



IMPLEMENTING ISLAMIC PRINCIPLES IN HEALTH CARE: SEMINAR AT KUALA LUMPUR



Volume 1, Issue 3, Dec 2009

Dr Ishak Masood (malaysia) With Dr Mohammad Ishak (Pakistan)

Delegates At IHC Seminar, Kuala Lumpur

Message from the President



I recently had the pleasure of attending the regional council meeting of the Islamic Medical Association of North America (IMANA) in Tampa, Florida on December 4th 2009, with a CME presentation on the 5th for the Tampa IMANA chapter members. It was a great and informative meeting, and you can be assured that FIMA was a topic of discussion in many sessions. We all were in agreement that FIMA, as the largest medical international body, has a very important role to play in the future. The current IMANA leadership showed a great deal of interest in joining FIMA in various medical relief activities, as well as continuing the successful collaboration on joint conferences as we previously did in Morocco last year. Of note is also the fact that FIMA was first conceived of in Florida in 1981, and nearly 30 years later we have come around full circle.

Today, we have many projects and updates that I am happy to share with you. FIMA is currently planning a medical camp in Sudan from March 8th through the 13th in Khartoum and Darfur to treat cleft lips and v-v fistulas. A team of plastic surgeons and anesthesiologists will be traveling from the USA and general surgeons and urologists from Pakistan have already committed their time and efforts.

Continued to Page No. 2

The Second International Seminar by Islamic Hospital Consortium was held on Oct 17 & 18 at Kuala Lumpur. This seminar was held in collaboration with the Ministry of Health and Faculty of Medicine, National University of Malaysia. The theme was "Implementing Islamic Principles in Healthcare". Invited speakers included Tan Seri Dato' Seri Dr Ismael Merican (Malaysia), Prof Dato Dr. Mohammad Tahir Azhar (IIU, Malaysia), Prof Dr Omar Hasan Kasule (Riyadh, Saudi Arabia), Prof Dr Amal Chalik Sjaaf (Indonesia), Prof Dr Adang bachtiar (Indonesia), Sister Siti Awa Abu Bakr (IUC, Selogor) and Tn Hj. Kalam Hamidi Abu Bakr (Malaysia). The main objective was to share the experiences & challenges of training Muslim doctors and nurses sharing the experience of funding healthcare services from Islamic perspective.

The program started with introductory remarks of Dr. Ishak Masud. He explained the philosophy behind the IHC by the Verse "To work together for betterment and practice of Islam". He called it

professionalism, yet base on "Tauheed".

Key note address was delivered by Y.B. Senator Major General Dato Hj. Jamil Bin Khir, Minister in Prime Ministers Department upon "Corporate Governance in Islamic Institutions". Tan Seri Dato' Seri Dr Ismael Merican, Director General, Ministry of health spoke on "Measuring achievement in Healthcare provision". Prof Dr Amal Chalik Sjaaf (Indonesia) and Tn Hj. Kalam Hamidi Abu Bakr talked about financial aspects of Islamic Hospitals.

Three workshops were also held. Workshop on "Islamic Medical Ethics" was conducted by Prof Dato Dr Lokman Said, Prof Dr Omar Hasan Kasule and Prof Dr Ariff B. Osman. Second workshop introduced the concept of "Ibadah Friendly Hospital". "Financial Management" was the topic of last workshop.

Dr Umer Kasule gave a detailed account about the basic principles of Shairah (Maqasid wa Quwaid of Sharia). He explained the conceptual aspects of "Usool - e - Din" (Islam,

Eeman & Ihsan), “Maqasid e - Shaira” (Hifz - e Din, Hifz - e Nafas, Hifz - e - Nasal, Hifz e - Aqal & Hifz - e - Mal) and “Qawaed - e - Shaira” (Neeyat, Yaqeen, Zarar, Mushaqat & Urf. He was of the view that with rapidly changing world, the complexities of the issues are increasing and therefore “Fiqah (Jurisprudence) & Qias (Analogy) are not sufficient to resolve present day challenge. One need to know the knowledge of “Maqasaid e Shaira”. He emphasized to following evidence based medicine. In his second talk, Dr Umer Kasule explained why we need Islamic hospitals. He gave four reasons (1) It shall provide an Islamic social and spiritual environment, (2) Fulfill the patient's “Ibadah” obligations, (3) Provide excellent medical care according to the principles of Islam and (4) Solving Ethic-o-legal “Fiqah” issues of the patients. More



Al Islam Hospital, Kuala Lumpur

important than these four points, according to him, were the objectives which the Islamic hospital will be serving: (1) Kind and compassionate health workers. (2) Help poor and indigent.

