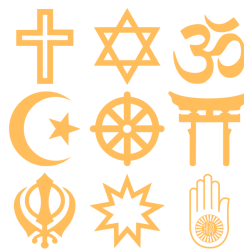


A-Level Religious Studies: Islam, Philosophy and Ethics

Transition booklet 2026-27



Full Name: _____

Key Areas of Focus	
Introduction to the A-level course	Eduqas A-Level Component 1: Islam Component 2: Philosophy Component 3: Ethics
GCSE Links	• The Six Articles of faith • Five roots of Usul ad-Din • The problem of Evil • Euthanasia
Wider Reading	Michael Wilcockson, 'Euthanasia and Doctors Ethics' (1999)
Skills	Critical thinking, Analysis and Evaluation

Religious Studies

Introduction to the course

Welcome to the course – and congratulations on your intelligent choice.

You will be covering three different components throughout the A Level

- Developments in Islamic Thought
- Philosophy of Religion
- Religion and Ethics

All students must have a copy of the following textbooks:

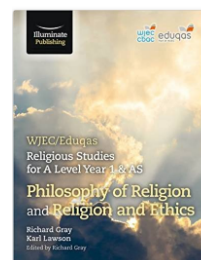
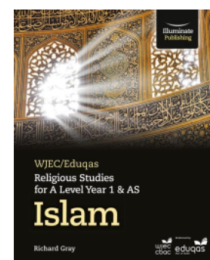
WJEC/Eduqas Religious Studies for A Level Year 1 & AS - Philosophy of Religion and Religion and Ethics

WJEC/ Eduqas Religious Studies for A Level Year 1 & AS - Islam

Here are some suggestions of things you might want to start reading.

Books about Islam:

1. **‘Understanding Islam: The First Ten Steps’** by Chris Hewer.
2. **‘Muhammad: Biography of the Prophet’** by Karen Armstrong.
3. **‘After the Prophet: The Epic Story of the Sunni-Shia Split’** by Lesley Hazleton.
4. **‘Interpreting the Quran: A Guide for the Uninitiated’** by Clinton Bennett.



Books about Philosophy:

1. **‘The Philosophy Book’** by DK Publishing.
2. **‘An Introduction to the Philosophy of Religion’** by Brian Davies.
3. **‘The Puzzle of God’** by Peter Vardy.

Books about Ethics:

1. **‘The Puzzle of Ethics’** by Peter Vardy.
2. **‘Understand Ethics: Teach Yourself’** by Mel Thompson.

GCSE Link

Component 1: Islam

- 1) Sunni Islam is based on six articles of faith which are derived from the Quran and the Hadiths. Explain what each belief is with examples.

Article of faith	Explanation
Tawhid	
Maliakah	
Risalah	
Holy books	
Al Qadr (Predestination)	
Akhirah	

- 2) Shia Muslims follow the five roots of Usul ad-Din (Principles of faith). Three of these principles of faith are the same as the articles of faith - Tawhid, Risalah and Akhirah. Explain the other two roots with examples.

Root	Explanation
Imamah	
Adalat	

3. What are the similarities and differences between Sunni and Shia beliefs and practices?

Similarities	Differences

Component 2: Philosophy

Read the lines of arguments below and choose the most convincing argument and explain your reasoning. Why might some people disagree?

'Evil and suffering proves that God does not exist'

