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# Reconstructing Digital Health Literacy Ethics Based on Maqashid al-Sharia in Addressing the Risks of Misinformation from ChatGPT

**Muhammadong**[1]
[1] Universitas Negeri Makassar, Indonesia
*Korespondensi: muhammadong@unm.ac.id*

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**ABSTRAK**

The development of generative AI, especially ChatGPT, has increased the public's access to health information while also raising the possibility of false information influencing medical judgement. The main issue is users' poor critical literacy when assessing the reliability, validity, and moral implications of health information produced by AI. Using the framework of *Maqasid al-Shariah*, this study attempts to recreate the ethics of digital health literacy. This study incorporates the concepts of *hifz al-nafs* (preservation of life), *hifz al-'aql* (preservation of intellect), and *hifz al-din* (preservation of religion) into a framework for digital health literacy using a qualitative approach based on a survey of the literature and conceptual-normative analysis. The conceptual analysis emphasises the significance of moral responsibility, information verification, using ChatGPT responsibly, and seeking advice from licensed healthcare professionals. This study suggests an integrative ethical framework that centres technology use around the public good (*maslahah*) and human well-being. As a result, *Maqasid al-Shariah* offers a normative framework for enhancing critical, accountable, and safety-focused digital health literacy.

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## INTODUCTION

The way people access, comprehend, and use health information has been profoundly changed by the development of generative artificial intelligence (GenAI), especially ChatGPT. Through natural language interactions, this technology allows users to get information about various medical conditions, treatment alternatives, illness signs, and preventive measures. While there are many chances to improve digital health literacy due to this accessibility, there are also many obstacles in terms of information veracity, reliability, and safety. The World Health Organisation (WHO, 2024) highlights that because generative AI has the potential to provide incomplete, false, or misleading information, its use in healthcare necessitates ethical control. This issue demonstrates that users' capacity to critically and ethically assess health-related information does not always coincide with technological improvement. (World Health Organization, 2024).

When comments provided by ChatGPT are viewed as medically authoritative information backed by scientific data, the problem of health misinformation becomes more complicated. Its capacity to generate methodical, logical, and convincing answers may persuade consumers to accept information without checking its accuracy against reliable sources. (L. Wang, Z. Wan, C. Ni, Q. Song, Y. Li, E. Clayton, B. Malin and Z. Yin, 2024). Information that seems reasonable, however, may not always be consistent with clinical data or the specific circumstances of a patient. A pooled accuracy value of 56% was reported in a 2024 comprehensive review and meta-analysis of ChatGPT's performance in responding to medical queries, despite significant heterogeneity among the included research. These results highlight the need for caution when using AI-generated medical information, even though they cannot be applied to all ChatGPT versions. Misunderstandings about diagnosis, medication use, and

judgements about obtaining professional medical treatment may result from relying on unverified responses.

In this regard, digital health literacy is an essential skill that needs to be continuously improved. The ability to look for, locate, comprehend, evaluate, and use health information from electronic sources to address health-related issues is known as eHealth literacy, according to Norman and Skinner (2006). Cognitive and informational skills are highlighted in this conceptualisation as crucial pillars for making well-informed decisions. (C.D. Norman and H.A. Skinner, 2006). Additionally, by taking into account technological developments and the growing complexity of users' interactions with health information, Ban et al. (2024) broadened the conceptual understanding of digital health literacy. However, developing technical and evaluative skills is insufficient to address people's moral obligations when interacting with AI-generated health information. (S. Ban, Y. Kim and G. Seomun, 2024)

These issues emphasise the necessity of an ethical strategy that takes into account human safety, caution, and the moral ramifications of technology use in addition to the capacity to obtain and assess information. From an Islamic standpoint, *Maqasid al-Shariah* offers a normative framework focused on preventing harm (*mafsadah*) and advancing human wellbeing (maslahah). Fostering responsible digital behaviour is especially pertinent to the principles of *hifz al-nafs* (preservation of life), *hifz al-'aql* (preservation of intellect), and *hifz al-din* (preservation of religion). The preservation of religion promotes the use of technology in a way that is morally responsible, honest, and trustworthy; the preservation of life emphasises user safety and the avoidance of health-related harm; and the preservation of intellect emphasises critical thinking and informed judgement. (A.M. Farid, F.A. Pratama and D. Sulistyowati, 2025).

