

N ewsletter of The Federation of Islamic Medical Associations Volume 1, NO 8, Shawal 1422 H, January 2002

FIMA PRESIDENT MESSAGE

Dear brothers and sisters in the Islamic medical profession. Assalamu Alaikum

It gives me real pleasure and satisfaction to address you all in this new issue of FIMA VISION, with special reference and appreciation to IMA members who are actively involved in various functions of organized Islamic medical work.

FIMA is currently approaching its 20th anniversary. When we look back at the minutes of the first FIMA Council meeting held in Florida-USA in December of 1982, we sense the ambitions and hopes of our senior brothers who met there and initiated this whole process of organized Islamic medical endeavor. Over the years, Muslim medical professionals under FIMA banner, were capable of making history in overcoming and bypassing boundaries and divisions of politics, ethnicity and geography, and to step forward as brothers in Islam, descendants of one great Islamic civilization and culture. This in itself was a major moral achievement!

Over the past few years, Islamic Medical Associations all over the world were able to develop their activities in various areas of medical, educational, scientific, humanitarian and other fields of action.

FIMA, as an umbrella organization, became instrumental in coordination, bridging and guidance, to bring about sound cooperation and planning among member associations.

To fulfill the Aims and Objectives layed down in December 1982, FIMA has embarked on major projects including medical relief work in disaster areas, Islamic University Consortium, Islamic Hospital Consortium, High Technology Center, Medical Professional Database, international and regional scientific conventions, medical student activities including scholarships and summer camps, and other activities in collaboration with various member associations. Other projects are awaiting genuine efforts, initiatives and leadership of successive and devoted professionals.

Organized Islamic medical work is in dire need for dedication and diligent innovation from all of us, in our continuous strife to regain the proper leading and dignified status of our Ummah in science, and all walks of life.

May Allah (SWT) grant you His Divine guidance and blessings.

Wassalam Sincerely presented Dr Aly A. Mishal FIMA 19Th COUNCIL MEETING IMAM 4TH INTERNATIONAL SCIENTIFIC MEETING (ISLAMIC MEDICAL ASSOCIATION OF MALAYSIA) 4-7 JULY 2002 - KUALA LUMPUR-MALAYSIA

You are cordially invited to attend this important meeting. The scientific, organizational, and social events will again open enjoyable avenues for you in beautiful Malaysia.

THEME: MEDICINE IN THE ERA OF GLOBALIZATION.

Plenary lectures:

- * Disasters and the Muslim Health practitioner: From
- Kosova to Maluku & Afghanistan. * Islamic Health Insurance Schemes.
- * The Economics of Preventive Medicine.

Symposia:

- HIV medicine.
 - The business of medicine.
- The medicine of addiction. From womb to tomb.
- Human genome project. Telemedicine.
- Women's health.
- Ethical issues for the Muslim doctors in the 21st century.

Pre-congress workshops:

- * Enhancing the paramedic's role in healthcare.
- * Doctors for Global Relief.

The organizing Committee invites abstracts prior to the deadline of 1st March 2002.

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For registration & hotel reservations please contact your IMA, or IMAM Secretariat.

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ONGOING FIMA PROJECTS

CONSORTIUM OF ISLAMIC MEDICAL COLLEGES

The CONSORTIUM is now in its second year of function. The first Consortium Exec. Committee is composed of leaders of the following three medical colleges:

- □ The college of Medical Sciences University of Science & Technology- Yemen.
- □ The Islamic International Medical College-Pakistan.
- □ Yarsi University School of Medicine-Indonesia.

The Committee held its semiannual meeting in Makkah 9-10 December 2001 (23-24 Ramadan 1422 H). Main topics discussed: Progress of Islamic medical curriculum, formation of subcommittees, exchange of faculty names and $CV^{\underline{s}}$, & other topics.

A brochure about the Consortium was approved & will be published soon.

Several Islamic medical schools in other Islamic countries are actively contacted for cooperation.

ISLAMIC HOSPITAL CONSORTIUM

This project was approved in the 18th FIMA Council meeting in June 2001. Since then the Consortium Bylaws and brochure were prepared.

