

Protection of Patients' Constitutional Rights in Telemedicine Practice Based on Sharia Principles

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Abstract

Telemedicine has expanded access and increased the efficiency of healthcare services, while simultaneously driving medical innovation. However, challenges remain regarding the protection of patients' constitutional rights, namely the right to data security, the right to information, and the right to equal access to services. This study aims to analyze the extent to which the legal framework for telemedicine protects patients' constitutional rights and how Sharia principles can strengthen



these protections. Adopting doctrinal legal research methods and a comparative approach, this study analyzes the constitutions, telemedicine regulations and guidelines, related legal instruments, and jurisprudence in Uganda and Oman. The results indicate that Uganda and Oman have taken initial steps in integrating legal and ethical protections into telemedicine regulations. However, weaknesses remain in aspects of health data governance and protection, professional accountability mechanisms, and the digital literacy levels of patients and healthcare workers. The existing legal framework does not fully guarantee equitable access and protection of patients' constitutional rights in telemedicine practices. This study proposes a normative and ethical framework based on Sharia principles to strengthen telemedicine regulations, ensuring medical safety, clarity of information, data protection, and equitable access to services. The contribution of this research lies in the development of a comprehensive Sharia-based normative approach, thereby enriching the telemedicine literature and providing guidance for designing fairer and more beneficial regulations, including for other countries with similar legal systems.

KEYWORDS: *Constitutional rights; Patients; Sharia principles; Telemedicine*

Abstrak

Telemedisin telah memperluas akses dan meningkatkan efisiensi layanan kesehatan, sekaligus mendorong inovasi medis, namun masih ada tantangan terkait perlindungan hak konstitusional pasien, yaitu hak keamanan data, hak atas informasi, dan hak kesetaraan akses layanan. Penelitian ini menganalisis sejauh mana kerangka hukum telemedisin melindungi hak konstitusional pasien dan bagaimana prinsip Syariah dapat memperkuat perlindungan tersebut. Dengan mengadopsi metode penelitian hukum doktrinal dan pendekatan komparatif, penelitian ini menganalisis konstitusi, regulasi dan pedoman telemedisin, instrumen hukum terkait dan yurisprudensi di Uganda dan Oman. Hasil penelitian menunjukkan bahwa Uganda dan Oman telah mengambil langkah awal dalam mengintegrasikan perlindungan hukum dan etika ke dalam regulasi telemedisin. Namun masih terdapat kelemahan dalam aspek tata kelola dan perlindungan data kesehatan, mekanisme akuntabilitas profesional, serta tingkat literasi digital pasien dan tenaga kesehatan. Kerangka hukum yang ada belum sepenuhnya menjamin keadilan akses dan perlindungan hak konstitusional pasien dalam praktik telemedisin. Penelitian ini menawarkan kerangka normatif dan etis berbasis prinsip-prinsip Syariah untuk memperkuat regulasi telemedisin, menjamin keselamatan medis, kejelasan informasi, perlindungan data, dan keadilan akses layanan. Kontribusi penelitian terletak pada pengembangan pendekatan normatif berbasis Syariah yang komprehensif, sehingga memperkaya literatur telemedisin dan memberikan panduan untuk

merancang regulasi yang lebih adil dan maslahah, termasuk bagi negara lain dengan sistem hukum yang sama.

KATA KUNCI: *Hak konstitusional; Prinsip syariah; Pasien; Telemedisin*

Introduction

Telemedicine has been recognized as a significant part of the healthcare system of Uganda and Oman, allowing medical services to be delivered in a completely new and non-traditional way.¹ Both nations are implementing different digital health solutions to facilitate access to healthcare services, especially, the remote and underprivileged people.² Consequently, this raises vital questions about the safeguarding of patients' constitutional rights in digital healthcare scenarios.³ The Ugandan Constitution assures the right to health, dignity, privacy, equality, and access to information, while Oman's Basic Law shares the same principle through the protection of human dignity and privacy of communication, and grants everybody the right to equitable access to public services. These rights constitute the legal basis for the practice of telemedicine that is ethical and accountable.⁴ Nonetheless, the remote consultations of telemedicine, the transmission of electronic data, and the provision of services across borders make it more challenging to protect patient confidentiality,⁵ gain

¹ Ernest Osei and Tivani P Mashamba-Thompson, "Mobile Health Applications for Disease Screening and Treatment Support in Low-and Middle-Income Countries: A Narrative Review," *Heliyon* 7, no. 3 (2021): 1–11, doi:10.1016/j.heliyon.2021.e06639.

² Ibrahim Abubakar et al., "The UCL–Lancet Commission on Migration and Health: The Health of a World on the Move," *The Lancet* 392, no. 10164 (December 15, 2018): 2606–54, doi:10.1016/S0140-6736(18)32114-7.

³ Madhulika Bhatia et al., "Telehealth: Former, Today, and Later," in *Big Data Analytics and Intelligence: A Perspective for Health Care* (Emerald Publishing Limited, 2020), 243–62, doi:10.1108/978-1-83909-099-820201020.

⁴ Aishatu Elejo Adaji, "Rethinking Biotechnology Regulation in Nigeria: The Role of Open Science and Human Rights Lessons from India," *Kampala International University Law Journal (KIULJ)* 7, no. 1 (2025): 24–39, doi:10.59568/KIULJ-2025-7-1-02.

⁵ Yuichi Yasufuku and G B D 2021 Stroke Risk Factor Collaborators, "Global, Regional, and National Burden of Stroke and Its Risk Factors, 1990-2021: A Systematic Analysis for the Global Burden of Disease Study 2021," *The Lancet Neurology* 23, no. 10 (2024): 973–1003, doi:10.1016/S1474-4422(24)00369-7.

security over personal health information, allow informed consent, and ensure non-discrimination or equal access.⁶ In the cases of Uganda and Oman, these constitutional rights must be interpreted and reinforced in light of new technologies, guided by Sharia principles that emphasise the protection of life, justice, and the minimisation of harm.

Keeping in mind Islamic societies, where healthcare is not only a collective good but also a moral obligation,⁷ and to provide ethical guidance to either humans or humans in the provision of medical care.⁸ Sharia principles, rooted in the principles of justice,⁹ fairness and protection of human dignity form the basis for a comprehensive analysis of patient rights in telemedicine.¹⁰ The argument advanced in this article is that Sharia principles provide an ethical basis for protecting patient rights in telemedicine. Respect for human dignity and value, right to life, informed consent, right to confidentiality, and access to care are all principles that translate to digital health systems.¹¹ Therefore, when Sharia-based principles provide guidance to telemedicine practice, healthcare providers can retrospectively give patients cause to trust their practice.¹²

⁶ Mutabazi Dominic and Hilary Nwaechefu, "Leveraging Digital Technologies to Strengthen Compliance with International Human Rights Standards in Uganda," *Kampala International University Law Journal (KIULJ)* 7, no. 2 (2025): 95–108, doi:10.59568/KIULJ-2025-7-2-07.

⁷ Abdullah Alanazi, "Assessing Clinicians' Legal Concerns and the Need for a Regulatory Framework for AI in Healthcare: A Mixed-Methods Study," in *Healthcare*, vol. 13 (MDPI, 2025), 1487, doi:10.3390/healthcare13131487.

⁸ Aminun Nabil Ahmad Syahir et al., "Integrating Mobile Health with Islamic Psychospiritual: Digital Approaches to Psychological and Spiritual Well-Being," *Teosofi: Jurnal Tasawuf Dan Pemikiran Islam* 15, no. 1 (2025): 229–58, doi:10.15642/teosofi.2025.15.1.229-258.