It is especially crucial to incorporate the principles of *Maqasid al-Shariah* into digital health literacy since disinformation entails ethical issues related to how information is received, processed, used, and distributed in addition to factual errors. QS. Al-Hujurat (49:6) emphasises the Islamic concept of *tabayyun*, or information verification, which offers a moral basis for refraining from accepting information without question. This idea can be put into practice in the context of ChatGPT by consulting with qualified healthcare professionals prior to making potentially significant health decisions, verifying scientific sources, and evaluating information consistency with accepted medical guidelines. Therefore, an integrated framework that incorporates moral responsibility, critical competencies, and the preservation of human well-being should be used to rebuild digital health literacy. (M.K.I. Mukmin Hakim and M. Mat Jubri Shamsuddin, 2024).

The connections between artificial intelligence, health literacy, and ethical issues have been studied in the past. Through a thorough assessment of big language model applications in healthcare, Zhao, B. Y, highlighted privacy, bias, and reliability issues while identifying the potential advantages of these technologies for delivering medical information. The eHealth Literacy 3.0 concept, which emphasises the efficient, secure, and advantageous use of digital technology, was put forth by Liu, L (2024). The development of digital health literacy and the assessment of medical technology have benefited greatly from these studies. But neither specifically uses *Maqasid al-Shariah* as a normative framework to direct ChatGPT users' moral interaction with health information. (L. Liu, M. Fu, M., J. Wu, H. Wang, J. Zhao, P. Chen, J. Cao, W. Zhang, Q. Lin and L. Li, 2024).

Research on the ethics of artificial intelligence from an Islamic standpoint has also kept growing. For the administration of sustainable digital transformation, Wahyunisa and Aminullah (2025) presented an AI ethical framework based on *Maqasid al-Shariah*. In a similar vein, Alotaibi et al. (2025) included Islamic ethical viewpoints into the administration of AI in healthcare environments. These studies show how important it is for technology advancement to preserve life, safeguard intellectual capacities, and respect human dignity. However, rather than developing user-centered ethical literacy to combat ChatGPT-generated health disinformation, their main focus is on technology governance, AI-assisted decision-making, and institutional responsibility. (H. Wahyunisa and Aminullah, 2025).

The need to create a more practical link between digital health literacy skills and Islamic ethical concepts at the individual-user level is a major study gap, according to this literature. The application of *Maqasid al-Shariah* to artificial intelligence ethics in general is not unique to this study because this method has already been investigated in other studies. (M.S. Sobirin, M.R. Fauzi and H. Nizar, 2026). Instead, it is innovative in that it reconstructs an ethics framework for digital health literacy that is expressly intended to address the dangers of health misinformation produced by ChatGPT. It is

anticipated that integrating the three previously mentioned concepts will offer a conceptual basis that connects user safety, moral responsibility, information verification, and the avoidance of undue reliance on technology.

The objectives of this study are to assess the dangers of health misinformation related to ChatGPT, investigate the applicability of *Maqasid al-Shariah* principles, and develop a critical and morally sound framework for digital health literacy (M. Supardi, H. Hanif, M. Rahman, A.F. Arham and A.M.A. Amiruddin, 2026). By combining Islamic ethical concepts with modern healthcare technologies, this work should theoretically enhance studies on digital literacy. Practically speaking, it aims to give educators, healthcare organisations, and the general public conceptual direction for encouraging ethical and knowledgeable AI use. Therefore, the promotion of human welfare, the preservation of life, and ethical responsibility in the digital age should all be included in the progress of digital health literacy, rather than just technological competence.

