this disorder, leading to blindness in many premature infants. Over time, it was discovered that there was an optimal oxygen level to maintain that minimized the risk of RLF while still having acceptable premature survival rates [17].

In some respects, the above examples highlight the dilemma facing society today: too much of something can be harmful, but not enough can be deadly. We need to find the correct balance of education to adequately equip the medical community to more responsibly use these potent agents while ensuring that the regulatory framework in which medicine is practiced is not overly intrusive but rather supportive of medical best practices [17].

Discussion

This article has shown us how actions, intentions, and moral responsibility are deeply connected. Ultimately,

because intentions align us with our purpose and values, they can bring us closer to what we are looking to get out of life. I believe that "we are living our best life through our good intentions."

Healthcare physicians must be pro-evidence-based practice when conducting medical care. They must remember, however, that interventions, no matter how well-intended or seemingly appropriate on their face, need to be constantly evaluated in terms of their intended as well as unintended outcomes. As we have seen before, sometimes the treatment may be worse than the disease! Without a critical evaluation of both intended and unintended consequences, we cannot rationally solve this problem.

Looking at the nature of actions and breaking them down is interesting. It makes us think about our moral judgments. Looking into intentions helps us understand moral philosophy better. It makes us think about our own reasons and their effects on ethics.

The Islamic concept of *Niyyah* reminds us that the moral worth of our actions depends not only on their outcomes but also on the purity and sincerity of our intentions. At the same time, good intentions must be coupled with wisdom, knowledge, and careful evaluation of consequences. The *Maqasid al-Shariah* framework provides a valuable tool for this evaluation, asking us to consider whether our actions truly serve the higher purposes of preserving life, preventing harm, and maintaining human dignity [18].

When providing treatment, it is important to be culturally sensitive and aware of the unique cultural and religious background of Arab patients. This includes understanding their values, beliefs, and social structures [22]. Healthcare providers must recognize that for many Arab and Muslim patients, medical decisions are not purely clinical matters but are deeply intertwined with religious faith, family relationships, and cultural identity. Respecting this reality is not simply a matter of being polite or accommodating; it is essential to providing effective and ethical care.

Conclusion

In the end, the question posed at the beginning—"Is your goal equal to your intention?"—remains central to medical ethics. Our goals and intentions must align, but both must be guided by evidence, humility, cultural competence, and a commitment to the fundamental principle: first, do no harm.

Limitations of the study

The primary focus is based on Sunni traditions, it is not fully represent the diversity of Arab and broader Muslim contexts, including Christians and Shia perspectives. Future empirical research is suggested to examine and validate the theoretical claims that might strengthen the study and broaden its scholarly contribution.

Declarations: Ethics approval and consent to participate

This article is a conceptual and ethical analysis that does not involve human participants, human data, or human tissue.

Authors' contributions: K.D conceived the study, conducted the conceptual analysis, and wrote the manuscript. The author read and approved the final manuscript.

References

- Merriam-Webster Dictionary. Definition of Intention. Available from: <https://www.merriam-webster.com/dictionary/intention>
- Malle B, Knobe J. The Folk Concept of Intentionality. *J Exp Soc Psychol.* 1997;33(2):101-21. Available from: <https://doi.org/10.1006/jesp.1996.1314>
- Margoni F, Surian L. Children's intention-based moral judgments of helping agents. *Cogn Dev.* 2017;41(4):46-64. Available from: <https://doi.org/10.1016/j.cogdev.2016.12.001>
- Audi R. *Desire and intention. The architecture of reason: the structure and substance of rationality.* Oxford: Oxford University Press; 2001.
- Liao M. Intentions and Moral Permissibility: The Case of Acting Permissibly with Bad Intentions. *Law Philos.* 2012;31(6):703-24. Available from: <https://link.springer.com/article/10.1007/s10982-012-9134-5>
- IslamWeb. Prophetic Hadith about intentions. Available from: <https://www.islamweb.net/ar/article/54364>
- The Holy Quran. Available from: <https://quran.com>
- Seale C. Legalization of euthanasia or physician-assisted suicide: survey of doctors' attitudes. *Palliat Med.* 2009;23(3):205-12. Available from: <https://doi.org/10.1177/0269216308102041>
- Johnson R. Expressing a Good Will: Kant on the Motive of Duty. *South J Philos.* 1996;34(2):147-68. Available from: <https://doi.org/10.1111/j.2041-6962.1996.tb00783.x>
- McIntyre A. Doctrine of Double Effect. In: Zalta EN, editor. *The Stanford Encyclopedia of Philosophy.* Stanford: Stanford University; 2008.
- An-Najah University. Contemporary Fatwas. Available from: <https://fatwa.najah.edu/ar/question/ref-117534/>
- Luce JM. Physicians do not have a responsibility to provide futile or unreasonable care if a patient or family insist. *Crit Care Med.* 1995;23(4):760-6. Available from: <https://doi.org/10.1097/00003246-199504000-00027>
- IslamWeb. Prophetic Hadith. Available from: <https://www.islamweb.net/ar/fatwa/125496>
- Khoury B, Rafeh M, Bou Dargham Z. Traditional healing for physical and mental problems in the Arab region: past and current practices. *BJPsych Int.* 2024;21(2):44-6. Available from: <https://doi.org/10.1192/bji.2024.3>
- Rummans T, Burton C, Dawson N. How Good Intentions Contributed to Bad Outcomes: The Opioid Crisis. *Mayo Clin Proc.* 2018;93(3):344-50. Available from: <https://doi.org/10.1016/j.mayocp.2017.12.020>
- Shaban M, Shaban MM, Mohammed HH, El-Kest H. Barriers and facilitators to effective pain management in elderly Arab patients: a nursing perspective through a qualitative study. *BMC Nurs.* 2024;23:890. Available from: <https://link.springer.com/article/10.1186/s12912-024-02523-6>
- Jay G, Heit H, Gourlay D. When the Best of Intentions Leads to Bad Outcomes. *Pain Ther.* 2019;8(1):1-4. Available from: <https://doi.org/10.1007/s40122-019-0120-6>
- Ibrahim AH, Rahman NNA, Saifuddeen SM, Baharuddin M. Maqasid al-Shariah based Islamic bioethics: A comprehensive approach. *J Bioeth Inq.* 2019;16(3):333-45. Available from: <https://doi.org/10.1007/s11673-019-09902-8>
- Chamsi-Pasha H, Albar MA. Principles of Islamic medical ethics. In: Loue S, editor. *Handbook of Bioethics: Taking Stock of the Field from a Philosophical Perspective.* Dordrecht: Springer; 2019. p. 1-14.
- Ke X. An Islamic bioethical framework for withholding and withdrawing life-sustaining treatment. In: Ghaly M, editor. *Islamic bioethics: Contemporary issues and challenges.* Leiden: Brill; 2022. p. 234-56.
- Kamal D. Medical ethical issues, an Islamic perspective. *Clin J Nurs Care Pract.* 2024;8(1):001-6. Available from: <https://doi.org/10.29328/journal.cjnncp.1001050>
- King J, Kieu A, El-Deyarbi M, Aljneibi NM, Al-Shamsi S, Hashim MJ, et al. Towards a better understanding between non-Muslim primary care clinicians and Muslim patients: A literature review intended to reduce health care inequities in Muslim patients. *Health Policy Open.* 2023;4:100092. Available from: <https://doi.org/10.1016/j.hpopen.2023.100092>
- The Power and Purpose of Human Intention in Buddhism. Available from: <https://rubinmuseum.org/the-power-and-purpose-of-human-intention-in-buddhism/>