



# FIMA

## YEARBOOK 2021

FEDERATION OF ISLAMIC MEDICAL ASSOCIATIONS الاتحاد العالمي للجمعيات الطبية الإسلامية



الجزء الثامن

المستشفيات والرعاية الصحية  
من منظور إسلامي

# ENCYCLOPEDIA

## OF

# ISLAMIC

# MEDICAL

# ETHICS

PART VIII

Hospitals and Healthcare  
Services:  
Islamic Perspectives



"...وَقُلْ رَبِّ زِدْنِي عِلْمًا" سورة طه: 114

*“O my lord! Advance me in knowledge”*

The Glorious Qur'an: Taha 20: 114

**FIMA**  
**Year Book 2021**

**Federation of Islamic Medical Associations**

الاتحاد العالمي للجمعيات الطبية الإسلامية

**ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART VIII**

موسوعة الأخلاقيات الطبية الإسلامية- الجزء الثامن

**HOSPITALS AND HEALTHCARE SERVICES:  
ISLAMIC PERSPECTIVES**

المستشفيات والرعاية الصحية من منظور إسلامي

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## TABLE OF CONTENTS

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❖ EDITORIAL	IX
❖ FIMA: Federation of Islamic Medical Associations in brief	XIII
<b>1. KEEPING COMMUNITIES HEALTHY: THE ISLAMIC PARADIGM</b> <i>Musa Mohd Nordin and Husna Musa</i>	1
<b>2. THE IDEA OF AN ISLAMIC HOSPITAL</b> <i>Mohd Tajuddin Mohd Rasdi</i>	8
<b>3. MUSLIM OWNED HOSPITALS DURING THE SULTANATE, MUGHAL AND PRINCELY STATES OF BRITISH INDIA</b> <i>Syed Ziaur Rahman</i>	13
<b>4. ACCREDITATION OF HOSPITALS: AN ISLAMIC HISTORICAL PERSPECTIVE</b> <i>Abdel Rahman A. Al Manasra</i>	18
<b>5. ISLAMIC HOSPITAL CONSORTIUM (IHC)</b> <i>Ishak Masud</i>	23
<b>6. SHARIAH COMPLIANT HOSPITALS IN MALAYSIA: THE EVOLUTION, CHALLENGES AND WAY FORWARD</b> <i>Shaharom Md Shariff</i>	24
<b>7. IBADAH FRIENDLY HOSPITAL</b> <i>Ishak Masud</i>	44
<b>8. SHARI'AH HOSPITALS IN INDONESIA: VALUES, CONCEPTS AND STANDARDS</b> <i>Siti Aisyah Ismail, Drg Wahyu Sulistiadi and Sagiran</i>	57
<b>9. SHARI'AH HOSPITAL ACCREDITATION IN INDONESIA</b> <i>Wahyu Sulistiadi, Sri Rahayu, and Vican Sefiany Koloji</i>	66
<b>10. THE CONCEPT OF EXCELLENCE AND HOLISTIC HEALTHCARE IN THE ISLAMIC FRAMEWORK</b> <i>Mohammad Iqbal Khan</i>	74
<b>11. THE ROLE OF THE HOSPITAL REVIEW BOARD AND ETHICS COMMITTEE</b> <i>Mohammad Iqbal Khan</i>	100
<b>12. CHILD-FRIENDLY HOSPITAL</b> <i>Farin Masra and Adli Ali</i>	114
<b>13. ZIYARA SPIRITUAL CARE: INTERNATIONAL EFFORT FOR SPIRITUAL SUPPORT AND HUMAN CONNECTION</b> <i>Kamal Abu-Shamsieh</i>	120
<b>14. SHARI'AH HOSPITAL STANDARDS OF QUALITY MANAGEMENT IN INDONESIA</b> <i>Hajar Fatma Sari</i>	127
<b>15. SHARI'AH NURSING PRINCIPLES: DEVELOPMENT OF A NURSING MODEL PIONEERED BY RUFDAIAH AL ASLAMIIYAH (RA)</b> <i>Budhi Mulyadi and Jathu Dwi Wahyuni</i>	130
<b>16. SHARI'AH BASED NURSING CARE PLAN</b> <i>Murtiningsih and Melati Fajarini</i>	136
<b>17. HALAL AND HARAM IN ISLAM AND ITS APPLICATION IN THE MEDICAL PROFESSION</b> <i>Najib Ul Haq</i>	143
<b>18. THE RELATIONSHIP BETWEEN THE PHARMACEUTICAL INDUSTRY, HOSPITALS AND HEALTHCARE SERVICES</b> <i>Abdul Rashid Abdul Rahman</i>	155
<b>19. GENDER INTERACTIONS IN ISLAMIC HOSPITALS AND MEDICAL SCHOOLS</b> <i>Najib Ul Haq</i>	161
❖ INSTRUCTIONS AND GUIDELINES TO AUTHORS	173





## EDITORIAL

السَّلَامُ عَلَيْكُمْ وَرَحْمَةُ اللَّهِ وَبَرَكَاتُهُ

Dear FIMA members

All praises be to Allāh (ﷻ) the Most Beneficent, Most Merciful.

Peace and blessings be upon Prophet Muhammad (ﷺ), his family, companions and followers until the end of time.

Among the foremost objectives of FIMA was to promote hospital, healthcare services education and research through the application of Islamic principles. One of the major initiatives to achieve this aim was the formation of the Islamic Hospital Consortium (IHC) in Sarajevo, Bosnia in June 2001.

The IHC is driven by FIMA's Islamic Hospital leaders to foster cooperation and collaboration in healthcare delivery, education, training, research, ethics and operational and financial management.

The IHC promoted the concept and practice of *Ibadah* Friendly Hospitals which embraces a faith (*tauhid*) paradigm, with a holistic approach to health towards the attainment of Allah's (ﷻ) pleasure (*mardhatillah*).

The next phase in the IHC work process has witnessed the successful accreditation of *shari'ah* compliant hospitals in a few countries.

The FIMA Yearbook 2021 attempts to capture some of the highlights of the IHC and our Islamic Hospital leaders in their endeavours to instill Islamic values and spirit in the day to day operations of the hospitals and healthcare services.

The editorial board would like to thank our scholars, academicians and hospital leaders who contributed their invaluable thoughts, practices and experiences in their articles to our Yearbook and to all our editorial board members who reviewed the manuscripts.

I have extracted some of the interesting and challenging captions from the articles in this FIMA Yearbook 2021, which I hope would entice you to read further.

1. The Prophet's (PBUH) mosque in the city of Madinah held the first Muslim hospital service in its courtyard. During the Ghazwah Khandaq (battle of the trench), Muhammad (PBUH) ordered a tent to be assembled to provide medical care to the wounded soldiers. Among those who attended to the injured soldiers was the first Muslim nurse, Rufaida al-Aslamia (RA). The Prophet Muhammad (PBUH) used to order all casualties to be carried to her tent so that she might treat them with her nursing and medical expertise.
2. The hospital building must perform with machine perfection the task it is supposed to cater to with the use of minimum energy and material. The

Prophet (PBUH) was very clear on wasteful building efforts in several famous *hadiths*. The architecture and design must be subservient to nature in allowing trees, water bodies and hills to reign supreme over the identities of man in terms of structures and buildings. The Qur'an is full of verses asking man to reflect upon the creation of nature. If there were no nature or natural objects to be reflected on, then there is no sense of the presence of God. The users must feel immersed in nature in a manner only the marriage between buildings and natural elements can afford. Lastly, specific areas for salat, *qiam-ul-lail* (the night prayers) and meditation must be added. Qur'anic inscriptions to remind of dzikrullah (God's remembrance) can be added in some spaces of waiting and some wards but not to be too glaring and overwhelming.

3. Muslim rulers of India paid great attention towards the establishment of hospitals. During the Sultanate period, Tughlaq rulers paid great attention as well as concern to set up civil hospitals in their kingdoms. During the reign of Sultan Muhammad Bin Tughlaq (1325-1351 AD), who was himself a noted scholar of Unani Medicine, there were seventy hospitals in Delhi. He appointed 1,200 physicians to serve in these hospitals. Historians especially mentioned details of these hospitals having special wards of different diseases attended by experts in these various diseases.
4. Many hospitals (Bimaristans) in the Islamic world used to be cutting-edge facilities, such as the Al-Adudi Hospital founded in 981 CE in Baghdad, and was run by Abu-Bakr Al-Razi, Al-Qayrawan hospital (9<sup>th</sup> century), and Ahmad ibn Tulun hospital in Cairo (built between 872 and 874). These institutions applied quality measures consistent with *Shari'ah* principles, and enforced system safety while providing state-of-the-art management approaches. Many aspects of the Bimaristan's mode of operation highlighted the advanced level of professionalism in conducting quality standards.
5. The Islamic Hospital Consortium (IHC) is hoping to establish training programs on Islamic Chaplaincy and training more chaplains. Al Islam Hospital in Kuala Lumpur has established the Academy of *Ibadah* Friendly Hospital and has embarked on having a postgraduate certificate in Islamic chaplaincy in the very near future.
6. The core values of Islam are integrated in ISO 9001 by MS 1900. MS 1900 is unique because of Islamic terms such as *Shari'ah* Advisory Council, *Shari'ah* Compliance, *Fiqh*, *Shari'ah* Compliance Unit, Halal, Al-Quran, Hadith, *Sunnah*, *al-Ijma* and *Fatwa* are embedded in the standards. In the hospital context, this *Shari'ah* compliant certification will have an impact on the health management system and affect the entire operation of hospital services. Therefore, the process of translating Islamic values into the service process definitely requires a comprehensive approach.
7. The introduction of *Ibadah Friendly Hospital* (IFH) has been recognized and accepted as one of the best and effective way of translating Islamic principles in our daily work as healthcare workers. In our daily routine duties, we are dealing with people who are in need of support especially from the spiritual aspect in addition to their physical needs. Despite the busy schedule experienced by the majority of healthcare workers, this concept can be applied with full flexibility and can be adopted according to the situation we are in, be it in Muslim countries or otherwise. It provides the platform to seek His pleasure and perform our '*ibadah*' during our working hours and at any place while at work.