## RESEARCH METHODS

Using a normative-conceptual approach and descriptive-analytical analysis, this study uses a qualitative research methodology. (H. Morgan, 2022). It seeks to address the dangers of false information produced by ChatGPT in the context of healthcare by developing an ethical framework for digital health literacy based on *Maqashid al-Sharia*. The research data comes from academic books, scientific journal articles, digital health legislation, digital health literacy recommendations, and scholarly works on artificial intelligence and *Maqashid al-Sharia* principles. All pertinent scientific material and documents around digital health literacy, AI-generated health misinformation, ChatGPT ethics, and *Maqashid al-Sharia* principles make up the study population. Purposive sampling is used to choose the research sample, which entails selecting sources according to their contribution to the development of an ethical framework, publishing credibility, methodological clarity, and relevance to the study emphasis. Scientific articles published between 2020 and 2026 are prioritised, along with classical and modern literature that provide a conceptual framework for *Maqashid al-Sharia*. Systematic literature searches and documentary analysis are used to gather data. To find patterns of disinformation dangers, ethical principles of digital health literacy, and their importance to the protection of life (*hifz al-nafs*), intellect (*hifz al-'aql*), and human welfare, data analysis uses content analysis and thematic analysis. To create a methodical, useful, and contextually appropriate ethical framework for dealing with the dangers of ChatGPT-generated health disinformation, conceptual synthesis is then carried out. (M. Ahmad and S. Wilkins, 2025).

## RESULTS AND DISCUSSION

The literature review reveals that the usage of ChatGPT to obtain health information offers both benefits and hazards for the accuracy of information acquired by the public. ChatGPT can provide explanations of diseases, symptoms, prevention, and therapy in relatively accessible language. However, its ability to create speedy and well-structured responses does not necessarily ensure the veracity of the medical information offered. These concerns emerge because generative language models may deliver erroneous, incomplete, prejudiced, or scientifically unjustified information. A systematic review by Huo et al. (2025), which analysed 137 papers on the use of large language model (LLM)-based chatbots for providing health advice, indicated that most studies still had shortcomings in methodological reporting. Approximately 99.3% of the research tested closed models without providing sufficient information about the versions utilised. Furthermore, 64.5% of the research relied on subjective assessments to judge chatbot performance. Fewer than one-third addressed the ethical, regulatory, and patient safety considerations. These findings imply that the evaluation of AI-generated health information still requires more clear and measurable standards. (B. Huo, A. Boyle, N. Marfo, W. Tangamornsuksan, J.P. Steen, T. McKechnie, Y. Lee, J. Mayol, S.A. Antoniou, A.J. Thirunavukarasu, S. Sanger, K. Ramji and G. Guyatt, 2025).

Another study by Ayers et al. (2024), incorporating an examination and meta-analysis of ChatGPT's medical responses, found a pooled accuracy rate of 56%, with a 95% confidence interval of 51–60%. The high heterogeneity score ($I^2 = 87\%$) revealed substantial variation among the included trials. (J.W. Ayers, A. Poliak, M. Dredze, E.C. Leas, Z. Zhu, J.B. Kelley, D.J. Faix, A.M. Goodman, C.A. Longhurst, M. Hogarth and D.M. Smith, 2023). These data suggest that ChatGPT's ability to answer medical enquiries cannot yet be deemed totally credible as a source of clinical knowledge.

Differences in question types, testing techniques, and assessment methods also contribute to variances in evaluation outcomes. Based on these findings, the risk of ChatGPT disinformation is not confined to factual flaws but also affects how users understand and perceive the information supplied. Responses presented in fluent and convincing language may generate the impression that the material has undergone scientific verification. Before making judgements, consumers actually still need to consider the sources, contextual relevance, and veracity of health suggestions.

The results of the literature also show that a person's capacity to obtain information via technology is not a sufficient indicator of their level of digital health literacy. Before using information, users must also be able to comprehend, assess, compare, and verify its credibility. These skills are now more crucial in the context of ChatGPT since the system can provide responses that seem plausible even when they contain mistakes or insufficient details. According to the World Health Organisation (WHO, 2024), there are hazards associated with using generative AI models in healthcare, such as incomplete, biassed, erroneous, and misleading information. When users don't have the medical understanding to recognise mistakes, these hazards may rise. The WHO also draws attention to automation bias, which is the propensity for people to accept automated system outputs without critically evaluating them. As a result, the main problem is not just with using ChatGPT, but rather with how users' critical abilities combine with technological constraints. (World Health Organization, 2024).