The speakers were of the view that an ideal medical school shall be free from commercialization, strictly merit based, have robust, relevant and responsive curriculum, capable of addressing moral and ethical dimensions effectively. There should be a clear mission and vision.

'Ibadah' Friendly Hospitals:

In the seminar “Ibadah friendly hospital” concept was introduced. “Islamic hospital” specifically and the phrase of “Ibadah friendly hospital” is the demand of the society, endangered civilization and a struggle for survival in a country with mixed population like Malaysia. In Other Muslim countries these services can be provided without

using these labels for the hospital. Following are the some points to be noted.

(i) Management and Administrative Aspects:

Musalah (Praying Places) in the hospital, recruitment of “Ustaaz and Ustaaza” who will not only be motivating the patients for performing essential “Ibadah” (Salaat) but shall be helpful in teaching the staff (nurses mainly) and telling them about “Tayamum” and method of offering “Salaat”. Mandatory for the staff to say “Assalam - o Alikum, Alhamdulillah, Subhan Allah etc.” and to say “Du'aa” especially before procedures, sedation or anesthesia.

(ii) New environment and infrastructure:

Celebrate Islamic festivals and arrange special programs for “Ramazan”, Eids and Hajj. Posters and electronic boards as reminders and guidance. Excellent cleanliness and proper waste disposal should be observed. There should be a paging system or CCTV for Aza'n.

(iii) Inculcating Islamic values in individuals:

Monthly programs on Islamic principles and practices, including lectures on relevant “Fiqah”. Formulating SOPs for nurses, doctors and other health professionals to help remind the dying patient of “Remembrance of Allah (S.W.T)”. He further added that nothing should stop us from offering Salaat during duty hours.

HOSPITAL VISITS

There are 10 hospitals in Malaysia which are members of IHC, of which the three are very active. They are Al- Islam hospital, Puswari hospital and Al- Zahra Islamic hospital. All these hospital are well equipped. The infrastructure is that of a

Remaining:-Message from the President

At this time, I would like to invite surgical specialists in these fields from other countries to join the camp. There is a dire need for these camps, not just in Sudan, but in many other countries as well, and whatever lessons we learn from Sudan we will be sure to apply it to other such projects. Details on this unique opportunity will be posted in the next issue.

At this time I would like to ask you all to kindly send a report of your IMA activities to be published in our FIMA e-newsletter. This is a unique vehicle to connect the world of Muslim physicians together, and we must take advantage of this opportunity. Jazakamullah Khairun, until next time.

Dr. Parvaiz Malik, FIMA President



secondary care hospital. This is a standard comparable to a hospital in a western, developed country. From Islamic view point the Al- Islam hospital excels all others. CCTV is made available in all the rooms to let the patients see programs selected by the administration. "Azaan" and "Salath" is given on CCTV. For the staff welfare they have a day care nursery for their children, subsidized medical facility, and gift system on occasions like Eid etc. amounting to about one month salary. The assessment of the staff is made on the basis of 4 factors 1) Usra 2) Tazkira, 3) Attendance 4) Performance.



PIMA CAMPAIGN FOR RIGHTFUL MEANS OF EARNING

Pakistan Islamic Medical association conducted a campaign during the month of November. The theme of this activity was "Income by Permissible Means and Abstinence from unethical". A special booklet written by Dr Fazle Azeem, Director of Training Department of PIMA was published to highlight the importance of earning from rightful resources and means. Quotations from Quran, saying of Prophet (S.A.W.), narrations from Islamic history and writings of Syed Abul Al'a Moududi were included in this booklet. The campaign emphasized upon 5 principles.

1. Perform duty with punctuality and efficiently.
2. Do not issue bogus certificates or medical bills.
3. Do not claim bogus medical bills for yourself.
4. No private practice during public duty hours.