Lines of argument

Mackie focussed on the logical problem of evil. The logical problem arises because theists maintain that there are no limits to what an omnipotent being can do. However, Mackie claims that the only solution to the logical problem is to deny this and that all so called 'solutions' or 'theodicies' actually limit God's power but misleadingly keep the term 'omnipotence'.	The Bible shows that God is wholly good and that, according to Genesis 1, created out of nothing (ex nihilo) a world perfectly good and free from defect, evil, and suffering: 'God saw all that he had made, and it was very good'. (Genesis 1:31).
Millions of innocent children suffer and die every year, from both natural and evil causes. • These children are too young to be able to make choices about God – they have no freewill. • No all-loving, all-powerful being would permit such suffering. • Therefore God does not exist.	God has a plan for people's lives that they may not always understand. This may include evil and suffering, but Christians should trust and have faith in God's plan.
An omnipotent and omniscient being would know when intense suffering was about to take place. • Such a being could prevent the suffering from happening. • An all-loving being would probably prevent all evil and suffering that had no purpose and was pointless and avoidable. • Such evil and suffering does happen. • Therefore, probably God does not exist	Evil and suffering in this life is a preparation for Heaven. Evil and suffering give humans a chance to become better people and improve their souls. Christians believe that God will reward them in Heaven.
God could have chosen to create a world without free creatures • There is no justification for natural evil.	God has given people free will, God cannot intervene because to do so would compromise human freedom and take away the need for humans to be responsible
William Rowe in his work: 'The problem of evil and some varieties of atheism' (1979) argued that, whilst it seemed reasonable for God to allow some limited suffering to enable humans to grow and develop, he could not accept God allowing what he called 'intense' suffering' Animal suffering also seemed pointless.	Without the existence of evil and suffering, human beings would not be able to develop the positive qualities of love, honor, courage and so on, and would lose the opportunity to develop into God's likeness.

Gregory Paul argues that the death of so many innocent children challenges the existence of God. He estimates that over 50 billion children have died naturally and some 300 billion human beings have died naturally but prenatally.

If God had made humanity perfectly, then they would have had the goodness of robots, which would automatically love God without thought or question.

TASK: 'Evil and suffering proves that God does not exist' Do you agree?

Use the PEEL structure and answer the question above.

Use the lines of arguments above and watch this video clip to help you.

<https://www.youtube.com/watch?v=9AzNEG1GB-k&t=505s>

Success criteria:

use keywords

key quotes

scholarly view

Your paragraph should be at least half a page

Use the PEEL- Point- Evidence- Explain -link

Component 3: Ethics

'Is helping someone have a good death ethical?' The question of the sanctity of human life and the place of humans in deciding life or death decisions, runs through much of our ethical debate. Our GCE course looks at questions around assisted dying, euthanasia, palliative care, the law, human choice and the concept of personhood.

Watch the following clips discussing the arguments around euthanasia:

- Video clip: [Euthanasia: playing God?](#)
- Video clip: [Writing your own end](#)
- Video Clip: [Assisted dying: "I just wish the law would allow me to have him for a little longer"](#)

1. What do you think is the strongest argument in favour of 'euthanasia' and why?
2. What do you think is the strongest argument against 'euthanasia' and why?
3. Overall, do you think euthanasia should be legalised within the UK? (Explain your reasoning)

Notes:

Wider Reading

Michael Wilcockson, 'Euthanasia and Doctors Ethics' (1999)

Taken from: Issues of Life and Death by Michael Wilcockson (Hodder, 1999), Chapter 4, Euthanasia and Doctors' Ethics, pp.56–69.

1. Good or bad medical practice?

A 'third party' in law refers to any agent other than the principal agent and in the case of euthanasia this would generally mean a doctor (sometimes also referred to as the 'physician'). For all practical purposes if euthanasia is to be justified at all it has to be considered as part of medical practice, for it is reasonably clear that any other practice of euthanasia would be almost impossible to control or regulate. Without regulation society would permit killing or murder and whatever moral code one adopts would be regarded as untenable. The consideration of 'euthanasia', at present, is rightly a medical issue. Put simply it is this: should a doctor kill his patients in some circumstances?

The official position of the British Medical Association, for instance, suggests that there is a great deal of difference between actively terminating life and treating a patient in a manner which may in the end result in death.