⁹ Paul Atagamen Aidonojie, Oaihimire Idemudia Edetalehn, and Omohoste Patience Agbale, "The Legal and Ethical Issues Concerning Diagnosing and Treatment of Patients by Pharmacists in Nigeria," *Euromentor Journal* 13, no. 2 (2022): 102–19.

¹⁰ Abdulwahab Alkhamis and Shaima Ali Miraj, "Access to Health Care in Saudi Arabia: Development in the Context of Vision 2030," in *Handbook of Healthcare in the Arab World* (Springer, 2020), 1–34, doi:10.1007/978-3-319-74365-3_83-1.

¹¹ Paul Atagamen Aidonojie et al., "Legal Issues Concerning of Data Security and Privacy in Automated Income Tax Systems in Nigeria," *Hang Tuah Law Journal* 8, no. 1 (2024): 14–41, doi:10.30649/HTLJ.V8I1.223.

¹² Justin Greiwe, "Using Telemedicine in a Private Allergy Practice.," *The Journal of Allergy and Clinical Immunology. In Practice* 7, no. 8 (2019): 2560–67, doi:10.1016/j.jaip.2019.07.012; Priyanacy Gupta, "An Empirical Study on Indian

Previous studies about telemedicine in five years have been very much, but part big highlight about Telemedicine during the COVID-19 Pandemic. For example, study Alaball et al.¹³ Boehm, Katharina, et al.¹⁴ Ftouni, Racha, et al.¹⁵ Contreras, Carlo M, et al.¹⁶ Cantor, Jonathan H., et al.¹⁷ Foglia, Emanuela, et al.¹⁸ Sengupta, Avijit, Sumantra Sarkar, and Anol Bhattacharjee.¹⁹ Gautam, Arun, et al.²⁰ Kim, Mary E., et al.²¹ Even Drago, Carlo, Andrea Gatto, and Matteo Ruggeri's research found 285 pieces of literature that were published in 2019–2020 about telemedicine and COVID-19.²² All studies the No there is a discussion from the aspect of law and patient rights in telemedicine.

Cybercrime Laws for the Protection of Senior Citizens of Indore City,” *Kampala International University Law Journal (KIULJ)* 7, no. 2 (2025): 1–13, doi:10.59568/KIULJ-2025-7-2-01.

¹³ Josep Vidal-Alaball et al., “Telemedicine in the Face of the COVID-19 Pandemic,” *Atencion Primaria* 52, no. 6 (2020): 418–22, doi:10.1016/j.aprim.2020.04.003.

¹⁴ Katharina Boehm et al., “Telemedicine Online Visits in Urology during the COVID-19 Pandemic-Potential, Risk Factors, and Patients’ Perspective,” *European Urology* 78, no. 1 (2020): 16–20, doi:10.1016/j.eururo.2020.04.055.

¹⁵ Racha Ftouni et al., “Challenges of Telemedicine during the COVID-19 Pandemic: A Systematic Review,” *BMC Medical Informatics and Decision Making* 22, no. 1 (2022): 207, doi:10.1186/s12911-022-01952-0.

¹⁶ Carlo M Contreras et al., “Telemedicine: Patient-Provider Clinical Engagement during the COVID-19 Pandemic and Beyond,” *Journal of Gastrointestinal Surgery* 24, no. 7 (2020): 1692–97, doi:10.1007/s11605-020-04623-5.

¹⁷ Jonathan H Cantor et al., “Who Is (and Is Not) Receiving Telemedicine Care during the COVID-19 Pandemic,” *American Journal of Preventive Medicine* 61, no. 3 (2021): 434–38, doi:10.1016/j.amepre.2021.01.030.

¹⁸ Emanuela Foglia et al., “Digital Technology and COVID-19 Pandemic: Feasibility and Acceptance of an Innovative Telemedicine Platform,” *Technovation* 130 (2024): 102941, doi:10.1016/j.technovation.2023.102941.

¹⁹ Avijit Sengupta, Sumantra Sarkar, and Anol Bhattacharjee, “The Relationship between Telemedicine Tools and Physician Satisfaction, Quality of Care, and Patient Visits during the COVID-19 Pandemic,” *International Journal of Medical Informatics* 190 (2024): 105541, doi:10.1016/j.ijmedinf.2024.105541.

²⁰ Ahmed Abiodun Muhammed-Mikaael et al., “Perception of North-Central Nigerian Muslims on Modern Family Planning Practices: Assessment of Shari’ah Jurisprudence,” *Kampala International University Law Journal (KIULJ)* 7, no. 2 (2025): 42–62, doi:10.59568/KIULJ-2025-7-2-04.

²¹ Mary E Kim et al., “Provider and Patient Satisfaction with Telemedicine Voice Therapy during the COVID-19 Pandemic,” *Journal of Voice* 39, no. 1 (2025): 282–e19, doi:10.1016/j.jvoice.2022.07.009.

²² Carlo Drago, Andrea Gatto, and Matteo Ruggeri, “Telemedicine as Technoinnovation to Tackle COVID-19: A Bibliometric Analysis,” *Technovation* 120 (2023): 102417, doi:10.1016/j.technovation.2021.102417.

Research that highlights aspects of laws and rights of patients in telemedicine is very limited. For example, Lassarén, Philipp, et al. highlight about impact and feasibility of telemedicine to right on maintenance surgery nerves, using the AAAQ device. The results show that telemedicine potential to fulfill the right patient's health, globally.²³ However study by Lassaren only highlights the right on maintenance special for patient surgery nerves. Research by Arias, PJ Gómez, et al, similarities with the study Now from a side aspect law, however, this study was conducted in Spain. Arias' research shows that the lack of regulations in Spain regarding data confidentiality, quality care, patient autonomy, and privacy, as well as insurance and liability professional answers. According to Arias, the framework of laws and regulations must be implemented to ensure the safe practice of teledermatology for medical professionals and patients.²⁴

Wahyudin, Bob, et al. also highlight about regulations of telemedicine and the development of basic human rights in the health sector. Wahyudin, using a comparative approach with study regulations on telemedicine in Indonesia, Malaysia, and Ethiopia. Findings by Wahyudin show that regulations on telemedicine in Indonesia, Malaysia, and Ethiopia have similarities in conferring importance to telemedicine in the system maintenance of national health. However, there are differences in approach, regulation, readiness infrastructure, and protection law for power medical.²⁵ Fakihi, in his research, also highlights the right patient privacy in telemedicine in Indonesia with two problems: the implementation of telemedicine and the framework regulation to protect patient privacy

²³ Philipp Lassarén et al., "Telemedicine and the Right to Health: A Neurosurgical Perspective," *Journal of Clinical Neuroscience* 102 (2022): 71–74, doi:10.1016/j.jocn.2022.06.011.

²⁴ P J Gomez Arias et al., "Medical and Legal Aspects of the Practice of Teledermatology in Spain," *Actas Dermo-Sifiliograficas (English Edition)* 112, no. 2 (2021): 127–33, doi:10.1016/j.adengl.2020.09.016.