MISSION STATEMENT

The Consortium is a member driven organization, led by Islamic hospital administrators, guided by the Federation of Islamic Medical Associations (FIMA) aims, objectives, constitution, and by the Consortium bylaws, to provide constructive relationships of cooperation in areas of health care delivery, ethical, administrative, operational, financial, training, educational, and medical research activities among member institutions.

AIMS AND OBJECTIVES

1. To establish links of cooperation among Islamic hospitals, aiming at strengthening their competitive positions in their health care markets, improve operating efficiencies, enhance quality and outcomes, and exchange of medical, administrative and technical information.

2. To Mobilize professional and economic resources to provide quality medical care, research, training and medical relief.

3. Establish and promote a Database of Islamic medical professionals, educators, researchers, medical schools, training centers and hospitals, for the benefit of Consortium members. 4. To foster welfare of Muslim medical professionals in Islamic medical institutions.

5. To fulfill the criteria of Islamic medical institutions in areas of medical ethical standards, and application of Islamic principles in the field of medicine.

Contacts started with IMAS to nominate candidate hospitals for active membership.

THE THIRD MEDICAL STUDENT SUMMER CAMP KING FAHD SCOUT CITY TAIF-SAUDI ARABIA AUGUST 3-17 2001



Theme: Health Maintenance: Principles & Applications **Participants:** 170 medical students from 14 Islamic medical associations

Camp stages:

- □ Scouting activities in Taif: 7 days
- Umrah: 3 days
- □ Visit to Madinah: 4 days

The students had the opportunity of site seeing and historical briefing on significant early prophetic and other Islamic sites.

Leadership:

IMAKSA Executive Committee, scouting camps experts were present in action all the time. FIMA president attended the initial three days of the camp.

Main activities in Taif:

- Scientific lectures and workshop about the health maintenance:
 - (1) Place of the WHO.
 - (2) Place of NGOs.
 - (3) Place of Medical student.
 - (4) Maintenance of health in Islam.
- Alcohol, addicting drugs, & smoking
- Internet medical applications
- Special issues in health maintenance
- Islamic perspectives from Makkah glimpses of history.

Difficulties:

Visas continued to be a problem which prevented more than 100 medical students from participation.

Future plans:

□ The 4th camp with be held in Abha-Saudi Arabia on 20 July 2002, Insha Allah.

FIMA HI-TECH CENTER

This major project has entered the stage of implementation, Alhamdu Lillah.

The Center is now functional and administrated at the Islamic International Medical College in Islamabad.

Website Address:	http://fima.org.pk
E. mail:	hi-tech@fima.org.pk
Web Team:	webteam@fima.org.pk
Project manager:	saad@comsats.net.pk

The Center provides continuous information about FIMA activities, history, news, archives of new items, articles, as well as specific activities of University Consortium, Hospital. Consortium, Relief, student activities, publications etc.

Our database of institutions, professionals, research , etc, will be functional soon.

Please send your views and news to the Center manager.

MEDICAL RELIEF WORK COMMITTEE October - December 2001

FIMA has initiated recently a **Medical Relief Work Committee** to coordinate between various NGOs to provide medical relief to the needy people.

The incident on 11th September heralded acute influx of crowds of needy Afghan refuges into Pakistan and at the Pak-Afghan borders.

Soon after the armed conflict prompted more and more war victims to wander around with increasing numbers of causalities inside and outside Afghanistan, and the situation deteriorated to a major humanitarian disaster!

PIMA, in collaboration with FIMA, started organizing a medical humanitarian campaign since the early days of the crisis.



The collaboration and consultations among several IMAS was a very comforting sign that manifested successful FIMA planning for relief at time of crisis.

Several IMAS and NGOS sent medical & other relief items to PIMA. Other IMAS went a step further and delegated medical practitioners who were received at Pakistani airports, by PIMA personnel, housed and sent to hospitals, centers, or mobile units functional at the Pak-Afghan borders, in refugee camps, or even in Afghan cities such as Kabul, Kandahar, Jalalabad, Spin Boldak, and others where the actively provided care, and performed surgeries where needed.