8. The delivery of safe and quality healthcare services that are in accordance with Islamic values demands the establishment of an Islamic healthcare system standards. In Indonesia MUKISI together with DSN-MUI has published a standard and certification for *Shari'ah* compliant hospitals, to be used as an objective tool to measure quality of care from the *shari'ah* perspective. A *Shari'ah* compliant hospital is an institution that guarantees the implementation of *shari'ah* concepts in meeting the physical and spiritual needs of all components in the ecosystem.
9. On October 1, 1994, MUKISI was founded as a group that unites those in charge of planning and implementing independent, qualified Islamic healthcare facilities. There are about 500 hospitals and Islamic medical training facilities among the members. 18 Regional MUKISI have been established in 18 Indonesian provinces in accordance with the five MUKISI commitments: 1) Islamic Da'wah as the primary force; 2) The highest standards of Islamic universality; 3) Standardized competence based on high morals; and 4) Congregation through national-international synergy and cooperation.
10. Spirituality in the Islamic belief system cultivates a culture of innate motivation among faithfuls to develop higher levels of personal accountability, moral consciousness and social responsibility. Spiritual excellence is linked with professional excellence which is loved by Allah (SWT). A Muslim keeping the quality of *Ihsan* remains dynamic in every aspect and provides services proactively and aims to excel in professional and personal matters. Obeying Islamic teachings and its codes of life, leads humanity towards greater wellbeing, effectiveness, and productivity. Islamic teachings do not segregate professional excellence from spiritual excellence. Rather spiritual excellence is a driving force to bring upon and reinforce a system of justice, beauty, excellence, nobility, and equality to provide humanity, a balanced and purposeful life which is beneficial here and endearing with the pleasure of Allah (SWT) in the hereafter.
11. Healthcare practice, research and innovation requires rigorous discipline to safeguard the interest of humanity. There is always a marriage of convenience among healthcare researchers, practitioners and industry. The Institutional Review Board (IRB) provides ethical guidelines to all these groups, educates the healthcare professionals on ethics and offers ethical consultations. Ethical competencies are developed, maintained and promoted by the IRB to maximize benefits, prevent harm, refrain from the deliberate injury of others, and minimize inevitable injury. The IRB reviews are designed to take appropriate measures to protect the rights and welfare of humans participating as subjects in research. Islamic guidelines on IRB functions are robust, holistic and responds responsibly and objectively to the emerging ethical issues related to medical practice, research and its implications. Islamic medical ethics founded on the tenets of the *Maqasid Shari'ah* is holistic, dynamic, flexible and provides internalization of the concept of innate mechanism of self-accountability.
12. Creating a child-friendly hospital environment is essential to provide children with a receptive and welcoming experience. It consists of a physical environment, healing and therapeutic environments and safe environments. A child-friendly hospital would also include facilities for play and learning areas in their setting. Play could be part of therapeutic activities, while education is

- a fundamental right for all children. In addition, all children who were admitted to the hospital should be screened for evidence of maltreatment. Preparation before a procedure is vital to reduce their pain and anxiety. Above all, verbal and non-verbal communication ensured the patient's compliance with treatment.
13. Ziyara bases its spiritual care model after the example of Prophet Muhammad (ﷺ), and specifically his end-of-life experience. Ziyara understands that Prophet Muhammad's mission was mercy for all creations, all humankind, regardless of their faith or practice. The creation of Allah deserves spiritual care that is respectful of religious and ethnic diversity and honors their dignity and unique needs. As such, we look forward to continuing this long journey in supporting healthcare institutions to develop trained chaplains in support of this fundamental human-soul right.
  14. The *shari'ah* hospital standards of quality management was initiated in 2016 in Indonesia in order to protect and preserve the Muslim patient's rights of faith (*aqidah*), worship, morals and human relationship (*muamalah*). It presently prioritizes 3 main areas namely, *shari'ah* quality indicator, *shari'ah* patient safety incident and *shari'ah* risk management.
  15. Rufaidah Al Aslamiyyah (RA) is a follower and companion of the Prophet Muhammad (SAW) from the Ansar group. She was the first nurse to treat war victims, following the *hijrah* (migration) of the Prophet Muhammad (PBUH) from Makkah to Medina in 622 AD. The principles of *shari'ah* nursing developed from the practice of Rufaidah included the domains of faith, worship, morals, humanity, environment, health, and nursing. The *shari'ah* nursing principles can be a model for Muslim nursing services and education
  16. The *Shari'ah* Nursing Care Plan was developed from various core nursing standards in order to deliver a truly holistic nursing service which incorporates spiritual care. The process includes a careful nursing assessment, followed by a diagnosis, implementation of the nursing interventions and evaluation of the outcomes.
  17. The legal maxims of Islamic law are the regulations that can be applied to a variety of situations for inferring a verdict in line with the principles of *Shari'ah*. These may be "texts" (*nass*) that are part of a Quranic verse or a *Hadith* or "texts" derived from primary sources after *ijtihad* and analogies. The maxims are generally "all-inclusive" encompassing most of the aspects of a situation. These assist the Islamic scholars in deducing responses to contemporary healthcare issues and finding easier and practical solutions in difficult situations.
  18. It is important to be reminded that Islam made major contributions to the development of hospitals and the science of pharmacy and drug discovery. The Muslim pioneers in these fields were driven by their devotion to serve mankind based on the tenets of Islam. As medical and health sciences evolved over the centuries, the original philosophy and altruism of medical and health practices may have witnessed a paradigm shift driven at times by other considerations including consumerism and capitalism. Modern health practices have also evolved into an industry with its associated challenges. One of the challenges is to maintain a professional and ethical relationship between various stakeholders of this industry. Muslims involved in this industry have the opportunity to demonstrate how an ethical and professional relationship can exist based on sound Islamic and universal principles

19. “It is a non-issue”, “Time has changed – it’s a story of the past”, “It’s not practical” or “It’s a personal choice” are the common replies by many Muslim professionals when responding to the issue of gender interaction in the medical profession. Discussing gender interaction in the healthcare system from an Islamic point of view is considered to be an impractical proposition in the contemporary world culture. It is one of the most difficult issues in the current times with many intricacies and practical challenges. Accepting or rejecting any proposition without evidence and scientific analysis does not make sense. Evidence based analysis of existing data is required to examine the impact of gender intermixing on the personal, physical, psychological and moral being of individuals and the communities and then propose solutions that are workable in the current circumstances.

Our sincere gratitude to Ms. Elham Mohamad Swaid at the Islamic Hospital, Amman-Jordan, who has been immaculately efficient with her secretarial services and the logistics to bring the FIMA Yearbook to fruition. May Allāh (ﷻ) bless her bountifully for her passion and dedication to the Yearbook project.

We pray that Allāh (ﷻ), the source of all knowledge and wisdom, accept and bless all our efforts in His service and pleasure. We pray for Allāh’s (ﷻ) guidance and mercy in all our endeavours. Unto Him (ﷻ) we seek refuge and forgiveness for our failures and shortcomings.

Yours sincerely,

Musa Mohd Nordin  
Chief Editor, FIMA Yearbook



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**FEDERATION OF ISLAMIC MEDICAL  
ASSOCIATIONS ( FIMA ) IN BRIEF**

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- On 31<sup>st</sup> December 1981, FIMA was formed in Florida, USA. Senior medical professionals representing ten Islamic Medical Associations (IMA), from various parts of the world, convened and laid down the foundation of the Federation.
- FIMA was incorporated in the state of Indiana as a not-for-profit corporation on 18<sup>th</sup> January 1982 and re-incorporated in the State of Illinois on 30<sup>th</sup> March 1999.
- FIMA enjoys Tax Exempt status under Section 501 (C) (3) US Federal Income Tax by the Internal Revenue Service.
- In 2005, FIMA acquired Special Consultative Status to the United Nations Economic and Social Council (UN-ECOSOC).
- FIMA membership now include Islamic Medical Associations (IMA) and associates from 50 countries.
- FIMA aims to foster the unity and welfare of Muslim medical and healthcare professionals, promote healthcare services, education and research through the application of Islamic principles, mainstream Islamic perspectives of medical ethics, mobilize professional and economic resources for medical and humanitarian relief and collaborate with partners for the mercy and healing of mankind.
- First medical jurisprudence conference, Amman 1991.
- First humanitarian relief conference, Paris 1994.
- Launch of FIMA Year Book, Jakarta 1996.
- Consortium of Islamic Medical Colleges (CIMCO), Islamabad 2001.
- Islamic Hospital Consortium (IHC), Islamabad 2001.
- International Muslim Leaders Consultation on HIV/AIDS, Kampala 2001.
- FIMA Web, Kuala Lumpur 2005.
- FIMA Save Vision, Darfur 2005.



- FIMA Save Smile, Jeddah 2008.
- FIMA Save Dignity, Makkah 2009.
- FIMA awarded American College of Physicians Linda Rosenthal Foundation Award, USA 2009.
- Encyclopedia of Islamic Medical Ethics, Kuala Lumpur 2012.
- FIMA App on Care of Muslim Patients (Elsevier), Kuala Lumpur 2012.
- FIMA Declaration on Millennium Development Goals, Kuala Lumpur 2012.
- FIMA Green Crescent, Cape Town 2013.
- FIMA Declaration on Addiction, Cape Town 2013.
- FIMA Declaration for Polio Eradication, Cairo 2013.
- FIMA Book on Immunization Controversies, Makassar 2015.
- FIMA Safe Water, Istanbul 2017.
- International Journal of Human and Health Sciences (IJHHS), Istanbul 2017.
- FIMA Life Saver, Amman 2018.
- FIMA Declaration on Climate Health, 2020.
- FIMA Save Earth, Jakarta 2021.

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## CHAPTER ONE

## KEEPING COMMUNITIES HEALTHY: THE ISLAMIC PARADIGM

*Musa Mohd Nordin\* and Husna Musa\*\**

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**Abstract**

One of the five matters before being overtaken by its opposite as advocated by the Prophet (SAW) was “your health, before you fall sick” (Muslim). This concept of the Prophet’s Medicine (*TibbNabawi*) has been much discussed and unfortunately misunderstood, even abused in recent times. This paper attempts to examine the Quranic exhortations on health and healing and its practices as exemplified by authentic traditions of the Prophet (SAW). This would enable us to extract guiding principles about various healthcare issues including holistic care, preventative strategies, training, bioethics, hospital services, clinical research and global health.