It may be difficult for those with poor levels of digital health literacy to discern between unverified AI-generated responses and evidence-based medical information. (H.M.S. Alotaibi, W. Balachandran and Z. Hunaiti, 2025). Misunderstandings about symptoms, available treatments, how to take medications, and when to seek medical attention could result from this circumstance. Therefore, competences including identifying information sources, evaluating the reliability of references, comprehending medical ambiguity, contrasting AI-generated responses with trustworthy health resources, and acknowledging ChatGPT's limits should be used to develop digital health literacy. Instead of being passive consumers of information produced by technology, these competencies position users as responsible decision-makers.

*Maqasid al-Shariah* offers a normative basis for developing moral guidelines controlling the use of ChatGPT to obtain medical information. This method centres the use of technology on the realisation of public benefit (*maslahah*) and human welfare. The advantages and disadvantages of AI generated health information can be assessed using the five core goals of *Maqasid al-Shariah*: *hifz al-din* (protection of religion), *hifz al-nafs* (protection of life), *hifz al-aql* (protection of intellect), *hifz al-nasl* (protection of progeny), and hifz al-mal (protection of wealth). The protection of human life and safety is emphasised in the *hifz al-nafs* principle. (M.A. Rofik, N. Faizah and A. Fatahoni, 2026). When using ChatGPT, this concept mandates that users put safety first when getting information about illness diagnosis, treatment, and prevention. Unverified information shouldn't be the only reason to stop taking medication, adjust dosages, or put off getting checked out. Clinical choices should be left to the expert judgement of experienced healthcare professionals, with ChatGPT serving as a tool for gathering preliminary information. According to this idea, human health and safety cannot be compromised by technology convenience.

The protection of intellect through the growth of knowledge and critical thinking is emphasised by the *hifz al-aql* principle. The necessity for users to perform *tabayyun*, or verification, of information they acquire from ChatGPT makes this principle especially pertinent. Responses should not be accepted by users based only on their language proficiency or the system's seeming assurance. Rather, they have to compare data, look at scientific sources, and determine how suggestions relate to the health issues under discussion. Therefore, rather of taking the role of human intellect, technology should enhance it. When assessing data produced by artificial intelligence, the incorporation of *tabayyun* into digital health literacy further emphasises the significance of intellectual responsibility. (J. Akhtar, 2026).

*Hifz al-din* also offers an ethical framework based on truthfulness, responsibility, and the ban on spreading false information. This idea is represented in digital health literacy by the obligation to convey correct information and avoid disseminating ChatGPT-generated answers without first being verified. Additionally, users need to be aware that health information should be treated carefully since it could affect other people's safety and wellbeing. As a result, ethical communication becomes crucial to the responsible use of AI. The safeguarding of offspring and future generations is the focus of the *hifz al-nasl* principle. (M.S. Sobirin, M.R. Fauzi H. Nizar, 2026). This idea can be used when using ChatGPT to learn about family health, child development, reproductive health, pregnancy, and maternal

health. Decisions that impact mums and children may be influenced by inaccurate information in several areas. Information about family and reproductive health must therefore be confirmed by medical experts and pertinent scientific sources. This strategy guaranties that using digital technology helps safeguard family health and the welfare of future generations.

*Hifz Al-Mal*, on the other hand, places a strong emphasis on safeguarding wealth against financial loss and abuse. Misinformation about health may persuade people to spend money on therapies without scientific support or to buy needless medications, vitamins, or health items. This idea encourages consumers to assess health product claims, look at proof of their efficacy and safety, and refrain from making financial decisions based on suggestions from unproven AI. As a result, being able to identify the financial dangers connected to false health information is another aspect of responsible digital health literacy. The incorporation of these five standards shows that *Maqasid al-Shariah*-based digital health literacy ethics go beyond information accuracy. They also take into account how health information affects human safety, knowledge, family well-being, moral principles, and economic welfare. (Z. Fikar, N. Mu'minin and M.K. Putri, 2026). By incorporating information verification, safety protection, responsible usage, source transparency, and human oversight in AI assisted decision-making, an ethical reconstruction model can be created based on this synthesis. These components create a framework that ensures the use of technology is in line with both Islamic ethical values and scientific standards.