PIMA established and operated many medical centers, clinics and mobile units, in addition to the hospitals in Quetta, Peshawar and other cities, and a mobile operation theatre. In Chaman, at the Pak. side of the borders, PIMA established a central facility capable of housing tens of medical practitioners to organize distribution of activities, with communication facilities made known to participating IMAS.

IMA of Malaysia, Indonesia and South Africa, and Mercy of Malaysia were very instrumental in sending medical teams over and over, to participate in providing medical care together with PIMA.

Insha Allah, these ongoing medical activities will continue as long as the humanitarian situation requires.



Collaborating Organizations

- Mercy, Malaysia
- IMAM, Malaysia
- IMASA, South Africa
- MER-C, Indonesia
- Doctors World Wide, UK
- IMANA, USA
- Nour International Relief Aid,
- Wheels for Humanity, USA
- Al-Khidmat Foundation
- Al-Hajri Trust, Pakistan
- Pakistan Muslim Aid
- IMAKSA, Saudi Arabia
- Lajant-ul-Dawah-Tul Islamia
- IMARY, Yeman
- Life for Relief and Development
- Human Relief Foundation



THE FIRST INTERNATIONAL MUSLIM LEADERS CONSULTATION ON HIV/AIDS

The Islamic Medical Association of Uganda (IMAU) in conjunction with the Uganda Muslim Supreme Council (UMSC) held the First International Muslim Leaders Consultation on HIV/AIDS from 1st November to 4th November 2001 in Kampala, Uganda.

More than 80 delegates from over 20 countries from Africa, Asia , the Middle East and North America attended.

The President of FIMA Dr. Aly Mishal and Secretary General Dr. Hafeez-ur-Rahman also participated in this meeting. Prof. Abdullah El-Awad (Sudan) and Dr. Mahomed Ibrahim (S. Africa) also participated.

Resolutions of first International Muslim leaders Consultation on HIV/AIDS:

- 1. We will adhere to the 5 basic components of the strategy for the Islamic approach to HIV/AIDS prevention and care. These are:
 - A. Utilizing messages from the Quran and Hadith.
 - B. Channeling efforts through Imams and Mosques.
 - C. Providing the community with technical assistance & logistical support.
 - D. Working with allies for resource mobilization.
 - E. Maintaining accountability to our communities.
- 2. We will practice Allahís (SWT) method of guided interactive discussion in training and educating our respective communities.
- 3. We will strive to perfect our Iman (Faith), Neyya(Intentions) and efforts.
- 4. We will strive to instill responsibility and accountability in our children and youth.
- 5. We will strive to eliminate the following vices related to HIV/AIDS, at all levels in our community.
 - □ Ignorance
 - □ Apathy
 - □ Stigmatization
 - □ Irresponsibility
 - Disorganization
 - Deverty

Implementation of these resolutions will be done through the following efforts:

- □ Addressing the AIDS epidemic through spiritual, social, medical, psychological and financial avenues.
- □ Networking at all levels.
- $\hfill\square$ Disseminating Islamic teachings of protection and care.
- □ Other efforts in system utilization, education, cooperation, exchange of experiences, research and mobilization of resources.

The 2nd International Muslim Leaders consultation will be held in Malaysia after one year, as determined by the Malaysia AIDS Council.

CAMERON SURGICAL CAMP 15 November, 2001

IMA-Saudi Arabia developed extensive experiences in health care camps in many needy countries. Last year, surgical camps were conducted in Yemen and Comoro Islands, where more than 1500 surgical operations were preformed by a distinguished group of surgical consultants from Riyadh. Such camps are usually based on surveys and field visits by leading delegations and professionals to assess situations and need.

In Cameron, an African country where medical facilities are extremely limited, IMAKSA held a surgical camp where five surgeons and one pharmacist participated. Medical and surgical care were provided.

The need is growing, and more health camps will be needed in the future.