5. No personal benefits from pharmaceutical companies and authorities.

Several programs were arranged in different cities. A special training camp was arranged in Lahore. Professor Hafiz Ijaz Ahmad from Allama Iqbal Medical College, Lahore delivered a lecture on "Calling Towards Allah". Dr Ishtiaq Gondal from Islamic center, Punjab University emphasized upon how we can one avoid unethical means of income. The last presentation was by Dr Abdullah Mohsin about "Islamic Finance". He discussed ten forms of Islamic financing approved by Sharia'h and briefed about options available in the banking system.

SWINE FLU : PREVENTION & MANAGEMENT

- **Swine flu (swine influenza)** is a disease of pigs. It is a highly contagious respiratory disease caused by one of Influenza A viruses. Approximately 1% to 4% of pigs that get swine flu die from it. It is spread among pigs by direct and indirect contact, aerosols, and from pigs that are infected but do not have symptoms. Human being can get swine flu from contact with infected pigs or with infected human. **Outbreaks of human infection has been declared as Pandemic (H1N1) 2009.** 6000 people in about 100 countries have died from H1N1.

Diagnosis:

- Persistent high fever beyond 3 days.
- Shortness of breath or difficulty in breathing, or turning blue.
- Bloody or coloured sputum, chest pain or



Exhibition of MEDICAL ILLUSTRATION IN HISTORIC ISLAMIC MANUSCRIPTS



Presented by
International Institute of Islamic Medicine
December 4th & 5th

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Islamic Medical Association & International Institute
OF NORTH AMERICA & OF ISLAMIC MEDICINE
(TAMPA CHAPTER)

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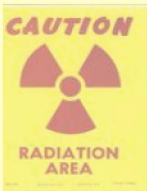
December 4th-5th, 2009



Tampa Marriott Westshore Hotel
1001 N. Westshore Blvd., Tampa FL 33607
813.287.2535



HOSPITAL



CME Program*** (State of the Art Medicine) - Saturday, December 5th, 2009

Speaker	Topic	Time slot 20 mins
Cardiology Update: Saleem Saiyed MD Rias Ali MD Sameer Nagamia MD Hammad Khan MD Maqsood Siddiqui Patel MD	Faculty Dept of Cardiology USF Initial Evaluation of Chest Pain, Sudden Cardiac Death Parasugel a new anti-platelet agent. Hypertrophic Cardiomyopathy. "Heart Failure with Normal Left Ventricular Ejection Fraction" Session discussion Q and A	
Vascular Update: Nadir Chaddah MD Husain Nagamia MD	Peripheral Interventions The changing paradigm in Management of AAAs Session discussion Q and A	
Transplant Update: Cedric Sheffield MD Adnan Muhammad MD Neil Desai MD	Considerations in Cardiac Transplant. Considerations in Liver Transplantations. Considerations in Corneal Transplants. Session discussion Q and A	
General Updates: Salim Afridi MD Nadia Afridi MD	Microwave and Laser TURP Plastic Surgical Reconstruction in 3rd world countries. Session discussion Q and A	
Historical Updates: Husain Nagamia MD Bradley Steffens	Medical illustrations in Historical Islamic Medical Manuscripts "Ibni al-Haitham's Theory of Vision"	

***Program is tentative and subject to change.

low blood pressure.

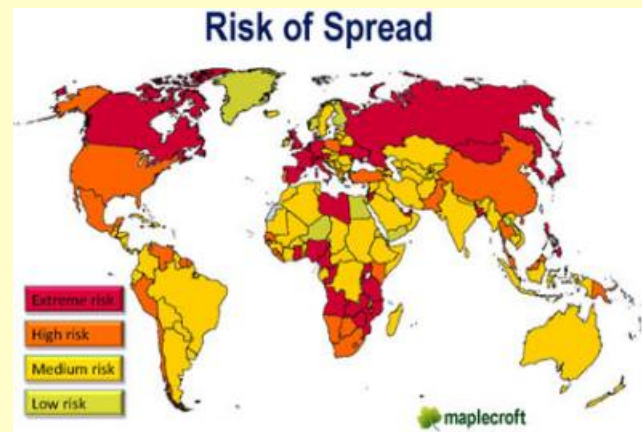
- In children, fast or laboured breathing.
- Drowsiness, confusion or severe weakness.
- Dehydration, which can cause dizziness, decreased urine output or lethargy.
- Clinicians should not delay treatment of a patient with symptoms of an influenza-like illness to wait for laboratory confirmation of H1N1 virus.