In its ethical advice the BMA emphasises that it is the duty of a doctor to ensure that a patient dies with dignity and as little suffering as possible but recommends that active intervention to terminate life – that is, where drugs are given or other procedures, carried out in order to cause death – even at the request of a patient, should remain illegal. The Rights and Responsibilities of Doctors (1992), p.77

a) Moral crisis in liberal societies

Why does the issue of euthanasia (and abortion) cause such heated debate at present? Peter Singer has argued (1994) that Western liberal societies are going through a transitional stage in ethics at present where the authority of the traditional 'Sanctity of Life' argument (SOL) is giving way to the liberal 'Quality of Life' argument (QOL). The liberal influence has already been seen in many acts of legislation, notably in the case of suicide, where the principle of personal autonomy is the fundamental principle underpinning moral and legal decisions. Singer suggests that the SOL belongs to an older more absolute value view of life but with the demise of Christianity the philosophical basis which establishes life as a gift from God or part of a Natural Law can no longer be sensibly sustained. So, while the changeover takes place there will be those who strenuously wish to oppose what they see as a corrosive force. Whilst Singer's argument may have much more to commend it we should also bear in mind that the SOL as much as the QOL argument both have to contend with the increasing technological and medical complexity. Whereas in the past pneumonia was considered to be the old person's friend or a severely brain-damaged child would have died through natural causes, the doctor now has the means to sustain a life which in the past simply would not have been a possibility. Whilst the moral basis for sustaining life and allowing death is in transition, the medical profession and legislators will continue to inspire strong reactions.

b) Three moral principles

Three principles presuppose that the doctor is working from the traditional SOL position enshrined in the part of the Hippocratic Oath which states 'I will give no deadly medicines to anyone if asked, nor suggest any such counsel' (BMA Handbook, p.69). Each of these principles depends on making a distinction between direct and indirect killing, i.e. active euthanasia or passive euthanasia. In the latter case there is some dispute whether the term 'euthanasia' is really appropriate.

i) Acts and omissions

If A chooses to shoot B then we classify this as an intended act; if C sees A and fails to stop A shooting B then this is an intended omission. The point is whether C is at all blameworthy. In this incident, if C is a pacifist they might well justify their action by appealing to a negative responsibility, i.e. by failing to act they were morally blameless. They might even argue that refraining from acting took a great deal of moral courage. But however one looks at it, C was prepared to condone the death of B and accept whatever the consequences this might entail. Some object to this. Can I be held responsible for failing to help stop the deaths of thousands dying in poverty in the Third World? Perhaps the notion has to be couched in such terms as 'I am only responsible when I am reasonably in a position to do something'. In other words some 'omissions' are regarded as 'acts'. The Roman Catholic Church states:

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgement into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

Catechism of the Catholic Church (1994), p.491.

The problem is particularly acute with premature babies. If a baby is born very prematurely a doctor might have to consider whether they have a duty to save the baby. Some argue that morally they may withhold treatment either as a form of passive euthanasia (a form of non-voluntary euthanasia) or simply 'letting nature take its course'. Morally if they engage in treatment and then decide to withdraw treatment on the grounds that the baby will no longer have a worthwhile life, it may no longer be considered indirect killing but an act of active non voluntary euthanasia or murder (See Singer, Rethinking Life and Death, 1994, pp.75-80 for examples and discussion.)

ii) Double effect

Another indirect argument has a long tradition in Natural Law ethics and involves two kinds of intention. According to the double effect (DDE) argument there is a difference between foreseeing an event and directly intending or willing it to happen. The emphasis, therefore, is different from the act and omissions argument where the agent foresaw what was to happen and allowed it to happen. For instance, A defend themselves against an attack from B using reasonable force. They know that this might result in B's death but it is not their intention that this should happen. If B then dies as a result of A's defence the DDE does not hold A to be blameworthy for an act they did not intend. In Case 3 a doctor who subscribes to the DDE might argue that the principle is sound medicine (and as a well established principle in Natural Law ethics it is therefore acceptable in Roman Catholic theology). However, the term 'euthanasia' is resisted in the same way that 'abortion' is avoided for similar reasons. But is the DDE open to abuse?

...