²⁵ Bob Wahyudin et al., "Legal Protection for Doctors in Telemedicine Services: A Human Rights and Comparative Law Perspective," *Jurnal Suara Hukum* 7, no. 1 (2025): 124–55, doi:10.26740/jsh.v7n1.p124-155.

rights.²⁶ Study Aidonojie et al, with a study Now that is conducted in Uganda, however, highlight prospects, problems, legal, and medical-related AI integration into medical research in practice in Uganda. The findings indicate that there is a problem with law and medicine in integrating system maintenance AI health in Uganda, including ambiguous regulations, data privacy, and confidentiality of patients, challenges patients in agreeing to maintenance virtual medical, errors possible medical happen through maintenance medical AI, and some other issues.²⁷

Previous research on telemedicine has been dominated by discussions of technical aspects, ethics, and healthcare responses during the COVID-19 pandemic. Studies specifically addressing the protection of patient rights from a legal perspective are limited and partial, focusing on privacy, specific national regulations, or specific medical service contexts. Furthermore, no research has been found that integrates the guarantee of patient rights as constitutional rights with Sharia principles in telemedicine practices. Yet, Islamic values such as justice (*'adl*), prevention of harm (*'dar' al-mafsadah*), and public welfare (*maslahah*) are strongly relevant in regulating digital healthcare practices. This situation highlights the need for research efforts that specifically integrate constitutional law, healthcare governance, and Islamic jurisprudence to design a telemedicine model that ensures the full protection and fulfillment of patient rights.

This study fills the gap in previous research, namely discussing the protection of patients' constitutional rights in telemedicine practices and integrating Sharia principles as a legal and ethical basis for fulfilling these rights. Focuses studies on patients' rights to privacy, informed consent, non-discrimination, and access to quality healthcare services guaranteed by the constitutions of Uganda and Oman, while integrating the principles of

²⁶ Muhammad Fakhri, "Telemedicine in Indonesia During the Covid-19 Pandemic: Patient's Privacy Rights Protection Overview," *Fiat Justisia: Jurnal Ilmu Hukum* 16, no. 1 (2022): 83–102, doi:10.25041/fiatjustisia.v16no1.2583.

²⁷ Paul Atagamen Aidonojie et al., "The Prospect, Legal, and Medical Issues in Integrating Ai in Medical Practice in Uganda," 2024, doi:10.59568/KIULJ-2024-6-2-10.

justice (*'adl*), prevention of harm (*dar' al-mafsadah*), and public welfare (*maslahah*) in the context of telemedicine. This study offers a Sharia-based normative framework for telemedicine that guarantees the comprehensive protection of patients' constitutional rights. This can be used as a reference for formulating regulations and ethical standards for telemedicine that are fair, safe, effective, and sustainable, making it relevant in the global context of the digital health era.

Methods

This study uses a normative juridical or doctrinal method with a comparative approach to analyze the protection of patients' constitutional rights in telemedicine practices and their integration with Sharia principles. Uganda was chosen as a representative of Sub-Saharan African countries that are adopting telemedicine but facing various regulatory, technological, and patient rights challenges. Meanwhile, Oman was chosen as a model country with a Sharia-influenced legal system, where Islamic principles have been applied in healthcare governance, thus allowing for a comparison of the application of Sharia principles in different legal and technological contexts. Primary data sources include the constitutions of Uganda and Oman and sources of Islamic law such as the Qur'an, Hadith, and Sunnah. Secondary data sources include scientific articles, books, policy reports, and academic publications related to telemedicine, patient rights, healthcare regulations, and Islamic ethics. Data collection used documentation techniques, namely the collection and recording of legal documents, constitutions, regulations, academic literature, and sources of Islamic law such as the Qur'an, Hadith, and Sunnah. The data analysis technique uses normative analysis, by reviewing, classifying, and interpreting legal documents and literature to identify the protection of patient rights, telemedicine regulations, and the application of Sharia principles, while also compiling a synthesis that compares the Ugandan and Omani contexts and evaluates their global relevance.

Discussion

Patients' Constitutional Rights in Telemedicine Practice in Uganda and Oman

Telemedicine has been generally described as the provision of distance healthcare services through the use of information and communication technologies. The World Health Organization (WHO), for example, describes it as “the delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment, and prevention of disease and injuries, research, and continuing education.”²⁸ Medical associations and national legislation often have similar definitions, vying for a jurisdiction-based definition. Take, for example, the American Telemedicine Association, whose definition says that telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status, whereas some countries have embedded telemedicine within the boundaries of statutory laws regarding digital health.²⁹ The result is that no matter how one defines telemedicine, the essence lies in increasing access, when obstructed by geography, to continuity of care through technological frameworks that encompass these medical services.

The historical evolution of telemedicine shows its movement from an adjunct to add to healthcare systems to a deliverable model of healthcare systems. Before COVID-19, telemedicine was slowly making inroads, including in rural health programs, military medicine, but also chronic

²⁸ Zakaria A Mani and Krzysztof Goniewicz, “Transforming Healthcare in Saudi Arabia: A Comprehensive Evaluation of Vision 2030’s Impact,” *Sustainability* 16, no. 8 (2024): 3277, doi:10.3390/su16083277.

²⁹ Motti Haimi, “The Tragic Paradoxical Effect of Telemedicine on Healthcare Disparities-a Time for Redemption: A Narrative Review,” *BMC Medical Informatics and Decision Making* 23, no. 1 (2023): 95, doi:10.1186/s12911-023-02194-4; Adina R Kern-Goldberger et al., “Society for Maternal-Fetal Medicine Special Statement: Utilizing Telemedicine to Address Disparities in Maternal-Fetal Medicine: A Call to Policy Action,” *American Journal of Obstetrics and Gynecology* 230, no. 5 (2024): B6–11, doi:10.1016/j.ajog.2023.11.001.

disease monitoring, albeit slowly before COVID-19.³⁰ The extent of how telemedicine could impact primary healthcare was limited by regulations, infrastructure, and an underlying scepticism as to how it could be usefully applied to healthcare systems, and acceptance by health professionals of telemedicine as an alternative to in-person consultation was limited in infrastructure due to political and regulatory silence.³¹ COVID-19 exploded the integration of telehealth worldwide, as all aspects of health had to find safe alternatives to reduce the transmission of contagious disease by telemedicine as a high-intensity channel.

In many jurisdictions, the use of telemedicine exploded, with studies of slow adoption rates indicating increases of 80% plus in some countries between 2020 and 2021.³² New policies and regulations, and access to practice based on country-based health system policy were initiated. The insurers expanded access and coverage for telemedicine as citizens (patients and providers) were willing to accept a virtual consultation delivery as part of the normal delivery of health. Going forward, the post-COVID-19 period is along the continuum of moving telemedicine from a choice-optional means of human interaction, to a necessity, and with growing permanence within many or courts of healthcare systems worldwide.

The fundamental elements of telemedicine are remote consultation, remote diagnosis, remote monitoring, and follow-up. Each of these elements helps to replace a function associated with traditional in-person healthcare and bolster it, in terms of delivery.³³ Remote consult allows

³⁰ Rubee Singh et al., “Empowering Sustainable Human Capital for Digital Circular Economy in the Gulf Cooperation Council HealthCare Sector,” *Sustainable Innovations and Digital Circular Economy*, 2025, 207–26, doi:10.1007/978-981-96-1064-8_11.

³¹ Hanita Mayasari, “A Examination on Personal Data Protection in Metaverse Technology in Indonesia: A Human Rights Perspective,” *Journal of Law, Environmental and Justice* 1, no. 1 (2023): 64–85, doi:10.62264/jlej.v1i1.4.

³² ALIYU ALHAJI RABIU, AHMAD MURAD MOHD NOOR MERICAN, and GHADAH AL MURSHID, “Ethics in the Digital Age: Exploring the Ethical Challenges of Technology,” *Journal of Information Systems and Digital Technologies* 7, no. 1 (2025): 29–50, doi:10.31436/jisdt.v7i1.555.