**Health: A blessing from Allah**

Health is a precious gift, a blessing from Allah (SWT) which should be protected and enhanced. Without good health, we would not be able to live up to our physical potential as His *Khalifah* (vicegerent) on earth to undertake *amarmaarufnahimungkar*, to enjoin good and to forbid evil and to pursue the communal quest for *adlwaihsan*(justice with fairness and mercy), the preservation of public interest (*maslahah amah*), mutual benefit (*masalihmushtarakah*) and protection from harm (dar’ al mafasid).

Unfortunately, this blessing is often forgotten or not prioritized by many amongst us. This was alluded to by the Prophet Muhammad (SAW) when he said;

“There are two blessings which many people do not appreciate, health and leisure time” (Muslim & Bukhari)

**Quranic verses of healing**

And although the Quran is primarily a book of *hidayah* (guidance), it nonetheless makes reference to health and healing. Six verses in the Quran have been described as verses of *shifaa’* (healing).

One of these verses, in surah As-Shu’ara, 26:80, describes Prophet Ibrahim’s (AS) recognition of his Ultimate Healer:

"وَإِذَا مَرِضْتُ فَهُوَ يَشْفِينِ"

“And when I fall sick, He heals me”

---

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And to the Jewish community during the time of Prophet Isa (AS), where the healers were held in high esteem, Prophet Isa (AS) was sent with medical miracles (*mu'jizat*), emphasizing the need to be at the cutting edge of medical sciences:

"... وَأَنْبِئِ الْأَكْمَمَةَ وَالْأَبْرَصَ وَأُخِيبِ الْمَوْتَى بِإِذْنِ اللَّهِ ..."

"... And I cure the blind and the leper, and I give life to the dead - by permission of Allah ..." (Ali-Imran, 3:49)

### Health within the context of the *Maqasid Shari'ah*

The cardinal purposes of the Muslim's individual, community, national and global life experiences have been comprehensively defined by the *Maqasid Shari'ah*, the higher objectives of Islamic jurisprudence<sup>1</sup>. The well-being of the community is protected by the preservation of the five essentials (*daruriyyat*) in human life, namely faith and morality (*deen*), life (*nafs*), intellect ('*aql*), progeny (*nasl*) and wealth (*maal*).

Allah says in Surah Al-Maidah, 5:32;

"... وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا ..."

"...And if anyone saved one life, it would be as if he had saved mankind entirely..."

Three of the priorities of the *Maqasid Shari'ah* are directly related to health whilst the first (*deen*) and the fifth (*maal*) essentials in the hierarchy, though indirect are intimately associated. Thus, the objectives of the healthcare system are to nurture a community which is healthy and morally upright, prevent premature and inappropriate deaths, protect against intellectual and physical disabilities, promote safe reproduction and proliferation of the human seed through

the utilization of health intervention programs which are cost-effective.

### A bias for preventative health strategies

A pervasive thread in the Islamic paradigm, whether in economic, social or health matters is the emphasis on preventative strategies. The prevention of diseases and the preservation of wellness are pillars of best practices in medicine. Apart from the injunctions in the Quran and authentic *hadiths*, it is based on a principle of jurisprudence, closing all avenues of destruction.

Several principles of health care practises and interventions can be summarized as follows<sup>2</sup>:

- The Prophet Muhammad (SAW) said, "Cleanliness is half of faith (*iman*) (*Muslim*)". This *hadith* which connects cleanliness with belief is a cornerstone in Islam's advocacy for optimal health.
- The Quran advocates healthy eating and encourages the believers to eat only permissible and good food:

"يَا أَيُّهَا النَّاسُ كُلُوا مِمَّا فِي الْأَرْضِ حَلَالًا طَيِّبًا وَلَا تَتَّبِعُوا خُطُوَاتِ الشَّيْطَانِ إِنَّهُ لَكُمْ عَدُوٌّ مُبِينٌ"

"O mankind, eat from whatever is on earth [that is] lawful and good and do not follow the footsteps of Satan. Indeed, he is to you a clear enemy." (Al-Baqarah 2:168).

There are numerous statements that have been recorded in both the Qur'an and the *hadith* of the Prophet (SAW) encouraging Muslims to be moderate in eating and drinking.

"... وَكُلُوا وَاشْرَبُوا وَلَا تُسْرِفُوا إِنَّهُ لَا يُحِبُّ الْمُسْرِفِينَ"

And eat and drink and be not extravagant; surely He does not love the extravagant. (Al-A'raf 7: 31)

"No human ever filled a container more evil than his belly. The few morsels needed to support his being shall suffice the son of Adam. But if there is no recourse then one third for his food, one third for his drink and one third for his breath." (Ahmad and At-Tirmidhi)

- The prophet (SAW) in various hadiths enjoined his companions to exercise. He said, "A strong believer is better than a weak believer" (Muslim). Thus, a Muslim is enjoined to be not only strong in faith and character but also in physical strength and fitness through regular exercises.
- Islam recognises the existence of contagious diseases and the Prophet (SAW) commanded us to avoid such diseases. He said: "Run away from the leper same as you would from a lion." [Bukhari and Muslim].
- Islam also introduced the concept of quarantine in the event of an infectious outbreak. The Prophet (peace be upon him) said: "If you hear that a land has been stricken by plague, do not approach it, and if your land is stricken by plague, do not leave it". [Sahih al-Bukhari]

### **Health professional training versus quackery**

The believers are urged to seek medical treatment when they are ill. And when a cure is available some scholars would even suggest it as being mandatory. The Prophet (SAW) said:

"Seek medical treatment, for truly Allah does not send down a disease without sending down a cure for it. Those who have knowledge of the cure know it, and those who are ignorant of it do not." [Musnad Ahmad]

The Prophet (SAW) is also reported to have said:

"He is not one of us who is not kind to children or does not respect our elders,

or denies our learned people the esteem they deserve" (Abu Dawud, Al-Tirmidhi)

The two earlier *hadiths* also illustrates Islam's high regard for people who are experts and highly trained in their specialty and Muslims are enjoined to seek treatment from these health professionals.

This hadith is especially instructive and relevant in this modern world of information and communication technology where individuals and groups claim to be overnight experts in medicine by simply accessing information from the internet.

An incident which happened during the time of the Prophet Muhammad (SAW), further emphasizes the importance of authentic knowledge and specialty training. When a man fell ill, the Prophet (SAW) said:

"Summon the physician of the tribe so and so for him." (Ahmad).

It also shows the Prophet's (SAW) criticism of the ignorant who blindly practise the art of healing without the pre-requisite medical knowledge and skills.

### **Code of medical ethics**

The early physicians who worked in the medieval Muslim hospitals were required to follow a strict code of ethical practices. Ishaq bin Ali al-Rahawi's (854-931 AD) *Adab al-Tabib* (The conduct of a physician), is the earliest known Arabic treatise dedicated to medical ethics. Rahawi considered physicians as "guardians of souls and bodies" and in this treatise he spells out all the deeds and acts a Muslim physician must observe.

He also described the process of licensing physicians, when he wrote: "...the physician was not allowed to sit for treating patients until after he passes

the generally aforementioned tests and examinations...”

This was later enforced into law during the Abbasid Caliphate whereby all doctors were required to pass an examination before being allowed to practice medicine. This physician licensure became mandatory after the Caliph Al-Muqtadir, in 931 AD, was informed of the death of one of his subjects due to a physician’s error.

### **Individual autonomy versus community interest**

The ethical principle of autonomy highly respects and values the individual (or parents or legal guardians) as the one who makes the self-defining choices upon which he then acts and for which he is accountable.

This however needs to be considered within the context of the wider public interest and benefits (*maslahahammah*). This is defined by the Islamic legal maxim (*al-Qawa'id al-Fiqhiyyah*) which stipulates: “individual rights may have to be sacrificed in order to protect the public interest.”

In the domain of healthcare, medical interventions such as global immunization programs, which have been proven to promote and protect the general health and well-being of the community, have priority over the considerations of the individual interest.

### **The early Muslim hospitals**

The Prophet's mosque in the city of Madinah held the first Muslim hospital service in its courtyard. During the GhazwahKhandaq (battle of the trench), Muhammad ordered a tent to be assembled to provide medical care to the wounded soldiers. Among those who attended to the injured soldiers was the first Muslim nurse, Rufaida al-Aslamia.

The prophet Muhammad (SAW) used to order all casualties to be carried to her tent so that she might treat them with her nursing and medical expertise.

This later evolved into the many bimaristans, a Persian word meaning “house of the sick”, during the early Islamic rule. The Umayyad Caliph Al-WalidibnAbd al-Malik is often credited with building the first bimaristan, in Damascus in 707 AD.

Many of these early hospitals were built with charitable endowments, *waqf*<sup>8</sup>. They were staffed by salaried physicians who did regular ward rounds. Pharmacists dispensed medicines from the well-equipped dispensaries. There were separate wards for men and women and wards were segregated according to the type of illnesses. Patients were nursed until they have fully recovered and upon discharge were given a sum of money for their immediate personal needs. There is good reason to believe that the Christians were impressed by the hospitals they overran during the crusades. A network of hospitals later spread across Europe which were influenced and modelled on the famous Islamic hospitals in Cairo and Damascus.

### **Search for cures and the first clinical trials**

Abu Hurairah (RA) narrated that the Prophet (SAW) said:

“There is no disease that Allah has created, except that He also has created its remedy.” (Bukhari)

In this and several other hadiths, the Prophet (SAW) advocated research into the finding of cures for ailments, thus urging the believers to be at the frontiers of medical research.

This inspired the likes of physician, Al-Razi (854 – 925 AD) who carried out the earliest known example of a clinical

research trial on the effectiveness of bloodletting in the treatment of patients with meningitis by employing a control group. This demonstrates Al-Razi's commitment to evidence based medical science<sup>4</sup>.