- Is there a satisfactory distinction between intending and foreseeing? Might one say that the DDE is bad medicine, that if I foresee death but fail to act, then this is an omission which is a form of indirect euthanasia – which is rejected by the SOL?

iii) Ordinary and extraordinary means.

The principle of ordinary and extraordinary means is used both by weak SOL (WSOL) arguments and QOL proponents. Another, possibly better way of considering the issue is in terms of proportionate and disproportionate means.

- In the Natural law tradition a person who refuses food and water in order to die has deliberately committed suicide which is condemned in Roman Catholic theology as a mortal sin. But a person is within their rights to refuse surgery on grounds that it is over and above what is needed ordinarily for bare existence. The BMA for instance say, 'competent patients have a right to refuse any treatment, including life-prolonging treatment' (Medical Ethics Today, 1993, p.149). Nature is allowed to take its course. The doctor is not involved in the direct cause of death of the patient. Those who criticise this suggest it is a form of passive euthanasia or even assisted suicide. For instance, if a doctor withholds life-sustaining treatment, against his or her better judgement, but through respect for patient autonomy, the result might be condemned either as an act of professional negligence or wilful killing.
- On the other hand, some argue that it is a doctor's professional duty to use whatever medicines are available regardless of the situation. A response to this might be to think in terms of proportion as an alternative variation of extraordinary means. Proportion is a well-established principle in the Natural Law tradition which may be applied to medicine without compromising the obligation of the doctor to treat his or her patient. This enables each situation to be seen individually so that what might be considered proportionate to achieve good ends is contingent on the needs of the patient and even the resources of the doctor. The issue is particularly complex with non-competent patients. For instance, a very handicapped baby (for example one who is 'anencephalic' or with a major part of the brain missing) might be considered so ill that no amount of surgery would improve their condition significantly. In this case a doctor might then prescribe 'nursing care only' (the baby should be kept warm and fed) as proportionate to their needs, knowing that the baby will die shortly.
- The WSOL argues that where death is inevitable the doctor is bound by compassion or love to treat the patient accordingly. This attitude is summarised by the much quoted phrase, from Arthur Clough's poem: 'Though shalt not kill: but need'st not strive Officiously to keep alive'. Singer (Rethinking Life and Death, 1994, p.149) goes further. Rigid adherence to the doctrine never to kill (vitalism) is an abrogation of the doctor's responsibility to his patient. The question is not so much between ordinary and extraordinary means but whether, in some cases, direct termination of life is good medicine.
- In QOL the key factor is whether the use of extraordinary medical means would usefully promote the quality of life. The notion is essentially utilitarian. For instance, in Cases 4 and 6 above a number of factors all need consideration: the possible length of useful life; state of mind of the patient (a main consideration in the American QALYs or Quality Adjusted Life Year Schedules); resources needed and available. All these factors contribute towards making doctors' choices. For instance a doctor might have to weigh up whether very painful surgery or powerful drugs which cause permanent drowsiness would result in a person who is a shadow of their former self. Can he or she base his or her judgement on some minimum human life-standard? For instance John Finnis's 'basic goods' argument suggests a possible list of 'valuable' life criteria which include: play, aesthetic experience, sociability; but inevitably there is no agreement as to what these standards should be.

2. Law and morality

So far the discussion has centred on the doctor-patient relationship within the constraints of law. There is no doubt that a shift in public opinion has increased the pressure for reform especially for voluntary euthanasia, whilst the Bland case sets a precedent for severely brain-damaged patients.

a) The liberal model

Mill's essay *On Liberty* (1859) is often cited as an example of the way in which law should function in a liberal society.

- The principle is that law is not in itself a moral guideline. Law in a liberal society acknowledges that each person has his or her own preferences which, using the utilitarian principle, if satisfied lead to the greatest happiness. The law enables the greatest personal autonomy of the greatest number.
- The second function of law is to protect the individual. This limits the majority from exploiting the minority and also the minority from exercising too much sway over the majority. Law should have minimal interference.