³³ Soufiane Ouariach and Anjali Raghav, “Legal Accountability in AI-Enhanced Healthcare: A Socio-Legal Perspective,” in *Computational Intelligence in Healthcare Law* (Chapman and Hall/CRC, 2025), 72–85, doi:10.1201/9781003538462-5.

patients to meet with a healthcare provider in real-time without having to be physically present, thus reducing distance and cost as barriers. In terms of diagnosis, telemedicine allows clinicians to exchange information about the patient, including lab reports and any imaging reports that may be available, and often includes a digital reporting tool that helps with clinical decision-making. Remote monitoring, for either continuous or episodic remote monitoring, is especially beneficial for chronic conditions such as diabetes and hypertension, or other cardiac-related ailments. In this instance, remote monitoring allows the provider to track how the patient is doing across the remote digital platform and determine when an intervening action is necessary. Finally, follow-up care is another important element of telemedicine, as it ensures continuity of care with respect to treatment, medications, and rehabilitative processes, and can bolster long-term patient outcomes. Collectively, these core elements indicate that telemedicine is not simply an emergency or an interim replacement, but a complete healthcare delivery model that can meet varying patient needs.³⁴

These features are dependent on the technologies that support the practice of telemedicine. Video calls are the most familiar telemedicine experience and emulate the dynamics of a face-to-face meeting between doctor and patient. Mobile health applications add other features to telemedicine: booking appointments, electronic prescriptions, and patient education that patients can access on their mobile phone and their provider's interface or mobile applications, or two-way online synchronous communications where the provider can see or hear their patients.³⁵ Smart watches and other biosensors are available to wear, and can provide real-time information about vital signs, general physical activity, hours slept,

³⁴ Theodore H Tulchinsky and Elena A Varavikova, "Health Technology, Quality, Law, and Ethics," *The New Public Health*, 2014, 771–819, doi:10.1016/B978-0-12-415766-8.00015-X.

³⁵ Susi Eryani, Tony Richard Alexander Samosir, and Sudaryat Sudaryat, "The Impact of Health Law Reforms on Patient Rights and Medical Professional Accountability Worldwide," *Jurnal Ar Ro'is Mandalika (Armada)* 5, no. 2 (2025): 342–52, doi:10.59613/armada.v5i2.4906.

and the patient can share the information with their doctors and follow up accordingly. Decision-support AI tools that can analyze massive data sets of medical information can help doctors make more accurate diagnoses, help identify changes in their patients' health, and provide decision-support systems and information to their practitioners.³⁶ Collectively, these and other technologies create a multi-layered ecosystem that makes telemedicine possible, manageable, efficient, and increasingly unavoidable in transferring healthcare delivery when emergency situations, social disruptions arise, and travel to services can become problematic for some patients.

Telemedicine has many benefits that address basic patient rights and fundamentally alter how people receive health care. Telemedicine affords rights to quality care on par with in-person visits. The development of digital tools and standardization in professional practices is now allowing most traditional medical services, including consultations, chronic disease management, and mental health services, to be provided remotely without a loss of quality.³⁷ Telemedicine enhances an individual's rights to access health care by removing geographical barriers, allowing people in rural areas, or in conflict zones within states containing conflict, or in areas with little to nonexistent medical infrastructure, to have access to care that they otherwise would not be able to access. Beyond a rights-based view, telemedicine provides economic benefits, facilitating reductions in travel costs, stay in the hospital, and reduced associated administrative costs.³⁸ Convenience is also a strong benefit for telemedicine; patients may have

³⁶ Muhammad Faisal Hamdani and Ishaq Ishaq, "Abortion in Islam: A Fiqh Examination of Medical and Social Indications," *Journal of Ecohumanism* 3, no. 3 (2024): 1111–24, doi:10.62754/joe.v3i3.3446.

³⁷ Ricky Helana et al., "Legal Protection for Patients and Providers Telemedicine Services: Perspectives Principle Balance," *Journal La Sociale* 6, no. 2 (2025): 318–24, doi:10.37899/journal-la-sociale.v6i2.1876.

³⁸ Basher Taher Ahmed F Frnana, Ahmed Bin Che Yaacob, and Zulkiflee Bin Haron, "Examine the Libyan Health Law's Sufficiency in Holding Health Practitioners Accountable and Reducing Errors," *Russian Law Journal* 11, no. 4S (2023): 380–89, doi:10.52783/rlj.v11i4s.860.

more flexible appointment schedules, they can access multiple specialists without relocating, and they can receive follow-up care from their homes without needing to travel for the appointment.³⁹ These benefits demonstrate that by adopting telemedicine, it is possible to modernize healthcare while still meeting the ethical and legal obligations owed to patients.

Telemedicine provides considerable advantages; however, various challenges that remain unresolved create obstacles to patient rights.⁴⁰ The process of obtaining informed consent for remote healthcare treatments is more involved than ever because patients must be provided with a clear description of the scope, limitations, and risks associated with remote treatment. In addition, with telemedicine frequently occurring on third-party applications and platforms, there is an increased risk of privacy and confidentiality breaches and exposure to cyber threats and attacks. Consequently, robust data protection and cybersecurity protocols must be put in place to safeguard sensitive health information to help maintain the level of trust and confidence that patients have in digital healthcare systems.⁴¹ Furthermore, the digital divide creates barriers between patients who have and do not have access to telemedicine, due in part to variations in internet connectivity, digital literacy, availability of devices, power availability, and the availability of broadband, with significant limitations present in rural regions. While some patients take full advantage of telemedicine, many patients will not. From a global perspective, these issues demonstrate that a comprehensive regulatory framework and the establishment of supportive technology, as well as patient-centred policies,

³⁹ Ambika Prasad Patra and Kusa Kumar Shaha, *Medical Jurisprudence & Clinical Forensic Medicine: An Indian Perspective* (CRC Press, 2023), doi:10.1201/9781003139126.

⁴⁰ Bilal Irfan et al., "Medical Research Ethics in Active War and Conflict Zones: The Case of Gaza," *Medicine, Conflict and Survival* 41, no. 3 (2025): 282–96, doi:10.1080/13623699.2025.2543234.

⁴¹ Yana Chaeru Taufik Ismail and Arwansyah bin Kirin, "Digital Privacy and Personal Data Protection in Southeast Asia: Challenges and Efforts toward Legal Harmonization," *Justitia Nova* 1, no. 1 (2025): 24–34.

are necessary to provide equitable access to telemedicine and protect the ethical and legal rights of patients.⁴²

Telemedicine is an important development in health care, and patients receive needed access, convenience, affordability, and some degree of comparable care to what they receive in person. Through technologies such as video calls, mobile health applications, wearable technologies, and AI tools, telemedicine can overcome distance challenges as well as facilitate ongoing monitoring, diagnosis, and follow-up care. While telemedicine can be effective, its successful application should not overlook patient rights such as informed consent, privacy, confidentiality, and data privacy and protection, in addition to challenges like the digital divide and gaps in infrastructure.⁴³ When incorporating rigorous ethical frameworks and regulations, geographically or culturally aware ethical frameworks, e.g., Sharia-compliance, when appropriate, telemedicine is capable of delivering quality, equitable, and ethically sound health care, where innovation obeys legal compliance and moral compliance.

The Ugandan Constitution is an absolute normative base for the protection of telemedicine patients,⁴⁴ and these rights are almost identical to those that Sharia would grant. The paragraphs X and XI of the National Objectives and Directive Principles place on the State a constitutional duty to engage with the people in planning for development and to give priority to legislation that assures equal access to technological and scientific development.⁴⁵ Telemedicine, which is a technological and scientific health innovation, is therefore under this mandate, and the State must regulate it

⁴² Tehreem Fatima, Aqsa Tasgheer, and Javaria Anees, "Navigating Genome Editing in the Era of Artificial Intelligence Islamic Bioethical Considerations in CRISPR," *Kashf Journal of Multidisciplinary Research* 1, no. 11 (2024): 30–42, doi:10.71146/kjmr136.