IbnSina (980 – 1037 AD) in his magnum opus, *Al Qanun Fi Tibb* (The Canons of Medicine) outlined 7 principles before a medicine can be considered to be effective<sup>5</sup>. Among others he emphasized that trials which were successful in animal models must be replicated in human subjects. And that the results of the trials should be reproducible in other similar research.

In this respect, the Wakefield claim of the link between the MMR vaccine and autism has never been reproduced in other studies. On the contrary, this claim has been debunked in at least 67 different studies<sup>6</sup>.

### Health status in Muslim countries

There are over 1.8 billion Muslims living in 57 Muslim majority countries. The health of the Muslims communities can be benchmarked against a set of 8 Millennium Development Goals (MDG), from the baseline statistics in 1990 up to 2015<sup>7</sup>.

MDG 4, 5 and 6 are directly related to the health of the communities whilst the health sector is an important stakeholder in the other five MDGs.

MDG 4 calls for a 2/3 reduction in the mortality of children under 5 years old by 2015. 1 in 12 children die in Muslim countries compared to 1 in 18 in world. Many of these under five deaths are preventable with the introduction of basic public health interventions which include, access to safe drinking water, good nutrition, breastfeeding, hygienic sanitation and immunization<sup>8</sup>.

MDG 1 calls for the eradication of extreme poverty and hunger and among others targets to halve the proportion of people who suffer from hunger. Nearly half of the under-5 children in some Muslim countries are underweight and stunted. And one of the major risk factor for under-5 deaths is malnutrition. Thus the close relationship between the economic status of communities, rates of malnutrition of its mothers and children and a health indicator as in MDG 4.

MDG 5 calls for improvement of maternal health, through  $\frac{3}{4}$  reduction of maternal deaths. Many Muslim countries are not on track to achieve MDG 5. In Afghanistan 1 in 6 pregnancies results in death, in Africa 1 in 15 as against the global average of 1 in 74 pregnancies. This is due to the high fertility rates, low average age of pregnancies, illiteracy, lack of antenatal care, lack of access to skilled obstetric care and complicated by the compromised social and economic status of women in these communities.

Some Muslim countries have however made considerable progress in their health programs. Maldives and Iran have reduced their maternal mortality ratios by more than 80% and are on target for MDG 5.

The under-5 mortality in Malaysia has been significantly reduced from 16.8 to 7.7 per 1,000 live births from 1990 to 2012. The maternal mortality ratio declined from 44 to 25.6 per 100,000 live births from 1991 to 2012. The challenges for Malaysia to be on track for MDG 4 and 5 is to enhance health care providers' knowledge and skills, provision of family planning services for high risk mothers, expansion of the Integrated Management for Childhood Illness Program and prevention of childhood injuries<sup>9</sup>.

Progress in the health status of other Muslim communities have been hampered by natural disasters, economic crises, political instability, armed conflicts, rural urban migration, breakdown of basic social structures and ultra-conservatism of some of its religious scholars.

### Reclaiming the lost heritage and moving forward

History will testify that the early Muslim scientists dominated virtually most aspects of knowledge and research from 600 – 1700 AD. Az-Zahrawi (930-1013 AD), the father of modern surgery, was pioneering new surgical instrumentations when Europe was restricted by a religious edict in 1163 AD which ruled:

“All forms of surgery must be stopped in all medical school by all surgeons”

Is it any wonder that Martin Kramer, an American historian wrote<sup>10</sup>:

“Had there been Nobel Prizes in 1000, they would have gone almost exclusively to Muslims.”

Somehow, Muslim communities have lost it along the way and have lagged behind in developing their health systems which they once led and inspired the world during the glorious days of Islamic civilization.

Religious conservatism, has undoubtedly been one of the contributory factors to the decline and stagnation of the pursuit of science and the spirit of enquiry and research in the Muslim world today. In the eradication of smallpox, the last few cases were from Bangladesh and Somalia. And the Global Polio Eradication Initiative (GPEI) targets 2018 to end polio and two Muslim countries are still polio endemic, namely, Afghanistan and Pakistan<sup>11</sup>.

We should never lose sight of the compassionate and human nature of

Islam as exemplified in surah al-Hajj, 22:78:

وَجَاهِدُوا فِي اللَّهِ حَقَّ جِهَادِهِ هُوَ اجْتَبَاكُمْ وَمَا جَعَلَ عَلَيْكُمْ فِي الدِّينِ مِنْ حَرَجٍ مَلَّةً أَيْبِكُمْ إِلَى اللَّهِ هُوَ سَمَّاكُمْ الْمُسْلِمِينَ مِنْ قَبْلُ وَفِي هَذَا لِيَكُونَ الرَّسُولُ شَهِيدًا عَلَيْكُمْ وَتَكُونُوا شُهَدَاءَ عَلَى النَّاسِ فَأَقِيمُوا الصَّلَاةَ وَآتُوا الزَّكَاةَ وَاعْتَصِمُوا بِاللَّهِ هُوَ مَوْلَاكُمْ فَنِعْمَ الْمَوْلَى وَنِعْمَ النَّصِيرُ

“And strive for Allah with the striving due to Him. He has chosen you and has not placed upon you in the religion any difficulty.”

And an authentic tradition further fortified this concept as narrated by Aisha (RA):

“If given an option between 2 actions, the Prophet (SAW) would surely choose the easier one, as long as it is not sinful.” (Bukhari)

When deliberating the permissibility of the Oral Polio Vaccine (OPV) which is manufactured using porcine-based trypsin, at the 11th Session of the European Council of Fatwa & Research (ECFR) from 1-7 July 2003, in Stockholm, the ECFR concluded<sup>12</sup>:

“The Council urges Muslim leaders and officials at Islamic Centers not to be too strict in such matters that are open to considered opinion and that bring considerable benefits to Muslim children, as long as these matters involve no conflict with any definite text.”

And we firmly believe this spirit and approach pervades the corpus of the jurisprudence of facilitation (*Fiqh Taysir*). At no point in time does it blemish the belief nor practice of the faithful because scholars have anticipated the challenges of modernity and have reiterated;

“Allah will bless the believer who recognises and engages with the new world, yet remains true to his religious values.”

Investments in the health and education of Muslim communities should be among the major priorities of our political and economic leaders. The caliphs of the early Islamic era took a very keen interest in the building of health infrastructure. In the early tenth century, Caliph al-Muktafi (died 907), called upon al-Razi to decide on the selection of a site for the new hospital. Al-Razi hung up pieces of meat in various districts of Baghdad and advised the site where the meat decayed the least to be selected. This is the first scientific observation of unknown particles (germs) in air which led to air borne diseases!

Caliph al-Muqtadir (ruled from 908-932 AD), his successor, built several more hospitals and staffed them with the best physicians, many of them Christians and Jews; and filled the libraries with the latest books and writings. Hospitals were also found in the other large cities in the Islamic empire, notably Cairo and Cordoba, whilst Europe was still trapped in the “Dark Ages”.

We hope and pray to Allah (SWT) that our Muslim communities would be governed by similarly enlightened political and socio-economic leadership. In this context, it is worthwhile considering the wise words of Pervez Hoodbhoy, a Pakistani physicist, who wrote<sup>13</sup>:

“With well over a billion Muslims and extensive material resources, why is the Islamic world disengaged from science and the process of creating new knowledge? Common sense and the principles of logic and reason (are) our only reasonable choice for governance and progress. Being scientists, we understand this easily. The task is to persuade those who do not.”

We also hope and pray to Allah (SWT) that our countries would be similarly

blessed with peace, security and protected from major natural disasters. And that as a community we would be inspired by the following hadith, to catch up on lost ground and rejuvenate our quest for leadership in the medical sciences and other aspects of scientific scholarship in the continuous process of *islah* (transformation) towards the community’s health and well-being.

“A word of wisdom is the lost property of a Muslim. He should seize it wherever he finds it.”(At-Tirmidhi)

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## CHAPTER TWO

### THE IDEA OF AN ISLAMIC HOSPITAL

*Mohd Tajuddin Mohd Rasdi\**

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#### **Abstract**

In this article, I will attempt to provide an understanding of what might be construed as an ‘Islamic’ hospital. As a professor of architecture and who specializes in mosque and Islamic architecture philosophy, I must admit that the idea of writing about an ‘Islamic’ Hospital had never once crossed my mind. What would make a good hospital for medical practitioners I have come across in some student’s work. What would be a good hospital for patients is something I have been thinking about since I was a patient several times in a hospital. What would make a good hospital for users such as visitors and close family members is something that has also crossed my mind when I have loved ones being patients in that facility. What or how would a hospital be ‘Islamic’ will probably be as strange a question as what would be an Islamic Cardiologist or a Dentist. Does one really care? Is it that important to ask? Now, if the question were to be what would be an ‘Islamic’ Mosque, then some might consider that question an insult. However, to me, I can argue that 90% of the mosques I have come across are all ‘un-Islamic’ although all these buildings manage to provide places for the congregational salat to occur. But I can argue that Prophet Muhammad (PBUH) would find serious problems in allowing these 90% of the mosque to be built.

#### **The three types of architecture buildings**

Now, coming back to the question of a hospital’s ‘Islamic-ness’, I would like to illuminate the readers to three types of buildings for humanity and in the art of architecture design. The first type of building for humanity I would like to term as ‘a machine’. The second type of building I would like to term as a ‘remembrance’. Now the third type is a mix between the two; both a ‘machine cum remembrance’ entity. For the first type of building where architecture is a ‘machine’, the assumption is that the building is just like a machine to perform a task. For instance, what is an air conditioner? An air conditioner is designed with the minimum parts and materials to cool the air in the safest, quietest and most economical manner. One would not ask about one’s feelings or attitude towards that machine, except whether it makes the air cool in a quiet and safe manner. Our Malaysian public school that is designed by the Public Works Department answers this objective. It is a place where our children and the teachers can have activities of learning in a safe and sheltered manner. The TESCO, a major hypermarket chain is a machine for storing and displaying many products that the consumers can come in, park their cars, grab a cart, fill the cart as quickly as possible, go to the check out and cashier, pay the bill, push the cart to the covered parking lot away from the sun and rain, load the groceries in the car boot and push the cart away to a double lined parking bay and drive off home. There you go, the hypermarket is an efficient machine.