YEMEN THE COLLEGE OF MEDICAL SCIENCES-UST

The first batch of medical students graduated in October 2001, Alhamdu Lillah.

The College is undergoing major construction developments on a remarkable mountain slope in Sanaa, which will, Insha Allah, promote its scope of performance to fulfil the hopes of its founders.

SWEDISH ISLAMIC MEDICAL ASSOCIATION (SWIMA) FOUNDATION

We all congratulate our colleagues of Sweden for the Foundation of there Islamic Medical Association (SWIMA) and we hope for theme all the guidance of ALLAH (SWT) in there task.

ISLAMIC MEDICAL ASSOCIATION OF NORTH AMERICA 35th ANNUAL CONVENTION AND SCIENTIFIC ASSEMBLY WASHINGTON, D.C. AUGUST 28, 30, 2002

MEDICINE IN TURBULENT TIMES

Abstracts that relate to the following categories will be given priority:

- End-of-life issues
- Spirituality in medicine
- Medical / psychiatric effects of hostility
- International medicine
- Medical education
- Ethics in medicine

Abstracts must be received at IMANA headquarters on or before April 1, 2002

For further information Contact:

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ARAB MEDICAL UNION in EUROPE 19th ANNUAL CONVENTION SEPTEMBER 2002 ñ LONDON

Call for Papers

The ARABMED Standing Conference Committee welcomes submissions covering all aspects of medicine and other work allied to medical science.

This may include empirical research work, review as well as work in progress.

Submissions may be in the following formats : an individual paper, a symposium, a roundtable discussion, workshop and individual posters .

All abstracts and proposals should be sent to attention of Dr Hassan Naggar, Fax Nos: 0049 7141 902842 or 0049 7141 708027,

e-mail: mail@arabmed.de or AmerHosin@aol.com

FIMA EXECUTIVE COMMITTEE MEETING

FIMA Executive Commettee Held its semiannual meeting in Makkah in December 6-10 2001 (in 20-25 Ramadan) together with Committee of leaders of the Islamic Medical College Consortium).

Follow up and implementation of decisions and projects was effectively undertaken, in the spiritual atmosphere of the special time and place, Alahamdu Lillah.

The brotherly hospitality and proper arrangements by IMAKSA leadership was deeply appreciated.

FIMA 18TH COUNCIL MEETING JUNE 14-16, 2001. SARAJEVO -BOSNIA

The 18th Annual Council meeting was conducted successfully in Sarajevo-Bosnia, on June 14-16, 2001. The meeting was followed by the first Scientific International Convention, held in collaboration between FIMA and the IMA of Bosnia & Herzegovina (BIMA), on June 16-18, under the theme:

Medical Dilemmas in Developing Countries Magnitude and Management

Twenty IMAS, several guests and observers, three relief organizations, representatives of five Islamic schools and two Islamic hospitals, attended the meetings.

Project-Oriented Presentations and discussions was conducted:

□ Islamic Hospital Consortium (IHC)

□ FIMA High Tech. Center.

□ Relief Workshop

□ Student Summer Camps

- □ FIMA student Branch
- Consortium of Islamic Medical Universities

□ Other FIMA projects were briefly presented: CME Accreditation, FIMA Health Policy, Academic Faculty, FIMA Registration in UN and other Countries, FIMA VISION, FIMA Yearbook, scholarships, and widening of FIMA membership.

Election of new FIMA Exec. Committee:

The following office bearers were elected:

□ President: Dr. Aly A. Mishal (Jordan SIMS)

D Vice President: Dr. Atallah Al-Ruhaily IMA-Saudi Arabia

□ Secretary: Dr. Hafeez Ur Rahman: IMA-Pakistan

Treasurer: Dr. Ali Al-Hawamdeh-Islamic Hospital-Jordan

□ Members: Dr. Haroon Tayob (IMA-South Africa), Dr. Musa Mohd. Nordin (IMA-Malaysia), Dr. Bakir Mehic (IMA-Bosnia)

□ Executive Director, and Ex. officio: Prof. Muahmmad A. A. Khan (IMANA).