⁴³ Barry Solaiman, "Data Protection, Privacy, and Confidentiality in Qatar's Health System," in *Privacy and Medical Confidentiality in Healthcare* (Edward Elgar Publishing, 2023), 114–39, doi:10.4337/9781035309436.00012.

⁴⁴ Ashok Kumar Sah et al., "Role of Artificial Intelligence and Personalized Medicine in Enhancing HIV Management and Treatment Outcomes," *Life* 15, no. 5 (2025): 745, doi:10.3390/life15050745.

⁴⁵ Lenore Manderson, Elizabeth Cartwright, and Anita Hardon, *The Routledge Handbook of Medical Anthropology* (Routledge, 2016), doi:10.4324/9781315794198.

in such a way that patient dignity, equality, and participation are not compromised.⁴⁶ In the same vein, Paragraph XX tells the State to “take all practical measures to ensure the provision of basic medical services,” which implicitly includes digital and remote-care services. The *Maqasid al-sharī‘ah* in Sharia, among other things, underline life preservation (*ḥifẓ al-nafs*) and public welfare (*maṣlaḥah*), both of which would enable the use of telemedicine, but only if patient rights are not violated. Consequently, the constitutional technology development and medical services access requirements are in line with Sharia, and they together make the Ugandan government and health institutions responsible for establishing telemedicine systems that are engaging, equitable and advantageous to all the patients.⁴⁷

The Constitutional Rights provide support for the development of Telemedicine systems that align with the principles of Sharia regarding Ethics and Privacy/Autonomy/Equality and Access to Information.⁴⁸ Telemedicine Providers must honour Patients' rights, such as those specified in Article 20, which asserts that Human Rights are inherent and apply to both the Governments and Private Sector Providers (including Telemedicine Providers). Article 27 protects persons from unlawful searches and interferences with their private communications, as it pertains to sending and storing Electronic Medical Records and Consultation,⁴⁹ and is consistent with the Sharia duty of Confidentiality (*sirriyyah*). In

⁴⁶ Loukas Triantafyllopoulos et al., “Mapping How Artificial Intelligence Blends with Healthcare: Insights from a Bibliometric Analysis,” *Future Internet* 16, no. 7 (2024): 221, doi:10.3390/fi16070221.

⁴⁷ Christopher J L Murray et al., “Five Insights from the Global Burden of Disease Study 2019,” *The Lancet* 396, no. 10258 (2020): 1135–59, doi:10.1016/S0140-6736(20)31404-5.

⁴⁸ Renata Solimini et al., “Ethical and Legal Challenges of Telemedicine in the Era of the COVID-19 Pandemic,” *Medicina* 57, no. 12 (2021): 1314, doi:10.3390/medicina57121314.

⁴⁹ Barry G Fields, “Regulatory, Legal, and Ethical Considerations of Telemedicine,” *Sleep Medicine Clinics* 15, no. 3 (2020): 409, doi:10.1016/j.jsmc.2020.06.004; Andrew H Talal et al., “A Framework for Patient-Centered Telemedicine: Application and Lessons Learned from Vulnerable Populations,” *Journal of Biomedical Informatics* 112 (2020): 103622, doi:10.1016/j.jbi.2020.103622.

accordance with Article 33, Vulnerable Populations, including Women, are protected from discrimination and/or lack of equal dignity, which supports equitable access to telemedicine.⁵⁰ Article 34(3) prohibits denial of Medical Treatment to Children for Religious Reasons, thereby supporting equitable access to Telemedicine for all Children. Informed Consent (*al-riḍa*) strengthens Patients' rights to information,⁵¹ as described in Article 41. Finally, Article 50 provides Patients with the ability to seek Judicial Remedies when Telemedicine Providers violate either their Constitutional Duties or Sharia-based duties, thereby providing added protection for Patients' Rights within Digital Healthcare.

The Oman Basic Statute is pivotal in guaranteeing the rights of patients who use telemedicine services, and at the same time, it is in line with the Islamic norms regarding medical ethics, human dignity, and the protection of life (*hifẓ al-nafs*). According Oman Royal Decree 6/2021 Issuing the Basic Statute of the State, Article 15 imposes a duty on the State to provide health care, prevent diseases, and support the sick, the elderly, and the disabled as vulnerable groups. This duty extends to telemedicine, which provides the means of total and inclusive access to health care, especially for people living in remote areas. The emphasis on solidarity represents the Sharia principle of community responsibility (*takaful*), and consequently, telemedicine systems will have to be regulated in such a way as not to exclude anybody digitally. State supervision of private providers remains in alignment with *wali al-amr* monitoring in the matter of public welfare (*maṣlaḥah*).⁵² The Constitution of Oman is more and more pointing

⁵⁰ Enea Parimbelli et al., "Trusting Telemedicine: A Discussion on Risks, Safety, Legal Implications and Liability of Involved Stakeholders," *International Journal of Medical Informatics* 112 (2018): 90–98, doi:10.1016/j.ijmedinf.2018.01.012.

⁵¹ Lassaren et al., "Telemedicine and the Right to Health: A Neurosurgical Perspective."

⁵² Joshua M Eisenberg and John M Rhee, "Implications of Telemedicine," in *Seminars in Spine Surgery*, vol. 36 (Elsevier, 2024), 101121, doi:10.1016/j.semss.2024.101121.

out Sharia-compliant factors in the field of telemedicine.⁵³ Article 25 prohibits torture, degrading treatment, and coercion, and thus, the human dignity (*karamat al-insan*) in digital healthcare is reinforced. Article 32 guarantees the right to bodily integrity and requires the obtaining of free consent, which is akin to *al-riḍa wa al-ikhtiyar* in the practices of telemedicine.⁵⁴ Article 36 grants the right to privacy and confidentiality of electronic communications, which is, in turn, in accordance with *sirriyyah al-marīḍ*. All in all, these provisions provide a solid constitutional and Sharia-aligned framework for the ethical telemedicine practice.

Sharia Principles for Strengthening Legal Protection

Sharia (Arabic: *Sharī'ah*, meaning "the path") is the body of Islamic law derived from the Qur'an, the Sunnah (the sayings and practices of the Prophet Muhammad, peace be upon him), scholarly consensus (*ijma'*), and analogical reasoning (*qiyas*). Sharia provides an integrative structure of law and guidance for not only religious observances, but also day-to-day living, correct social behavior, economic behavior, medical ethics, and a fair judicial system. Telemedicine, although inextricably linked to classical sources, is rooted in the Sharia principles, which offer flexible legal and moral guidance that can evolve with the contemporary development of healthcare technologies to promote human welfare within the parameters of the Islamic ethical system. Concerning the above, Sharia principles as they concern the regulation of telemedicine practice and patient rights are therefore examined based on the Qur'an, the Sunnah, *ijma'*, and *qiyas*

⁵³ Gianfranco Gioia and Mauro Salducci, "Medical and Legal Aspects of Telemedicine in Ophthalmology," *Romanian Journal of Ophthalmology* 63, no. 3 (2019): 197, doi:10.22336/rjo.2019.31.