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For the second type of building, a memorial or a museum fits the bill entirely. A museum is like a song or a music. It evokes emotions of sadness, joy, warmth and many other feelings so that the visitor is fulfilled in his or her mind's soul. A memorial like the National Monument for the World War Two victims and soldiers is to evoke a sense of duty, courage and sacrifice of the highest kind, giving one's life for others. A museum can be considered a store house of memories from old and important artifacts, but it is not enough. The museum itself must show a sense of architecture that evokes a feeling of pride, preciousness and that the artifacts inside are an important element of meaning to one's national pride, concerns and history. A museum is a building of feelings, remembrance and formulating attitudes.

The third building is a mix of the two types. Most buildings are built as a machine to fulfill functions, but it is dressed to evoke emotions. Thus, the Petronas Twin Towers were supposed to be designed for people to shop in, to work in, to live in and to have fun in. But it also must have the stimulus to evoke a feeling of national pride, of fun and happiness in a garden as well as the joy of resting. Similarly, the Perdana Putra is not just an office building and the meeting place of the Malaysian Cabinet with the Prime Minister, it is supposed to evoke a sense of order, dignity of the Prime Minister as well as the power and authority of the office.

Which category is the hospital? And how do we make it 'Islamic'? I will deal with the first question and then the next one at the end of this article. The hospital initially is thought of as a 'machine' category of architecture. This means, it is to process the patient and cater to the minute needs of the doctors and nurses that treat and care for the patients. However, many studies in the

past two decades have shown that the mental stress of patients undergoing treatment is seen to be, by itself, a detriment in the wellbeing of the patient. Thus, this would make the architecture of hospitals move into the third category of a machine-remembrance one.

With the category of the hospital architecture established, I would like to look at the needs of the hospital design from the visitor, care giver and patient's perspectives. The needs of doctors and nurses are beyond the purview of this article. However, I will say something about the recent ongoing pandemic and its impact on hospital design.

### **An appraisal of design from the Users of the Hospital**

On the part of the visitor, one of the things that is needed is a nice waiting room for their turn. Without such a waiting room and a television monitor to show who is with the patient, the wards will be crowded by well-wishers and visitors. The patient can be overwhelmed with too many visitors. There is also the lack of chairs in the wards for the visitors with only one chair per bed. Perhaps a few folding chairs may be stored somewhere in the ward.

From the perspective of the care giver, my most important request is to provide a deck chair where the chair can be adjusted to a reclining position. This chair is absolutely essential to help care givers who would end up with a stiff neck and high blood pressure due to lack of sleep in an uncomfortable ordinary sitting chair. I would also recommend a capsule bed like the ones used in capsule hotels in Japan for extended stays of loved ones with a communication link with the patient. This would avoid the embarrassment of sleeping on couches or armchairs in the waiting areas.

From the perspective of patients, I will deal with out-patient issues first. There is only one main issue here, the agony and fear of waiting. As a mental health patient of panic disorder, I know what it is like to wait and have so many kinds of catastrophic thoughts. I would suggest that waiting can be done at another room where there are many distractions such as an aquarium, a fountain, the sound of some music or gust of wind as well as the activity of people from a window view. The act of 'waiting' should have enough distraction for the patient to not focus on seeing other patient's sufferings or thinking of oneself as the same. A television monitor with numbers of turns and room identification can be displayed in that waiting room. As it is now, waiting for the doctor is just like waiting to pay the compound charges at a traffic police station. You know you are in trouble but unaware of how much.

I will now deal with the perspective of the warded patient. There are two design issues for the warded patient and there is one design issue for the ICU patient. For the warded patient, a professor friend of mine from UK told me of a study he read that showed significant positive changes to patients who were awarded next to a window with an outside view compared to the patients that did not have a window view. Even though I had not read this research, I can say from experience that I would always prefer a window view than a non-window view bed. The significance of windows are of course views and light. Artificial lights do not have the same quality as sun light. It is believed that one's mood is affected by the environment as it presents clear skies, clouds, rain or storms. This helps the patient who thinks that his or her condition is unchanging. The patient without a window would see himself or herself in a lighted tomb of unchanging

environment. The next important thing is the view that a window or a courtyard room affords. A view to an active courtyard with running water and splashing fountains along with trees subjected to the winds and rains would do a lot of good to a patient. A colleague of mine, Professor Dr. Ismail Said of UTM (Technology University of Malaysia), who read his PhD, with me as the Internal Examiner, designed therapeutic landscapes courtyards for hospitals and he disguised himself as a gardener to interview informally children admitted to the wards. There were positive and rapid positive turns on the young patients interacting physically with the environment. Thus, a window view for all beds and a view towards an active changing courtyard should be a must for warded patients.

For the Intensive Care Unit (ICU) patient, I have one concern based on my personal experience. When I was placed in the ICU ward after my angioplasty, the patient next to my bed had just died from an unsuccessful angioplasty procedure. I, of course, did not know that she had died until I heard over the curtains people crying softly and reading Surah Yaa-Sin. Then there was a rumble of a stretcher bed carrying what was to be the metal coffin to transfer the dead body to the morgue. My suggestion is to have a designated mourning room to which the body of a patient who dies is transferred as quickly as possible. There the mourners can pay their respects and prayers so as not to disturb the other patients fighting for their lives in the ICU.

### **An appraisal of hospital design from the pandemic point of view**

It is my opinion that all of our hospitals in Malaysia were never designed to handle pandemics. Although I have not examined any hospital thoroughly, but a trip to several as a patient and as a

visitor shows the typical design of a hospital that serves under normal times without a major outbreak. For a hospital to be pandemic ready, it must be split into two completely isolated zones even if it were a single tall building. Urban hospitals do not have the luxury of large acreage to separate the zones into two or three separate buildings. A tall single mass hospital building must have at least two separate zones divided vertically and have a completely isolated services system which includes the air conditioning system, the water system and the access services like lifts and stairwells. There should be no opportunity for the virus to be carried by water, air or the nurses and patients. Under normal situation, all the floors of the buildings can be used but once a pandemic occurs, then there must be complete isolation from the point of entry to the building and exit by water, air and humans. This can be done by present technology and architectural design, but it will cost a bit more due to some duplicity of services. However, the savings will be in lives and control of the spread of the virus. The large number of nurses and doctors succumbing to the virus in Malaysia in the last two years may be due to carelessness or lack of Personal Protective Equipments (PPEs), but I am sure it was also due to the inadequate building design, ventilation and air filtration. All Malaysian hospitals must undergo an architectural reexamination and redesign of the architectural spaces and services in order to be prepared for the next pandemic when, not if, it will happen.

### **The 'Islamic' dimension in hospital design**

Slapping on a few arches, verses of the Qur'an and coloring the building green has nothing to do with an Islamic design approach. It may please simple-minded ministers and politicians or clergymen,

but it is certainly not Islamic. It is akin to a politician with the 'right' Islamic dress codes of skull-caps or turban with the long robes and scarves but he is a notorious corrupt person who has little or no compassion for anyone including his own religious adherents. The huge domes and many minarets of mosques are guilty of the same sins of identity misconception.

In my writings, I have made it clear that Islamic architecture can be boiled down to only three characteristics. Firstly, the building must perform with machine perfection the task it is supposed to cater to with the use of minimum energy and material especially if it is a public building using people's amanah (trust), of tax money. The Prophet (PBUH) was very clear on wasteful building efforts in several famous hadiths. Secondly, that the architecture and city design be subservient to nature in allowing trees, water bodies and hills to reign supreme over the identities of man in terms of structures and buildings. In this manner, places like Bhutan where the idea of preserving and nurturing trees and plants are part of the religious and political lives, it is the most 'Islamic'. My argument for this is simple. The Qur'an is full of verses asking man to reflect upon the creation of nature. If there were no nature or natural objects to be reflected on, then there is no sense of the presence of God. Anyway, all men crave nature for the act of spiritual oneness and peace as evidenced by the tourist destinations of tropical paradise and undisturbed beaches. Thirdly, Islamic design must cater to the few exceptions of the Muslim rituals such as prayers, fasting and also to its value of privacy.

Thus, my idea of the Islamic hospital is firstly to settle the issues of the users that I have outlined previously, cater to the pandemic requirements and fill the building with courtyards of nature with

fountains, water movement, textures of gravel, and lots of green plants with a smattering of a few colors. It would help if some birds and fish are flying and swimming in a controlled environment be made to interact with the users in specific locations. The oneness between man and nature is the only testimony of our humility and completeness with the presence of God especially in suffering. Thus, the wards of patients with window access and views of courtyards that are dynamically changing with people, fish and birds would be ideal. The users must feel immersed in nature in a manner only the marriage between buildings and natural elements can afford. Lastly, specific areas for salat, qiam-ul-lail (the night prayers) and meditation must be added. Qur'anic inscriptions to remind of dzikrullah (God's remembrance) can be added in some spaces of waiting and some wards but not to be too glaring and overwhelming. At various openings and courtyards, the feel of the wind and the fall of the rain must be ensured so that the oneness also touches on the textile

plane rather than just on the visual and auditory ones.

### **Conclusion**

In conclusion, an Islamic hospital is a machine of efficiency and of minimal design which is built around and subservient to the natural landscapes and appearing with a complementary oneness. There have been many architects who have extolled the idea of a bio-climatic skyscraper and I find that motivation which was intended to fulfill a sustainable energy agenda fits well the agenda of a spiritually charged Islamic hospital. Although some may be disappointed that my ideas of this Islamic building is no different than a 'secular' architect's agenda on sustainable building, I would like to say that I have always preached the sameness of man in all respects of life and faith but with a minute difference in rituals because I sincerely believe that Islam is a religion most open and complementary to all mankind in all times.

## CHAPTER THREE

### MUSLIM OWNED HOSPITALS DURING THE SULTANATE, MUGHAL AND PRINCELY STATES OF BRITISH INDIA

*Syed Ziaur Rahman\**

#### **Abstract**

The present paper covers a brief history of hospitals that were established in the Indian subcontinent during the reign of Sultanate, Mughals and Princely states of British India. Unani was the main system of medicine during the Sultanate, Mughals and Post Bahmani Period. Modern medicine, allopathy was introduced by the British when they conquered India and ruled until 1947.