Thanks to the dedicated efforts and brotherly hospitality of the leadership of BIMA, both activities were very fruitful and successful, Alhamdu Lillah.

TO LEADERSHIPS OF IMAS

Kindly continue to update FIMA VISION with your news and views.

Also send your journals and newsletters to your colleagues in other IMAS, for more understanding and cooperation.

CONTEMPORARY BIOMEDICAL ISSUES STEM CELLS Controversies and Ethical Issues Dr. Aly Mishal - Eslamic Hospital - Jordan

Stem cell research is currently the center of raging battle between promoters in the scientific communities and opponents in the human rights and ethical societies. It is worthy to enlighten our readers on this evolving issue, its scientific basis, clinical and ethical implications.

Stem cells are primitive, multi potent cells, capable of selfrenewal. They possess a sheer power of differentiation and growth which is the essence of life itself.

When given the right promoters, factors and environment, they can differentiate into various cells: neural, muscular, dermal, erythropoitic, insulin producing cells, and others.

They also have other research and clinical applications, such as study of gene expression during development, and as a source for drug and toxicity testing on various cells.

Two types of stem cells were subjects of extensive research: Embryonic stem cells (ES), and adult stem cells.

Recent stem cell-based modalities of therapy have produced real successes in various diseases in animal models, such as insulin dependent diabetes mellitus, Parkinson's and Alzheimers diseases.

ES cells were first isolated from the inner cell mass of developing mouse blastocysts. They were capable of developing to every cell type of the body. This was considered one of the great breakthroughs in cell biologic research.

Human ES cells have the same capacity. Currently there are about 60 lines of such stem cells stored in research centers in the US, and were subject of hot debate. Recently The US President addressed his nation declaring his approval to provide federal grants towards research on these 60 stored human stem cell lines. But opponents are still raising strong ethical campaigns. Seventy members of the Congress signed a statement of objection to the use of human ES cells in research, considering that as unethical disregard of this early stage of human life.

Adult stem cells entered biological research more recently. They are pleuripotent stem cells that possess features similar to those of ES cells. Among the various human stem cells, hematopoietic stem cells became most extensively researched and understood. Not only they were used for hematologic disorders, but such stem cells have the capacity to transform into other cell lines, if given the right set of signals and circumstances.

Adult stem cells were dervied from the marrow, and placental cord blood. They have been shown to transform into endothelial vascular cells, muscle, hepatocytes .. etc. one can imagine their possible uses to treat a wide variety of human illnesses. Contrary to previous thinking, it was established that adult organ-specific stem cells may be capable of differentiating into other cells, and by that, may produce other organs.



Several features of adult stem cells make them a better choice than ES or fetal cells. One of these advantages is the use of one's own stem cells for treatment, which could avoid adverse immune responses and rejection. Another advantage is the avoidance of ethical implications of using fetal or ES cells.

One of the major hurdles facing this research is the dilemma of lineage commitment pathways of cell differentiation. The specific factors and environments which determine the transformation of the primitive stem cells into certain specific tissue lines are still in their early infancy and may need years of diligent work to elucidate the Creator's treasures of these factors!

If this occurs, many medical dilemmas may find cure. Stem cells also could be used to build artificial tissues for various organ transplantation. Many human ailments may be effectively eliminated!

From the Islamic ethical stand point, we know of at least one medical-Jurisprudence organized discussion conducted in Jordan, by the Jordan Society of Islamic Medical Studies (member of FIMA) in collaboration with Islamic Shariah scholars. The following standpoints were adopted, and published in a book in September 2000:

1- Culture of human cell lines in the laboratory and experimentation on them for the purpose of organ transplantation to save human life, is permissible.

2- Scientists may use human cells derived form aborted fetuses, deemed not to be viable, or from tissues removed in the process of surgeries to cure diseases, as sources for cells to be used for research aiming at organ transplantation.

3- It is not permissible to induce fertilization of human sperm and ova, in any way or form, with the purpose of using the fertilized ova for research.

Finally, governments should issue sound standards, and laws to regulate such procedures.