⁵⁴ Alvina Alvina et al., "Legal Protection of Patients and Responsibilities of Artificial Intelligence-Based Telemedicine Health Services in Indonesia," *Eduvest-Journal of Universal Studies* 5, no. 9 (2025): 11050–56, doi:10.59188/eduvest.v5i9.52126; Giulio Nittari et al., "The Right to Medical Assistance for Seafarers. Ethical and Practical Consequences of the Introduction of Telemedicine to Improve Healthcare on Board Ships," *Marine Policy* 106 (2019): 103525, doi:10.1016/j.marpol.2019.103525.

The use of telemedicine in a Sharia-compliant manner is primarily based on *Maqasid al-sharī'ah*, especially the objective of preserving life (*ḥifẓ al-nafs*). The Qur'an shows human life is sacred: "And do not kill the soul which Allah has forbidden" (Qur'an 17:33) as well as "Whoever saves one life, it is as if he has saved all mankind" (Qur'an 5:32). Therefore, these scriptures consider telemedicine not as a substitute but as an intermediary discharge of a long-standing right, which is access to healthcare, with the greatest impact on those who live in far-off places or are neglected. Sharia then prohibits giving and taking harm, which is to be understood under the principle of *la ḍarar wa-la ḍīrar*, and this is confirmed by the Qur'anic injunction "Do not throw yourselves into destruction" (Qur'an 2:195). Therefore, there must be robust measures to prevent misdiagnosis, abuse of data, and even exploitation. Doctors' and patients' confidentiality must be equally central, and the Qur'anic command to keep trusts supports this: "Allah commands you to render trusts to whom they are due" (Qur'an 4:58). Thus, safe management of patient data in telemedicine systems is already a must.

Likewise, patient rights dictated by Sharia include informed consent and dignity of treatment. The *Qur'an* cites an oath to human dignity in the verse: "And We have certainly honored the children of Adam" (*Qur'an* 17:70), which presents a duty on the provider of healthcare - including telemedicine - to maintain requirements concerning autonomy of the patient, respect for the successful privacy, and ethical treatment. Informed consent may be recognized as a modern concept in medicine, but it remains consistent with the *Qur'anic* proscription of coercion: "There is no compulsion in religion" (*Qur'an* 2:256), which in analogy applies equally to medical action, in that the patient must agree freely to their course of treatment for competent medical action to occur. In all, these Sharia principles ensure that regulation of telemedicine and related uses in healthcare are not only technologically feasible but also at their best ethical with Islam, and that they manifest patient safety.

The conduct of the Prophet Muhammad (peace be upon him) illustrates good practices in the medical field that can be directly used for telemedicine. The Prophet guided the treatment-seeking and said: “O servants of Allah, seek medical treatment for Allah did not create any disease without also creating its cure”,⁵⁵ as stipulated in *Sunan Ibn Majah*, 3438. The Hadith makes it clear that, besides the cases when the use of medical care is not justifiable, telemedicine is one of the ways (that is available), especially when the access of patients to doctors is restricted by their location. The core value of non-harm is thus very prominent, as in the saying: “There is no harm done or harm done in return, as captured in *Sunan Ibn Majah*, 2340.⁵⁶ therefore, telemedicine providers must implement actions that avoid wrong diagnosis, patient data leaks, and other sources of harm, like carelessness. Anonymity is supported in the saying: “If a man confides in you, that is a trust” as provided in *Sunan Abī Dawūd*, 4868.⁵⁷ The human being's honour is further secured in *Ṣaḥīḥ al-Bukharī* (67) and *Ṣaḥīḥ Muslim* (1679),⁵⁸ which is the foundation of Sharia that does not allow taking life, dignity, or trust through telemedicine.

Ijma (scholarly consensus) is one of the major sources of Sharia, and it gives Sharia its flexibility to Sharia to work on new issues, as in the case of telemedicine, where no explicit texts exist. Classical jurists came to a unanimous decision that medical treatment (*hifẓ al-nafs*) is permissible and sometimes even obligatory when it comes to the point of preserving life.

⁵⁵ Zulkifli Yusof, “Analisis Hadith-Hadith Berkaitan Poligami: Kajian Terhadap Pengamalannya Dalam Kalangan Pasangan Terpilih Di Selangor” (University of Malaya (Malaysia), 2018), ir.upm.edu.my/find/Record/u1087228.

⁵⁶ Musferah MEHFOOZ, “Contempt or Compassion Toward the Contagion Diseased? Understanding Islamic Principles Concerning Epidemics,” *Taiwan Journal of East Asian Studies* 18, no. 2 (2021): 34–46, doi:10.6163/TJEAS.202112_18(2).0004.

⁵⁷ Intiha'ul Khiyaroh, Muhammad Aly Mahmudi, and Moh Sahlul Khuluq, “Membangun Komunikasi Interreligius: Analisis Ucapan Selamat Natal Dalam Perspektif Hermeneutika Hadis Fazlurrahman,” *Al Furqan: Jurnal Ilmu Al Quran Dan Tafsir* 5, no. 2 (2022): 217–30, doi:10.58518/alfurqon.v5i2.1395.

⁵⁸ Naser Dumairieh, “Revising the Assumption That Ḥadīṭ Studies Flourished in the 11th/17th-Century Ḥiǧāz: Ibrāhīm Al-Kūrānī's (d. 1101/1690) Contribution,” *Arabica* 68, no. 1 (2021): 1–35, doi:10.1163/15700585_12341597.

Modern scholars have gone further and have included the use of healthcare technologies in the inferred consensus, provided the technologies are used ethically and legally. Where patient rights are concerned, *ijma'* has established certain non-negotiable principles, like confidentiality, justice, informed consent, and no harm in the practice of medicine. The scholars are unanimous on the point that hiding patients' information is both a moral and a legal obligation, which nowadays includes keeping the patients' electronic health records and online consultations. Patient consent and patient autonomy are equally important to prevent malpractice. *Ijma'* grants full support to the invention in telemedicine but at the same time ensures that the patient's dignity, fairness, and welfare are not compromised, thus achieving the higher objectives of Islamic law (*Maqasid al-shari'ah*).

Qiyas (analogical reasoning) gives Sharia the ability to apply existing firman to fresh situations by pointing out the common underlying causes (*'illah*).⁵⁹ Thus, *qiyas* allows us to draw a parallel between telemedicine and in-person medical treatment as both of them aim to protect life (*hifz al-nafs*) as their main goal. The Prophet (Peace Be Upon Him) quoted, "For every disease Allah has made a cure" (*Ṣaḥīḥ al-Bukharī*, 5678), thus backing the argument for treatment via modern means. Consequently, telemedicine is permitted where professional diagnosis and treatment are safely applied (no harm, *la ḍarar wa-la ḍirar*). By analogy, the three principles of confidentiality, informed consent, and fairness that apply in-person are extended to online interactions, including the area of data protection. Similarly, the *Qur'anic* prohibition of unjust gain, where it is stated "And do not consume one another's wealth unjustly" (*Qur'an* 2:188), prevents the charging of excessive fees or the practice of fraud in telemedicine services,

⁵⁹ Naser Dumairieh, "Revising the Assumption That Ḥadīṭ Studies Flourished in the 11th/17th-Century Ḥiǧāz: Ibrāhīm Al-Kūrānī's (d. 1101/1690) Contribution," *Arabica* 68, no. 1 (2021): 1–35, doi:10.1163/15700585_12341597.