Keywords: Sultanate, Mughal, British India, Unani, Allopathy.

#### **Sultanate Era Hospitals**

Muslim rulers of India paid great attention towards the establishment of hospitals. During the Sultanate period, Tughlaq rulers paid great attention as well as concern to set up civil hospitals in their kingdoms. During the reign of Sultan Muhammad Bin Tughlaq (1325-1351 AD), who was himself a noted scholar of Unani Medicine, there were seventy hospitals in Delhi. He appointed 1,200 physicians to serve in these hospitals. Hakim Ubaid and Hakim Zia Masood Rasheed Zangi Umar Ghaznavi were noble Unani scholars of their time. Historians especially mentioned details of these hospitals having special wards of different diseases attended by experts in these various diseases<sup>1</sup>.

Feroze Shah Tughlaq, who was the successor of Muhammad Shah Tughlaq, also showed similar interest and increased the number of hospitals. It is reported that he built 5 more new hospitals and appointed physicians with hefty salaries and other allowances<sup>2</sup>. He made arrangements for free distribution of medicines in these hospitals. Being a ruler, Feroze Shah himself had good knowledge of Tibb. There are various examples in history, which showed Sultan Feroze Shah himself examined the patients and prescribed them medicines. With reference to hospitals, the Sultan appointed physicians in the hospitals who provided free medicines to the general public<sup>3</sup>. He is also an author of a book on medicine entitled, *TibbFirozShahi*.

#### **Mughal Era Hospitals**

In the Mughal period, King Akbar the great, showed much interest towards the establishment of hospitals in his capital city of Agra (earlier named Akbarabad). He built a number of hospitals; among these one was dedicated with the name of the capital city itself "Akbarabad Hospital". It is said that this hospital was in functioning condition up to the end of Mughal Empire<sup>4</sup>.

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Another hospital, which was located between the Agra Fort and Jama Masjid, was demolished in 1857 by the British rulers. The present Agra Fort railway station is situated at the site of the hospital building<sup>5</sup>. In addition, Akbar also built a very beautiful building for a hospital in Fatehpur Sikri, which was constructed with all white and embroidered stone. This building consisted of a large number of special rooms for in-patients<sup>6</sup>. Traces of this hospital still remains today. The author of this chapter while touring Fatehpur Sikri, witnessed the ruins of this hospital. A nobleman of the Akbar period, Abul Faiz bin Mubarak, also built a hospital near to his house. He fully funded the hospital building and made an arrangement for the free distribution of diet and drugs to each and every patient<sup>7</sup>.

There was a hospital in Ahmedabad, which was most probably built by Akbar. When Shahjahan came into power, he appointed Hakim Muhammad Hashim, a renowned physician of his time, as physician in this hospital<sup>8</sup>.

Among the Mughal rulers, Jahangir was much more famous for his interest towards public health. When he came into power, he issued various ordinances to the State and ordered to establish hospitals in all big cities and appointed physicians and surgeons in those hospitals<sup>9</sup>. Jahangir in his book, *Tozak*, described environmental and geographical conditions of different cities of the country; and he conducted clinical trials of some select drugs. When Shahjahan (1628-1658 AD) came into power, he continued the tradition of previous Mughal rulers and built a hospital adjacent to Jama Masjid of Delhi, and appointed expert physicians to serve in the hospital. Sir Syed Ahmad Khan

(Founder of Aligarh Muslim University, Aligarh) mentioned that this hospital was situated in the north of Jama Masjid. It was not operational in the last Mughal dynasty, and was occupied by some princes for their residence during the reign of Bahadur Shah Zafar<sup>10</sup>. Hakim Qiwanuddin, a renowned student of Hakim Alavi Khan, was a medical superintendent of this hospital. The annual budget of the hospitals was three lacs. This budget shows that the hospital was very large<sup>11</sup>.

In the Aurangzeb period, various hospitals were built by the government officials. Nawab Khair Andesh Khan was an Ameer (Noble) of the period of Aurangzeb. Being a nobleman, he was also a skilled physician and a renowned author of a medical book in his time. He built a big hospital in Etawa (a city in Uttar Pradesh), which was his native place. Khair Andesh Khan mentioned details of this hospital in the preface of his book, *Khair al Tajarib*. He says that "I, Muhammad Khan alias Khair Andesh Khan, has built a hospital in Etawa and appointed there some physicians such as Hakeem Abdur Razzak Nishapuri, Hakim Abdul Majid Isfehani, Hakim Mirza Muhammad Ali Bukhari, Hakeem Muhammad Adil, Hakeem Muhammad Azam, Vaid Kanwal Nain, Vaid Sukhan and Vaid Nainsukh. All of them are deputed in my hospital for medical assistance and to maintain the regular and free supply of diet and drugs in the hospital, especially to those populations of my area, who belongs to poor socio-economic group. I thank to my Almighty Allah that He has given me success to run this hospital"<sup>12</sup>. A copy of the manuscript of *Khair al Tajarib* is preserved at the Library of Ibn Sina Academy, Aligarh.

### QutbShahi Hospitals

Similar traditions can be seen in the Deccan of QutubShahi period (1518- 1687 AD). Muhammad QuliQutub Shah (1580-1612 AD), who built Charminar in Hyderabad, and also built a big hospital, the details regarding this hospital can be found in almost every history book related to QutubShahi period. The author of Mahanama has written that Muhammad QuliQutub Shah also built a DarulShifa, which has a capacity of four thousand patients and to provide medical facility, it has a team of renowned physicians<sup>13</sup>. In the opinion of Hakeem Syed ZillurRahman (Founder President of IbnSina Academy), this number of four thousand beds, which is cited in the above quotation, is erroneous and might have occurred due to mistake. The actual number would be four hundred beds. Still this number of four hundred is a big number. In the present era, there is not any trace of the DarulShifa in Hyderabad city, but the locality where the *DarulShifa* was situated is still known with the name of *DarulShifa*.

Hakeem Mir Mohammad Momin bin Syed Ali Sharfuddin Samaki was a renowned physician of QutubShahi period. He is a known author of *Ikhtiyarat Qutub Shahi* and *RisalaMiqdaria*. He served as tutor of the prince of Iran, the son of Tahmasa. He came to Hyderabad from Iran in 1518 AD. Hakeem Mir Muhammad Momin was also a member of that team who decided about the site of Charminar and Darushifa at Hyderabad.

### Awadh State Hospitals

Shah Naseeruddin Haider of Awadh established a *DarulShifa* in Lucknow at HazratGanj area in 1832 AD. After the

end of Awadh Sultanate, the British government shifted this Hospital to the Chowk area. Nowadays in this site of *DarulShifa*, there is a rest house of UP Government's Members of Legislative Assembly. This resident site is still famous as DarulShifa. Hakeem Masihuddaulah (d 1285 AH/ 1868AD) was the first '*Afsar al Atibba*' (Chief Physician) in *DarulShifaShahi*. Hakeem Haider Husain, Hakeem MuzaffarHussain, Hakeem Nazeer Hasan and other renowned physician of that time were attached with *DarulShifaShahi*<sup>14</sup>.

Hakeem Muhammad Ismael, a renowned physician of the Azizi family, built a building for the hospital for his son, Hakeem Abdul Aziz in 1877 AD/ 1294 AH. Later on, this building was given to Takmeel al Tibb College, at the time of its starting in 1902 AD. In the Matab (Clinic) of Azizi family, some indoor wards for patients were built attached with special and private wards.

### Nizam State Hospitals

Amongst the Muslim rulers of India, besides Mughals, the Nizams of Hyderabad also took much more interest for Medicine particularly Unani. They established various hospitals in their State. Mir Usmani Ali Khan alias AsifJaah VII, the last Deccan ruler established Sadar Shifa Khana Nizamia under Nizamia Tibbiya College, Hyderabad. Nizam himself laid the foundation stone of that hospital in 1937 AD/1345 AH and created the date of foundation with the following Arabic sentence – “Hiya bait al Hikmatwa Al Shifa” (1345 AH). Initially, it was a 50 beds hospital but nowadays it has a capacity for 300 patients, where the patients are still treated purely through Unani system. Besides the capital city



Hyderabad, Unani hospitals were also built in other parts of the erstwhile Hyderabad state such as Aurangabad, Prabhani, Gulbarga, Raichur, Usmanabad, Mahboob Nagar, Kareem Nagar, Nizamabad, Warangal. In all these cities Nizam government established the hospitals<sup>16</sup>.

The Osmania General Hospital for allopathy system of Medicine is named after its founder – Mir Osman Ali Khan, the last Nizam of Hyderabad and located at Afzalgunj, Hyderabad. The Afzalgunj Hospital, the predecessor of the Osmania General Hospital, was established in 1866 by Sir Mir Turab Ali Khan, Salar Jung I, who served as Prime Minister of Hyderabad State between 1853 until his death in 1883. He also served as regent for the sixth Nizam, AsafJah VI between 1869 and 1883. The present hospital building was completed in 1919 on the orders of the last Nizam of Hyderabad, Mir Osman Ali Khan. It was designed by the British architect Vincent Jerome Esch and Nawab Khan Bahadur Mirza Akbar Baig in Indo-Sarcenic style. Dr. Yusuf Mirza was the first RMO (Resident Medical Officer) of this hospital. In 1926, the wards of the Afzalgunj hospital were transferred to the new building. It is presently run by the Government of Telangana, and is one of the largest in the state.

### Bhopal State Hospitals

Likewise in Bhopal state, the first hospital was established by Nawab Sikander Begum (1860-1868). Nawab Sultan Jahan Begum (1901-1930) had a big contribution in the advancement and establishment of the hospital system in Bhopal state. She established in 1903, the

Asfia Tibbia College and *Sadar Unani Shifakhana*<sup>17</sup>.

### Hospitals in Delhi and Aligarh

Hakeem Ajmal Khan built a Unani hospital adjacent to Unani and Ayurvedic College at Karol Bagh, New Delhi. Before this hospital, the Unani and Ayurvedic College was known as Madrasa Tibbia and was in existence since 1882. The foundation stone of the Unani hospital adjacent to Unani and Ayurvedic College was laid down by Lord Hardinge, the then Viceroy of India on 29 March 1916. A mix of classical, colonial, Moghul and Indian architecture was utilized for constructing the College buildings. However, the hospital and the attached institution were inaugurated by Mahatma Gandhi on 13 February 1921.