Users must review ChatGPT responses from reliable scientific and medical sources in order to verify the information. Before using any information, safety protection prioritises human health. People must abstain from sharing material that hasn't been proven to be true in order to practice responsible use. Source transparency highlights the necessity of elucidating the sources of information, system constraints, and the potential for erroneous answers. ChatGPT cannot take the place of medical examinations or the expert judgement of healthcare professionals, according to human oversight in AI-assisted decision-making. To reduce the dangers of health misinformation, these interrelated principles should be applied jointly. The WHO (2024) recommendations, which stress human oversight, transparency, data protection, safety, and accountability in the use of AI for healthcare, are in line with this reconstruction model. However, by linking technology accountability with religious principles and the more general goal of human happiness, the incorporation of *Maqasid al-Shariah* offers an extra ethical dimension. As a result, the suggested approach shifts the conversation around AI ethics from technological issues to moral accountability and the defence of human rights.

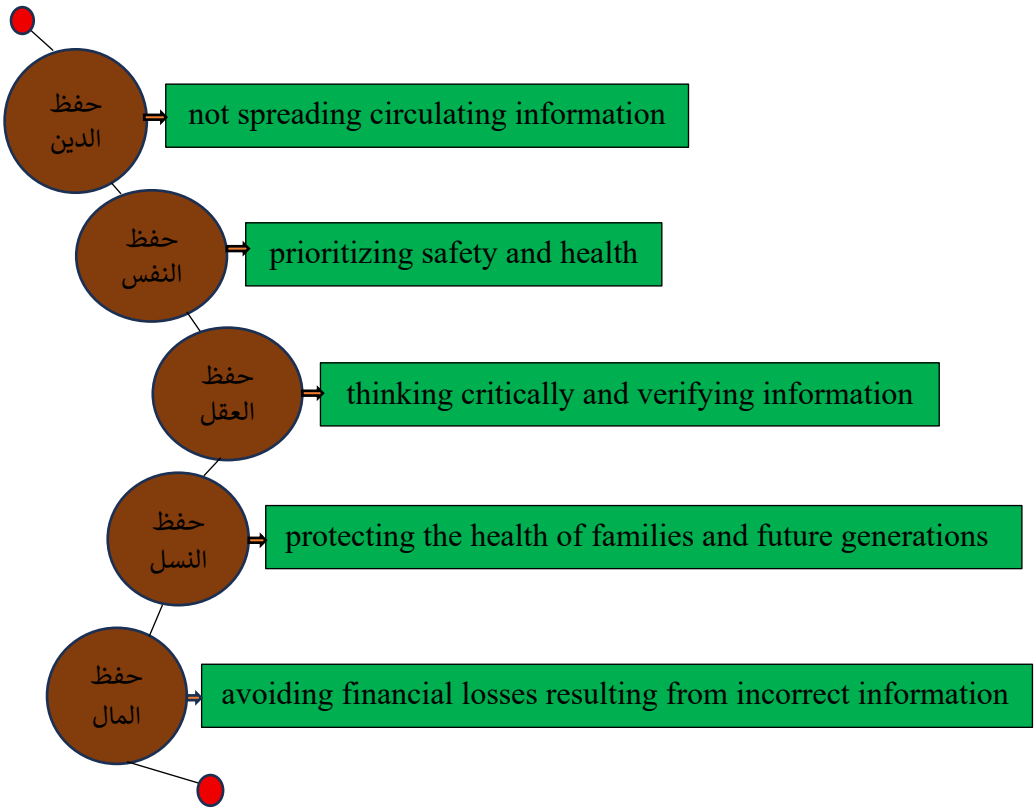
The results of this synthesis are in line with the research of Huo et al. (2025), which showed that methodological transparency and a lack of patient safety conversations continue to be obstacles in the assessment of healthcare chatbots. These results are also in line with those of Ayers et al. (2024), who showed significant variation in ChatGPT's medical response accuracy. In the meanwhile, the WHO (2024) highlights the need for proper oversight and responsible AI governance due to the dangers of biassed and erroneous information. All of these research demonstrate that the quality of evaluation, user proficiency, and institutional accountability are inextricably linked to the dependability of AI-generated health information.