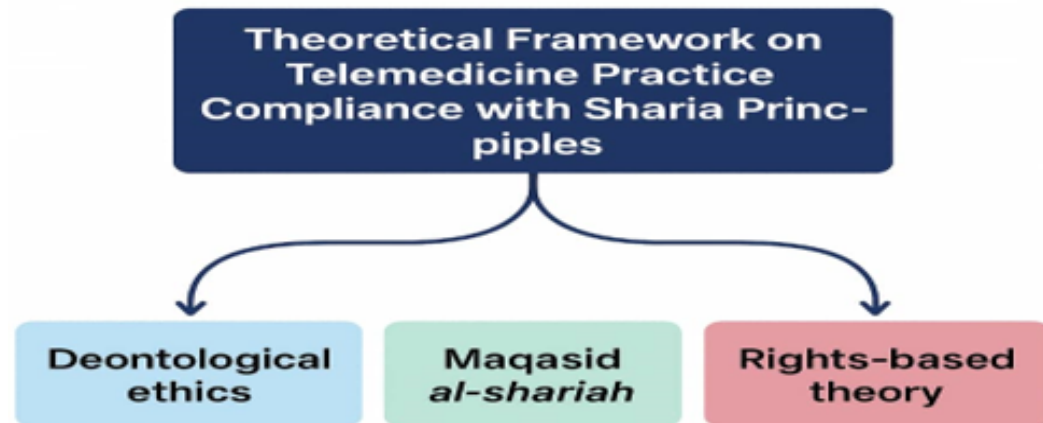
thereby guaranteeing the provision of ethical, patient-centred digital health care.

Furthermore, the growing increase in telemedicine has implications that go beyond technology and medicine, and introduces ethical and religious considerations that are sometimes difficult to negotiate in the context of Muslim societies.⁶⁰ As telemedicine industry stakeholders attempt to promote telemedicine that complies with Sharia principles, they will need a well-established theoretical framework to guide them in balancing the technological aspects of digital healthcare with Islamic values. There are theoretical frameworks from which telemedicine stakeholders can draw and evaluate the compliance aspects of telemedicine with Sharia approvals that raise patient rights issues, looking for ways forward where possible.⁶¹ In this discussion, we will explore three different frameworks: deontological ethics, *Maqasid al-Shariah*, and rights-based theory to demonstrate how telemedicine can remain religiously and ethically correct. Consequently, these theoretical frameworks are outlined (in terms of flow) as diagrams, and as follows:

Figure 1: Theoretical Framework on Sharia Principles concerning
Telemedicine

⁶⁰ Arman Anwar, "The Principles of Liability on Telemedicine Practices," *Pattimura Law Journal* 1, no. 1 (2016): 13–37, doi:10.47268/palau.vii1.6.

⁶¹ Paul Atagamen Aidonojie et al., "Legal Issues Concerning Compulsory COVID-19 Vaccination: Nigeria as a Case Study," *Golden Ratio of Law and Social Policy Review* 3, no. 2 (2024): 74–83, doi:10.52970/grlspr.v3i2.349.



Source: Design by author

Deontological ethics, also known as duty-based ethics, focuses on the moral rules and obligations rather than the consequences of actions,⁶² and is in close agreement with Islamic ethical reasoning. If this framework is applied to telemedicine, it clearly points to the doctor's indispensable duties, such as the duty of confidentiality,⁶³ informed consent, and non-maleficence, that he should perform even if the methods are not effective or convenient. This, in turn, is very similar to the Sharia notion of *taklīf* (moral responsibility), which imposes a duty on healthcare workers to follow divine commands and to always protect the patients' dignity.⁶⁴ Thus, patient rights like privacy in a telemedicine consultation should come first, regardless of cost, speed, or technology limitations. This is in line with the *Qur'anic* teaching that emphasises the need to deliver trust and moral duty, which includes the command to be fair and responsible.⁶⁵ For example, providing

⁶² Anna Maria Tri Anggraini et al., "Ensuring Accessibility: Safeguarding Disabled Consumers on Transjakarta Routes in East Jakarta," in *International Conference on Law Reform (5th Inclar 2024)* (Atlantis Press, 2025), 52–69, doi:10.2991/978 2 38476 362 7_10.

⁶³ Paul Aidonojie et al., "The Prospect, Legal, and Socio-Economic Implication of Metaverse Operation in Nigeria," *YURISDIKSI Jurnal Wacana Hukum Dan Sains* 19, no. 4 (2024): 455–75, doi:10.55173/yurisdiksi.v19i4.201.

⁶⁴ Paul Atagamen Aidonojie et al., "Curtailling Male Rape in Nigeria: Legal Issues and Challenges," *Journal of Sustainable Development and Regulatory Issues* 2, no. 3 (2024): 287–303, doi:10.53955/jsderi.v2i3.43.

⁶⁵ Amarachi Agugua Mercy, Oladoyin Oluseyi Awoyale, and Faith Modupe Akinola, "Protection and Enforcement of Disability Rights in Nigeria: Opportunities and

secure encryption on telehealth platforms is not just a technical matter but an ethical issue. Hence, deontological ethics links universal medical ethics with the principles of Sharia-compliance in the digital health area.

The *Maqasid al-shariah*, which focuses on the objectives of Islamic Law, provides an exclusive Islamic theory that defines the goals of Islamic law within a framework of higher objectives, which are the protection of religion (*din*), life (*nafs*), intellect (*'aql*), lineage (*nasl*), and property (*mal*).⁶⁶ These are therefore represented in a diagrammatic flow below.

Figure 2: *Maqasid al-shariah*: A Contextual Guide to Telemedicine



Source: Design by authors

Figure 2 shows that the application of *Maqasid al-Sharī'ah* allows for a comprehensive method of determining the Sharia compliance of telemedicine.⁶⁷ The goal of the preservation of life (*ḥifẓ al-nafs*) encourages

Challenges,” *Kampala International University Law Journal (KIULJ)* 6, no. 1 (2024): 130–65, doi:10.59568/KIULJ-2024-6-1-07.

⁶⁶ M A A Alias et al., “The Integration of Five Main Goals of Shariah in the Production of Science and Technology for Human Well-Being,” *AL-MAQASID: The International Journal of Maqasid Studies and Advanced Islamic Research* 5, no. 1 (2024): 1–16, doi:10.55265/al-maqasid.v5i1.79.

⁶⁷ Paul Atagamen Aidonjio, Nosakhare Okuonghae, and Kingsley Eghonghon Ukhurebor, “The Legal Rights and Challenges of COVID-19 Patients Accessing Private Healthcare in Nigeria,” *Bestuur* 10, no. 2 (2022): 183–97, doi:10.20961/bestuur.v10i2.68118.

the expansion of access to health care to eliminate unnecessary harm, particularly for those living in remote sites.⁶⁸ The preservation of intellect (*hifz al-‘aql*) pertains to obtaining consent, which allows patients to become familiar with the medical and digital services they are receiving.⁶⁹ The preservation of property (*hifz al-mal*) provides for affordable access to health care and protects the patient against being taken advantage of financially. Justice is the final objective and dictates the requirement of equal access to telemedicine based on gender, geographic location, or socio-economic status. When all the objectives of *Maqasid al-Sharī‘ah* are taken into account, the ethical and Sharia-compliant principles of telemedicine are clearly defined.⁷⁰ Rights-based theory supports this by guaranteeing a patient's right to autonomy, privacy, and the ability to make an informed decision, all of which are the basis of *karamah al-insan* (human dignity). Ultimately, telemedicine must provide each patient with the ability to control their data and health care choices; therefore, vulnerable populations such as women, senior citizens, and rural inhabitants must be included.⁷¹ By integrating *Maqasid al-Sharī‘ah* and rights-based principles, telemedicine will continue to promote inclusivity and prevent the digital divide from occurring, thereby ensuring the ethical validity and fairness of Sharia-compliant digital health care systems, which allows the public to trust these systems.