Viceroy Lord Curzon visited MAO College, Aligarh, on 23rd April 1901 and laid the foundation stone of the Curzon Hospital. When MAO College was elevated to University in 1920, the same Curzon Hospital was renamed as University Health Service/University Hospital. In addition, in 1927, Aligarh Muslim University, Aligarh, started a Tibbiya College along with a Unani Hospital built in the Roman Style<sup>18</sup>.

These two hospitals in Delhi and Aligarh are still the biggest Unani hospitals in India.

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## CHAPTER FOUR

### ACCREDITATION OF HOSPITALS: AN ISLAMIC HISTORICAL PERSPECTIVE

*Abdel Rahman A. Al Manasra\**

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#### **Abstract**

Quality in healthcare has evolved as an essential component to maintain safe and effective service. While quality principles have been applied for many decades, the concept of accreditation is relatively new. Accreditation has been shown to improve clinical outcomes, assist organization to achieve operational excellence and increase community trust. Bimaristans used to be institutions which applied quality measures consistent with *Shari'ah* principles, and enforced system safety while providing state-of-the-art health management approaches in the Islamic territories.

Keywords: Accreditation, quality, Bimaristan, certification.

#### **Quality evolution in healthcare**

Hospitals and healthcare facilities are vital components of organized human society. While patients seek assistance for health-related issues, hospitals must be trustworthy places that meet the bare minimum of customer safety expectations. The concept of quality in healthcare has evolved from the need to prevent and eliminate errors during the care delivery process. Abraham Flexner<sup>1</sup>, an American educator (1866-1959), first proposed the idea that quality be measured, which sparked the first approach to quality. It also focused on outcomes measures and raising awareness toward service end results. Outcomes measures have been shown to aid in identifying areas where measuring and analyzing processes is likely to result in improved outcomes and meeting customer expectations. Moreover, the implementation of statistical analysis as a structured method to manage and control quality, seemed to help in keeping quality process real and efficient. Quality definition has expanded overtime to involve other functions such as quality assurance and total quality control. Quality assurance addresses primarily negative outcomes and seek opportunities for improvement by monitoring bad events, whereas total quality control emphasizes the need for the entire organization to participate<sup>2</sup>.

Even though many healthcare organizations have teams or departments dedicated to quality improvement, it's crucial that all staff members take part in these initiatives<sup>3</sup>.

Accreditations or certifications, the focus of this article, are processes implemented by agencies to determine whether the quality assurance system and other quality measures has been met in an organization<sup>4</sup>.

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## What is Accreditation

Accreditation is the process by which a health care institution, provider, or program demonstrates compliance with quality standards established by an official agency<sup>5</sup>.

The main idea behind accreditation was to encourage hospitals to optimize resources, pursue excellence and enhance patient satisfaction.

Accreditation is typically granted after successful completion of an on-site survey, which is conducted by a specially trained team of surveyors who assess the institution's compliance to the accrediting agency standards.

The process may involve unannounced visits with random selection of patients and medical records to assess adherence to standards. Patients' experience and satisfaction with health services provided is a cornerstone that is commonly addressed in accreditation surveys.

Accreditation for institutions and organizations in most nations is voluntary, and awarded for a certain period of time, after which another survey would be necessary for the maintenance of periodic accreditation.

## Accreditation and certification

Provider certification is another form of recognition by governmental authorities. Upon this recognition, the provider or organization is granted permission to operate in a profession and receive payment from government-based insurance programs. This licensure or certification is also based on surveys conducted by an authorized auditor to assess compliance with a minimum set of standards or regulations (compared to "most achievable" standards expected in accreditation). Although the terms accreditation and certification are often used interchangeably, certification is mandatory

and may apply to both individuals and organizations, while accreditation usually applies only to organizations. Both accreditation and certification have been utilized to regulate and improve service of healthcare suppliers.

## History of accreditation

The concept of accreditation evolved more than a century ago (late 1800s), when Florence Nightingale, a statistician and founder of modern nursing, postulated a uniform format to be used to collect and present hospital statistics<sup>6</sup>. Her thoughts represented an early standardization method by end result system, which was applied by Dr. Codman who began to collect outcomes from hospitals and to evaluate information concerning each patient<sup>7</sup>.

In 1917 the American college of surgeons was founded and formed an accrediting body that utilized the Nightingale concept to develop the "Minimum Standards for Hospitals and the first Hospital Standardization Program"<sup>8</sup>. These standards were the first official quality standards to be introduced in the United States.

To encourage fair competition in free-market economies, there was a persistent need for standards that provide clear identifiable references that are recognized internationally. This led to the creation of the International Standards Organization (ISO), which began in 1926 as the International Federation of the National Standardizing Associations (ISA), disbanded in 1942 during the second World War but was re-organized under the current name, ISO, in 1946<sup>9</sup>.

In the United States, accreditation formally started with the formation of the Joint Commission on Accreditation of Hospitals (JCAH) in 1951, as an independent, not for profit organization in Chicago, Illinois, which began surveying hospitals in 1953<sup>10</sup>. This model was exported to Canada and Australia

in the 1960s and 1970s and reached Europe in the 1980s. Health service accreditation programs spread all over the world in the 1990s.

### Why achieve accreditation?

Preparation for hospital accreditation is usually an intensive process that consumes significant time and effort. It also necessitates collaboration between administrative panel and employees to update policies, procedures and fulfill quality needs. However, accreditation is a worthwhile investment. Achieving accreditation would provide protracted benefits to the organization, such as improved outcomes, a competitive advantage, lower liability insurance and increased community confidence.

There is a good body of evidence showing that accreditation programs improve clinical outcomes. The improvement may involve single or multiple aspects of hospital performances. A large number of studies from around the world compared management outcomes in accredited versus non-accredited healthcare facilities<sup>11</sup>. Hussein and colleagues screened in their review 76 empirical studies that examined the impact of accreditation. Their results indicated a consistent positive effect of hospital accreditation on safety culture, process-related performance measures, efficiency, and the patient length of stay<sup>12</sup>.

One study conducted in Japan over 2 consecutive years, revealed a significant association of overall infection control performance score with accreditation status<sup>13</sup>. In a retrospective analysis at 24 accredited trauma centers in the United States (n=88,723 patients), accreditation was associated with significantly higher survival rates for patients presenting with six types of trauma related injuries<sup>14</sup>.

Another large analysis of data from Centers for Medicare and Medicaid Services in the

United States (n=134,579 patients from 4221 hospitals), showed that patients treated at accredited hospitals were more likely to receive higher quality of care for the management of acute myocardial infarction and thus a lower mortality rate compared to non-accredited hospitals<sup>15</sup>.

The comprehensive review of institutional functions that is typically carried out in conjunction with accreditation survey contribute to the identification of weaknesses and areas where risk of errors is highest. This proactive risk management approach will result in safer processes and therefore, fewer errors.

Moreover, accreditation in healthcare can assist organizations in making structural initiatives. The majority of accreditation standards provide a framework to assist organization in achieving operational excellence.

### Islamic accreditation standards

Over the last two decades, awareness and interest in health service quality has been rising. These paralleled quality implications in other sectors, such as industry, transportation and telecommunications. The need for quality assurance is even more essential amongst Islamic world hospitals.

Many hospitals (Bimaristans) in the Islamic world used to be cutting-edge facilities, such as the Al-Adudi Hospital founded in 981 CE in Baghdad, and was run by Abu-Bakr Al-Razi, Al-Qayrawan hospital (9<sup>th</sup> century), and Ahmad ibn Tulun hospital in Cairo (built between 872 and 874). These institutions applied quality measures consistent with Sharia principles, and enforced system safety while providing state-of-the-art management approaches<sup>16,17</sup>.

Many aspects of the Bimaristan's mode of operation highlighted the advanced level of professionalism in conducting quality standards. The following are a few examples

representing quality assurance amongst these institutions:

- Many Bimaristans had special measures taken to prevent infection.
- There used to be dedicated Inspectors to evaluate the cleanliness of the hospital and the rooms on a daily basis.
- Inpatients were issued hospital wear from a central supply area while their own clothes were kept in the hospital store.
- In terms of care transition, it is very impressive to know that patients who were cured but too weak to discharge were transferred to the convalescent ward until they were strong enough to leave. Moreover, needy patients were given new clothes, along with a small sum to aid them in re-establishing their livelihood.
- Patient centered health care system that considered needs of patients and their families.
- Cultivating a trusting physician-patient relationship.

Over the centuries, there has been a vast amount of work conducted by our physicians and leaders to promote health quality and achieve Islamic targets in relation to societal and individual health.

In general, the standards used nowadays by many hospital accrediting agencies worldwide do not conflict with the goals of Shari'ah. Some of these standards, however, may fail to withstand the influence of coexisting factors such as capitalist economic forces that adversely affect communities by increasing inequalities, ultimately affecting access to health care. Islamic modifications can be introduced to counteract these effects and address limitations of the conventional accreditation standards, the following are examples of potential modifications:

1. Islamic standards for hospital accreditation are expected to manage challenges encountered in cases where insurance coverage is lacking, to prioritize the value of human life and health preservation against financial considerations.
2. The appreciation of spiritual and moral aspects in approaching patients, particularly those nearing the end of their lives or undergoing treatment for life-threatening illnesses.
3. Stress the importance of taking religious preferences into account, similar to the right to have the same gender treating physician or care provider.

### Conclusion

The ultimate goal of accreditation is to ensure that hospitals provide safe and quality health service. Accreditation has been shown to improve clinical outcomes of patients' management. The introduction of Islamic standards may help to address limitations of conventional accreditation systems.