Use of the pandemic (H1N1) vaccines (1)

Immunization experts recommend a single dose of vaccine in adults and adolescents from 10 years of age and above, provided this use is consistent with regulatory authorities' indications. Where national authorities have made children a priority for early vaccination, experts are advising one dose of vaccine to as many children as possible over the age of 6 months and younger than 10 years of age.

Inactivated vaccines should not be administered to:

- People with a history of anaphylaxis (or hypersensitive reactions), or other life-threatening allergic reactions to any of the constituents or trace residues of the vaccine;
- People with history of a severe reaction to previous influenza vaccination;
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine;
- Children less than 6 months of age (inactivated influenza vaccine is not



approved for this age group);

- People who have a moderate-to-severe illness with a fever.

Risk of catching illness from the vaccine itself?

Inactivated vaccines contain killed viruses or parts of viruses, which cannot cause disease. Live influenza vaccine contains weakened influenza virus that multiplies poorly but is unable to cause disease. Both vaccines can cause some flu-like side effects (e.g. muscle ache, fever) but the symptoms, sometimes associated with vaccination, are generally less pronounced and of much shorter duration.

Treatment (2)

Mild illness continues to characterize most cases, and basic supportive care (to relieve aches or fever) is sufficient for most people. For pregnant women, WHO advises early antiviral treatment for suspected or confirmed pandemic influenza illness. Infants and very young children (those under 2 years of age), especially those with underlying conditions, should also be treated with antiviral medication if warning symptoms arise. In health care settings where resources are limited, clinical care should focus on early use of primary health care (by the family doctor or at health clinics) to determine what type of care or treatment is necessary for a patient.

Antiviral treatment recommendations:

- Patients who have severe or progressive illness should be treated with antiviral medication as soon as possible.
- People with mild symptoms but who are at



higher risk for severe illness (e.g. pregnant women, infants and young children, and those with chronic lung problems) should start antiviral treatment as soon as possible.

Antiviral treatment is not necessary for people who have uncomplicated, or mild, illness and are not in a high risk group for severe illness.

Interim planning for mass gatherings (3)

Planning should consider measures to:

1. Detect and monitor event-related pandemic influenza
2. Reduce spread of the pandemic virus
3. Manage and treat ill persons
4. Disseminate relevant public health messages.

The principles for reducing transmission of pandemic influenza:

- a. Stay away from the event when ill
- b. Promote hand hygiene and respiratory etiquette
- c. Isolate persons who become ill while at the mass gathering.
- d. Maintain self-isolation and avoid travel while ill
- e. Reduce crowding

REFERENCES:

1. WHO Global Alert and Response (GAR): 30 October 2009
2. Clinical management WHO Revised guidance: November 2009;
3. Influenza November 2009 WHO Global Alert and Response (GAR)

Dr. Atallah Al-Ruhaily visits Lebanon to finalize the arrangements for FIMA Students Camp 2010.

Dr. Atallah Al-Ruhaily, Ex President of IMAKSA visited Lebanon in October to decide on the premises and the dates of the FIMA upcoming medical student camp. He discussed the arrangements with IMA Lebanon. Please note the coordinates of: Islamic Medical Association Lebanon. President: Dr. Fouad Rifai; Mobile: +961-3-629224:: Mulla, Muhieddine Khayat Street, Beirut, Lebanon. Tel/fax: +961-1-736748; Email: imalb@cyberia.net.lb:

Three Members of parliament from gaza (Palestine) visited Malaysia after performing their Hajj. Viva Palestina Malaysia (headed by Dr. Musa Bin Mohd Nor Din) hosted them during their visit.

One of them, Dr Salim, PhD (Usuluddin) from Medina, Past Rector of Islamic University Gaza, sustained a fall during the outbreak of the gaza bombings:-



MP's from Palestine visit Viva Palestina, Malaysia

An MRI of his left knee was done and he was checked by an orthopaedic surgeon. Intra-osseous Fracture in upper tibia, patella smashed & cruciate ligaments were found torn. He required intra-articular injections but since he will be on the move; he was given medication and liased with the orthopedic surgeon in gaza to do the injections.



Change of Email Address:

Please note the change of e-mail address of Prof. Husni Al-Goshea Sana'a - Yemen.

Algoshae@gmail.com

FIMA Newsletter Jan-2010 issue:-
In next issue articles on FIMA Save Vision, Student Activities and Review of books will be included.