Together, these three theories, deontological ethics, *maqasid al-shariah*, and rights-based theory, provide overlapping frameworks as to how telemedicine can be conducted consistent with Sharia principles and

⁶⁸ Noor Shuhadawati Mohamad Amin, Noriah Ramli, and Majdah Zawawi, “Harmonising International Legal Frameworks and Shariah Principles in the Context of Medical Tourism: An Analysis,” *IJUMIJ* 31 (2023): 65, doi:10.31436/ijumlj.v31i2.849.

⁶⁹ Paul Atagamen Aidonojie et al., “The Competence and Authority of Midwives in Giving Birth without the Assistance of a Doctor in Nigeria,” *Jambura Law Review* 6, no. 1 (2024): 150–82, doi:10.33756/jlr.v6i1.20822.

⁷⁰ Ahmad Zaheer Qureshi et al., “Telerehabilitation Guidelines in Saudi Arabia,” *Telemedicine and E-Health* 27, no. 10 (2021): 1087–98, doi:10.1089/tmj.2020.0355.

⁷¹ Kean Chang Phang et al., “Navigating Artificial Intelligence in Malaysian Healthcare: Research Developments, Ethical Dilemmas, and Governance Strategies,” *Asian Bioethics Review* 17, no. 3 (2025): 631–65, doi:10.1007/s41649-024-00314-4.

protect patient rights and interests.⁷² Deontology highlights the fixed non-negotiable duties of a healthcare provider, *maqasid al-shariah* ensures that progress in digital health care treads on the highest aims of Islamic law, and rights-based theory puts patients' autonomy and dignity at the focal point.⁷³ When articulated together, the three theories provide a strong ethical framework that helps to align contemporary healthcare innovations and religious and cultural beliefs that enable telemedicine practice to be ethically legitimate and moral as well as technologically proficient.

Issues and Challenges

In providing innovations for healthcare services, telemedicine raises unique issues in accordance with Sharia law, which governs ethics, justice, and patients' rights. Sharia law is based on the Qur'an, Sunnah, *ijma'*, and *qiyas*. Under the Sharia principles, there is a strong focus on safeguarding life (*hifz al-nafs*), trust (*amanah*), dignity (*hifz al-'ird*), and justice (*'adl*). Safety of the patient, confidentiality of the patient, informed consent, equitable access, trust, and protection against exploitation through the duty of care are all fundamental issues.⁷⁴ The unique characteristics of telemedicine to deliver health care could make it particularly vulnerable to compromise of these four Sharia principles in ways not found in face-to-face healthcare encounters due to technical and social challenges or gaps in regulation. Consequently, there is a need to translate classical Sharia principles into modern healthcare technologies. This paper will delineate

⁷² Paul Atagamen Aidonojie et al., "Prospect, Legal, and Health Risks in Adopting the Metaverse in Medical Practice: A Case Study of Nigeria," *Jurnal Hukum Dan Peradilan* 13, no. 3 (2024): 483–522, doi:10.25216/jhp.13.3.2024.483 522.

⁷³ Els Maeckelberghe et al., "The Ethical Challenges of Personalized Digital Health," *Frontiers in Medicine* 10 (2023): 1123863, doi:10.3389/fmed.2023.1123863.

⁷⁴ Giulio Nittari et al., "Telemedicine in Diabetic Ulcer Management: A Pilot Study with Exploration of Medico-Legal Aspects," *Nutrition, Metabolism and Cardiovascular Diseases* 33, no. 11 (2023): 2280–86, doi:10.1016/j.numecd.2023.07.021; Judith Ann Barberio and Melinda L Jenkins, "Transitioning to Telehealth: Today's Guidelines for Future Sustainability," *The Journal for Nurse Practitioners* 17, no. 7 (2021): 795–98, doi:10.1016/j.nurpra.2021.04.001.

six serious challenges to patient rights in accordance with Sharia law arising from telemedicine/telehealth practice.

One of the main obstacles to Sharia compliance in telemedicine concerning patient rights is the lack of physical examinations, that raise the chance of wrong diagnosis and insufficient treatment. The *Qur'an* cautions, “And do not throw [yourselves] with your [own] Hands into destruction” (*Qur'an* 2:195), and the Prophet (peace be upon him) said, “There should be no harming and no harming reciprocally” (*Sunan Ibn Majah*, 2340), showcasing the principle of *la ḍarar wa-la ḍīrar* (not causing any harm). Technical failure, lost connection, and lack of data may actually do harm to patients, which means prevention of *ḥifẓ al-naḥs* (protection of life) is done. Confidentiality remains highly relevant: “Indeed, Allah commands you to render trusts to whom they are due” (*Qur'an* 4:58) and “When a man tells you something in confidence... that is a trust” (*Sunan Abī Dawūd*, 4868). Telemedicine providers have to guarantee proper data management to make sure *amanah* (trust) is not violated, to treat patients with dignity, and to provide healthcare that is both ethical and compliant with Sharia law.

Also, Sharia ideals value justice (*ʿadl*) and equal access to healthcare, as expressed in the *Qur'an*: “Whoever saves one life, it is as if he saved all humankind” (*Qur'an* 5:32). While telemedicine may offer greater access to healthcare, especially for underserved rural areas, the reality is that unequal access to technology, internet, and electronic literacy creates levels of disparity. The risk of this inequality is to violate Sharia's directive about preserving life and maintaining equity. Thus, we must ensure the telemedicine services are structured to stop health care exclusion and to ensure equitable opportunity to access services for all patients within the defined healthcare region, regardless of socioeconomic or geographical limits. Furthermore, a review of the principle of *ijmaʿ* (scholarly consensus) provides the basis for accepting new practices in Sharia. Scholars are generally in agreement about the permissibility of medical treatment, but any *ijmaʿ* about telemedicine regulation is complicated by disagreement on

issues about cross-border treatment, others about the adequacy of the digital consultation, and others about awarding liability for any error. The absence of consensus puts practitioners and patients in uncertainty about what their rights and obligations are in telemedicine. This difficulty is important because without *ijma'*, regulation may lack the authoritative weight to inspire confidence among Muslim patients that their rights are being given adequate protection.

The existence of the above challenges could result in limiting the protection of patient rights in the practice of telemedicine through Sharia law and principles. Hence, addressing these challenges is very sacrosanct for patients to be adequately protected through the incorporation of Islamic practice in telemedicine practice.

Conclusion

The combination of constitutional rights protections and Sharia-based ethical principles in telemedicine will not only serve as a powerful basis for building such digital health systems in Uganda, Oman, and other similar jurisdictions that are experiencing this change, but also be a great area of study for rights-centred trustworthy systems in general. The ethical and legal strengthening of telemedicine grounded on cultural legitimacy is possible, and through this process, *Sharia* ideas such as life preservation, human dignity, confidentiality, and justice can be very good allies to the constitution because they are, in fact, the very principles that make up the constitution. The study has made it very clear that it is time for regulators to step in to clarify issues relating to privacy risks, unequal digital access, medical liability, and the challenges posed by virtual informed consent in all these jurisdictions. Limitations of this research are based solely on secondary literature without engaging any primary sources like patients, clinicians, or policymakers, which leads to a scenario where the capturing of the very essence, cultural interpretations, and institutional capacities of real-world practices is severely limited. Thus, future studies would have to

include qualitative and quantitative fieldwork, such as interviews, surveys, and comparative case analyses, to really evaluate how Sharia-aligned patient rights protections are implemented in practice and to draw up supportive mechanisms for fostering accountability, decreasing technology-related vulnerabilities, and equitable telemedicine access across the varying socio-legal contexts.

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