In practice, though, the law has to take into account a general moral feeling and it has also to acknowledge that once legislation takes place, in the mind of many this is seen to give tacit approval to certain forms of behaviour. Bernard Williams has described this as the precedent effect (Smart and Williams, *Utilitarianism*, 1973, p.106). Others more fearfully think in terms of a slippery slope or the thin end of the wedge. If, for instance, voluntary euthanasia were to be permitted under the law this would inevitably permit other forms of illicit killing. The British Medical Association is adamant that euthanasia should not become law:

Doctors have a duty to try to provide patients with a peaceful and dignified death with minimal suffering, but the BMA considers it contrary to the doctor's role deliberately to kill patients, even at their request. In the BMA's view, liberalising the law on euthanasia would herald a serious and incalculable change in the ethos of medicine.

Medical Ethics Today (1993), pp.175, 177

b) The case for legalising euthanasia

The two principles frequently cited are personal autonomy (and rights) and QOL. The argument is further enhanced by citing those countries/states where some form of euthanasia is permitted.

i) Britain

Euthanasia is only an extension of what is permissible as suicide. The 1961 Suicide Act in the UK for instance permits personal autonomy to choose without recrimination (in the case of attempted suicide) but forbids third-party involvement. Here is an argument typical of this kind of reasoning (Janet Radcliffe, *The Guardian Weekly*, September 1992):

The problem with voluntary euthanasia has nothing to do with the dangers of letting doctors decide whether patients live or die... The real question is quite different. It is whether people who are trapped in bodies or an institution they cannot control should be allowed to make choices freely available to the rest of us... Why... If you take a housebound friend shopping no one accuses you of kidnapping, if you cook her a meal no one thinks you are force-feeding her. Why then, if she is in agony or despair, and you bring her the lethal dose she desperately wants but cannot get, or you manipulate the syringe because she is too weak to do it herself, do you find yourself guilty of one of the worst crimes there is?

But the 1961 Suicide Act makes it illegal to aid or give assistance in a suicide. Those who argue for a change in the law cite the shift in popular support and demand for voluntary euthanasia from 51 per cent in 1969, 69 per cent in 1976, 75 per cent in 1989 to 82 per cent in 1996. The British Medical Association though still strongly opposes any change on the grounds that it will irrevocably alter the patient-doctor relationship.

ii) The Netherlands

Often people argue that voluntary euthanasia arrangements should be brought in line with the principles determining legal abortion. The situation in the Netherlands is frequently referred to

because it most clearly expresses the balance between the popular will, medical practice and legal control. (For a full account see Singer, *Rethinking Life and Death*, 1994, pp.143–7). The case is for physician-assisted suicide.

- Mercy killing is illegal, but where there is a conflict of duties between the doctor's medical ethics and the demands of the patient euthanasia may be permitted (the key issue therefore is that of conflict of duties.)
- Only a medical practitioner may be permitted to carry out euthanasia.
- The patient must make his or her request to die persistently and explicitly.
- The patient's request must be freely made, well-informed and without coercion.
- The patient's condition must be one where there is no foreseeable room for improvement and where there is unbearable pain. All other alternatives for relieving pain should have been considered.
- A doctor should seek advice and second opinion of another independent doctor.
- The Dutch parliament regularised this procedure in 1993. The doctor must report his or her action to the public prosecutor who then judges each situation case by case. A doctor may be prosecuted if the above criteria have not been adhered to.

iii) The USA

In the USA the movement is towards 'proxy empowerment' and developing the use of living wills. The movement is towards physician-assisted suicide. Physician-assisted suicide is strongly resisted by the pro-life movement.

iv) Australia

In Australia there is no uniform law; however, a doctor may discontinue life-support at the request of the patient. This does not constitute, for the purposes of law, assisted suicide. In the State of Victoria an act of 1988 permits a person to appoint a proxy. In South Australia a person may use an advance directive under the 1983 Natural Death Act refusing 'extraordinary treatments' should they become incapacitated.

c) Objections to legalising euthanasia

One of the primary objections to legalising euthanasia has been the slippery slope or wedge argument. The wedge argument is based on a form of logic which argues that what may be permitted initially as an exception becomes the rule. This is borne out by the observation that:

- there are always those who exploit a weaker rule
- what begins with the best of intentions results in undesirable ends.