However, by presenting *Maqasid al-Shariah* as a framework for reconstructing digital health literacy ethics, this study presents an alternative viewpoint. This method incorporates the protection of religion, life, intelligence, progeny, and wealth as essential factors in assessing the usage of AI-generated health information, in contrast to earlier research that mainly focused on technological accuracy, response reliability, and AI governance. By combining Islamic values, ethical duty, and scientific validation into a single conceptual framework, this integration offers a more comprehensive understanding of digital health literacy. This study makes a conceptual addition by establishing a connection between users' ethical obligations and digital literacy skills. The ability to swiftly get information is not the only factor that determines the success of digital health literacy; other factors include the capacity to confirm the truth of the information, comprehend potential hazards, and take the public's welfare into account before making judgements. Users are encouraged to view AI generated health information critically, responsibly, and ethically through the incorporation of *Maqasid al-Shariah*. (Y.B. Prabowo, D.A. Ervani, and P.D. Archningtia, 2026).

Thus, the literature synthesis in this study supports the conceptual claim that including *Maqasid al-Shariah* principles might serve as a basis for reconstructing digital health literacy ethics. This concept provides a method for mitigating the hazards of ChatGPT disinformation that incorporates moral duty,

scientific confirmation, and the preservation of human safety. In the end, the rebuilding of digital health literacy ethics should guaranty that AI serves as a tool for human welfare rather than an unquestionable authority in health-related decision making.

**Picture 1. The Foundation of Maqashid al-Sharia in Addressing ChatGPT Misinformation**




*Maqashid Al-Shariah* provides an ethical basis for dealing with false information produced by artificial intelligence (AI) technologies, especially ChatGPT, as shown in Figure 1. The five core tenets of this strategy are *hifz al-din* (protection of religion), *hifz al-nafs* (protection of life), *hifz al-'aql* (protection of intellect), *hifz al-nasl* (protection of offspring), and hifz al-mal (protection of wealth). These guidelines are essential for raising users' knowledge and promoting discernment, critical thinking, and appropriate interaction with AI-generated content. *Hifz al-'aql* is one of these principles that is especially important since it places a strong emphasis on protecting rational thought through improved digital literacy and information verification. These guidelines also direct the ethical use of ChatGPT to avoid religious misunderstandings, risks to human safety, moral decline, and financial losses. A strategic method to reducing the spread of false information is the application of *tabayyun* (information verification), honesty, and accountability. As a result, *Maqashid Al-Shariah* offers a normative framework for the moral use of ChatGPT, stressing the advancement of public welfare (*maslahah*), the defence of human rights, and the avoidance of possible negative consequences linked to false information in the modern digital environment.

## CONCLUSION

This study shows that a pertinent conceptual strategy to mitigating the risks of health misinformation produced by ChatGPT is to reconstruct digital health literacy ethics based on *Maqashid al-Shariah*. An ethical framework emphasising the protection of fundamental human interests in the use of artificial intelligence is established by integrating five fundamental principles: *hifz al-din* (protection of religion), *hifz al-nafs* (protection of life), *hifz al-'aql* (protection of intellect), *hifz al-nasl* (protection of progeny), and *hifz al-mal* (protection of wealth). The main conceptual conclusions emphasise *hifz al-*

*'aql* and *hifz al-nafs* as crucial pillars for encouraging critical thinking, confirming medical information, and averting potentially detrimental health-related choices. This reconstruction highlights the need for digital health literacy to cover moral responsibility, source legitimacy, and user safety in addition to information access and comprehension. An ethical method for reducing the spread of false health information is the application of *tabayyun* (information verification), honesty, caution, and accountability. As a result, *Maqashid al-Shariah* provides an integrative paradigm that links digital literacy, artificial intelligence ethics, and Islamic moral principles. This paradigm, which emphasises human oversight and consultation with healthcare experts in medical decision-making, may help build standards for the critical, safe, and socially acceptable use of ChatGPT. However, additional empirical validation in various digital healthcare contexts is necessary to confirm its practical efficacy.

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