Not surprisingly the wedge argument is supported by those who wish to uphold the SOL, those who have a strong deontology (that rules must be obeyed) and genuinely fear that expectations are not in the end in people's best interests. The BMA cites (*Medical Ethics Today*, p.153) the situation in the Netherlands where some 1000 (or 0.8 per cent) of all deaths a year are the result of non-voluntary euthanasia.

Helga Kuhse challenges proponents of the wedge argument to provide empirical evidence to support their case. Her own conclusion is that the wedge argument is used by scaremongers to support their complete ban on all forms of euthanasia. The most frequently cited example of the wedge argument

is the active non-voluntary euthanasia practised by the Nazis during the Holocaust years as a form of eugenics (literally 'the production of good offspring') where the deaths of millions were justified as part of the improvement of society. Kuhse concludes:

whilst the Nazi 'euthanasia' programme is often cited as an example of what can happen when a society acknowledges that some lives are not worthy to be lived, the motivation behind these killings was neither mercy nor respect for autonomy; it was, rather, racial prejudice and the belief that racial purity of the Volk required the elimination of certain individuals and groups. As already noted, in the Netherlands a 'social experiment' with active voluntary euthanasia is currently in progress. As yet there is no evidence that this has sent Dutch society down a slippery slope.

'Euthanasia', in P Singer (ed). Companion to Ethics (1991), p.302.

The SOL deontological response is to point to a number of recent liberalisations in the law which illustrate the wedge taking effect. For instance, abortion in the UK is illegal but is permitted in extreme cases. Since 1967 (when the Abortion Act was introduced in England and Wales), the large number of abortions for 16–24-year olds suggests that 'exceptions' (e.g. threat to psychological life of the mother) are effectively being used as a form of birth control. Many people now think that abortion is legal and in practice an abortion is usually given on demand. Another example might be the liberalising of the divorce laws and the decline of the family.

Finally, as we have already seen, there are those who argue that legalising euthanasia would not promote patient autonomy but in fact reduce it. Legislation would do irreparable harm to doctor-patient relationships and destroy the trust which is essential if a doctor is going to be able to administer the right kind of care. The following extract from the British Medical Association illustrates the point:

We have consistently emphasised the importance of patient autonomy and rights, reflecting the weight society assigns to individual freedom of choice. Supporters of a right to die often present this issue as one of personal liberty, maintaining that therefore individuals should be entitled to assistance to end their lives at the time and in the manner they choose. The BMA, however, maintains that autonomy has limits. The rights of one group cannot be permitted to undermine the rights of others. Recognising a legal right to die would have implications for the whole of society and, perhaps, most particularly for its vulnerable members.

Thus many doctors fear that even a limited change in legislation would bring about a profound change in society's attitude to euthanasia. By removing legal barriers to the previously 'unthinkable' and permitting people to be killed, society would open up new possibilities of action and thus engender a frame of mind whereby some individuals might well feel bound to explore fully the extent of these new options. Once previously prohibited action becomes allowed, the argument goes, it may also come to be seen as desirable – if not by oneself, then as something which might be recommended. A social environment which recognised the right to die, we argue, would bring about a fundamental shift in social attitudes to death, illness, old age and disablement. It would encourage the labelling of people by group and result in some groups who presented problems being seen as more expendable. It would also change the public view of the profession in an irrevocable way and undermine the trust that patients have in doctors.

Medical Ethics Today (1993). P.151.

Skills

- a) Having read the article, analyse the extract below and summarise the Catholic Church's view on acts and omissions.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgement into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

Catechism of the Catholic Church (1994), p.491.

- b) Do you agree with the Catholic view? Why/ why not?