*Author's opinions do not reflect the opinions or policies of the institutions with which author is affiliated.*

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## CHAPTER FIVE

### ISLAMIC HOSPITAL CONSORTIUM (IHC)

*Ishak Masud\**

The idea of IHC formation was discussed much earlier by the FIMA executive committee in view of the many success stories of many hospital consortiums in the west especially in North America. Our late brother, Al-Marhum Dr Muhammad Khan often shared the experiences and the benefits of the hospital Consortium. This idea was formalized by the FIMA Council in 2001 in Sarajevo. During the early years of its formation, our dear brother Al-Marhum Dr Aly Mishal was given the task to lead the IHC. In 2016 after the FIMA Council Meeting in Makassar Indonesia, the FIMA President then, Dr Tanveer had conveyed the decision of the FIMA executive committee asking me to lead the IHC. Although officially the baton was passed to me in 2016, we have been working closely with Al-Marhum Dr Aly Mishal on the IHC programs.

Although we have achieved quite a remarkable success in our ‘Islamisation Program’ unfortunately the number of countries actively involved are small. Only 3 countries have established formal local IHC chapters mainly Indonesia (MUKISI), Pakistan and Malaysia. Our Indonesian brothers, MUKISI had come out with the guidelines on the certification of shari’ah hospitals. This has been an excellent achievement and has given such a great impact on the establishment of shari’ah hospital especially in Indonesia. MUKISI has established good partnership with Majelis Ulama Indonesia (MUI) in the certification procedure.

As for Malaysia we have chosen the *Ibadah* friendly hospital (IFH) pathway as our core program since 2006 and alhamdulillah, the Ministry of Health of Malaysia has officially adopted the IFH in 2014 as their official program. It has given such a tremendous boost on the issue of spiritual care for patients although there are plenty of opportunities for us to do dakwah work with the adoption of the IFH program by the Ministry of Health. The Pakistani Islamic Medical Association along with Al-Khidmat Foundation have established a good “Islamic Hospital Practice Standard” in their hospitals.

IHC, without fail has organized regular seminars and workshops in conjunction with FIMA council meetings. Topics such as IFH/*Shari’ah* Hospital /*Maqasid* and *Qawaid* /spirituality have become more widely understood by our members.

Currently we are hoping to establish training programs on Islamic Chaplaincy and training more chaplains. Al Islam Hospital in Kuala Lumpur has established the Academy of IFH and has embarked on having a postgraduate certificate in Islamic chaplaincy in the very near future. Other programs will include hospital volunteer programs which need urgent attention.

We hope more IMAs will start thinking about establishing Islamic Hospitals not only providing medical services but also as a platform of our dakwah work. May Allah bless and accept our deeds and continue with our work for Islam through this avenue.

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## CHAPTER SIX

### SHARIAH COMPLIANT HOSPITALS IN MALAYSIA: THE EVOLUTION, CHALLENGES AND WAY FORWARD

*Shaharom Md Shariff\**

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#### **Abstract**

Research on Islamic products and services has been receiving much attention over the past few years. This is due to the increasing awareness among Muslims to be more Islamic in their daily practices which led to an increase in demand for halal products and Shari'ah-compliant services. This has created research opportunities for Islamic products and services to be on par with contemporary demands. The business opportunities in halal products, Islamic Banking and Finance have enhanced to become mainstream business amongst Muslims and non-Muslims. In response to this development, SIRIM, the Standard Authority and Certification Agency in Malaysia issued MS1900:2014, a *Shari'ah*-based Quality Management Systems. An-Nur Specialist Hospital is the first private *Shari'ah* Compliant Hospital (SCH) in Malaysia, following accreditation with the MS 1900:2014 in May 2015. However, the implementation of SCH in the healthcare industry is not without its challenges. This paper will narrate the development of SCH in Malaysia, its issues, challenges and the way forward. It will also focus on the modus operandi of An-Nur Specialist Hospital towards achieving SCH status. The significant outcomes are the positive responses from patients who have been frequently visiting the hospital due to the status of An-Nur as an SCH and also many interested parties to understand the differences between SCH compared to conventional hospitals.

Keywords: *Shari'ah* Compliant Hospital, *Shari'ah* compliant products and services, MS1900:2014

#### **Introduction**

Malaysia, with a total population of 32.5 million, is considered a multiracial country. The Muslim community is around 68.5%, and Islam is the largest religion practiced<sup>1</sup>. As a country where Muslims are the dominant population, Malaysia has produced various Islamic products that are considered innovative and pioneering. Most of these products were first introduced in the Muslim world.

In the field of Halal, Malaysia has introduced Standard MS 1500:2004, which forms guidelines in Halal products and services. In the Finance and Banking Industry, Malaysia launched Islamic Finance and Banking products where the Islamic Banking Act 1983 and the Takaful Act 1984 have been formed since 1983. Since its inception, phenomenal development with annual growth reaching double digits has provided multiple financial profit opportunities for financial institutions.

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The Finance and Banking sector, together with the Halal Food industry, has created a unique Center Page in the market, and both are very popular. A similar incident can also happen in the Healthcare industry. There is a lack of activity in promoting *Shari'ah* Compliant Hospitals, (SCH) at the moment. However, this is a new marketing opportunity

for new Islamic content that serves as an alternative to the current phenomenon. This opening showcases the next initiative and marketing of the Islamic brand<sup>2</sup>. Due to the obligation of Muslims to obey the *Shari'ah* in every aspect of their lives, the introduction of SCH will help enhance one's faith in Islam.



Figure 1.0 Halal as a New Source for Economic Growth

(Source: Malaysian Government, Based on Economic Planning Unit, Prime Minister's Department, 2015).

Figure 1.0 depicts the Malaysian Government's road map to implement Shari'ah-based products. From the road map, the next priority services besides Halal Logistics, Islamic Banking and Takaful are aspects of Islamic healthcare and Islamic tourism. This is also in line with the promotion of medical tourism by the Malaysian Health Tourism Corporation, (MHTC).

The word Halal which is permitted in Islam is usually applied to food and drink but today, it encompasses a wider range of Products and Services, including Healthcare, Travel and Tourism, Financial Services, Pharmaceuticals and Cosmetics.

The Halal economy is global and is expected to grow even further. At the 2018 World Halal Conference, Sultan Nazrin Muizzuddin Malaysia is proudly one of the leading destinations in the world for international standard medical treatment, and the reason behind it all is the miracle of Healthcare that is Malaysian Healthcare. Why is Malaysia's Healthcare a miracle? This is because Malaysian Healthcare providers offer a balance of quality, accessibility, and affordable prices<sup>4</sup>.

A hospital is an institution where services in the form of inpatient, outpatient and emergency services are provided. *Shari'ah* Compliant Hospital, SCH is a place where the healthcare services provided is in accordance with *Shari'ah* or Islamic values<sup>5</sup>. Unlike other Islamic products, SCH is an organization that has a scope of work, procedures and standard conditions that comply with the entire *Shari'ah*. SCH is not only product-oriented such as products from Islamic Banks or Financial Institutions, but SCH services are more comprehensive because they include the entire Standard Operational Procedure (SOP) and organizational work flow in order to be in line with *Shari'ah* principles

Muslims prefer all their daily activities to be in accordance with the principles of Islam because anything done in accordance with *Shari'ah* is considered as "*Ibadah*". Therefore, to achieve the fulfillment and obligations of Islam for Muslims in their personal and professional lives, SCH provides a path for Muslims without dichotomy and duality. In addition to meeting the physical needs of patients in terms of medical treatment, SCH also meets the religious and

Shah of Perak said, the Global Halal industry is projected to grow to more than US \$ 6.7 trillion in 2020. This is in line with the expected increase in the number of Muslims to almost 3 billion in 2060 from 1.8 billion in 2015, according to the Pew Research Center. Muslims are expected to make up more than 31% of the world's population by 2060, he added<sup>3</sup>.

spiritual needs of patients. The role of religion and spirituality in medical treatment is now better known in Oriental culture as well as the Western world<sup>6</sup>.

### **Development from *Ibadah* Friendly Hospital to *Shari'ah* Compliant Hospital**

Hospital Universiti Sains Malaysia (HUSM) started the journey of Islamization in their hospital environment. The initial phase (1985 -2003) required more than nine years of awareness and motivational lectures to staff members to encourage them to observe Islamic dress and practices, especially among the nurses. HUSM broke the traditional dress for nurses, the first in Malaysia in 1988. In 1991, HUSM established the Islamic Affairs Committee (Islamic Affairs Committee, JKHEI). It was followed by activities moving towards *Ibadah* Friendly Hospital (IBF), a concept first popularized by HUSM. In 2003, HUSM organized the First National Level Convention on HMI, and in the same year, HUSM also established the USM Islamic Health Center. HUSM consulted and received strong support from the Kelantan Islamic Religious Affairs Department (JHEAIK) for their Islamic activities<sup>7,8</sup>.

In 2010, the Ministry of Health Malaysia (MOH) introduced IBF to selected government hospitals, namely:

1. Universiti Sains Malaysia Hospital, Kubang Kerian, Kelantan.
2. Selayang Hospital, Selangor.
3. Langkawi Hospital, Kedah.
4. Penang Hospital.

5. Sultanah Fatimah Specialist Hospital, Muar, Johor<sup>9</sup>.

There are already steps for the MOH hospital to move towards the Shari'ah Compliant Hospital (SCH). At the 4th National Ibadah Friendly Hospital Convention which took place in Kota Bharu, Kelantan on 30th July 2017. Dr Khalid Ibrahim, (2017) in a presentation titled “Ibadah Friendly Hospital, a Precursor Towards Shari'ah Compliant Hospital” emphasized that the IFH has been proposed to the Ministry of Health to eventually move towards SCH. SIRIM Berhad, previously known as the Standard and Industrial Research Institute of Malaysia, is a company established as a government agency to develop, disseminate and validate standards by the Malaysian Standards

Department. The International Standard Organization, ISO based in Geneva, Switzerland also appointed SIRIM as their certification agency. SIRIM established a *Shari'ah*-based Quality Management System MS 1900: 2014, SbQMS which is guided by ISO 9001:2008 in collaboration with several government bodies and higher education institutions<sup>10</sup>.

The three (3) basic core principles of MS 1900 included are:

1. Understand the principles of Halal and Haram.
2. The organization has operations based on values.
3. Decisions or actions taken refer to *Maqasid Shari'ah*<sup>11</sup>.

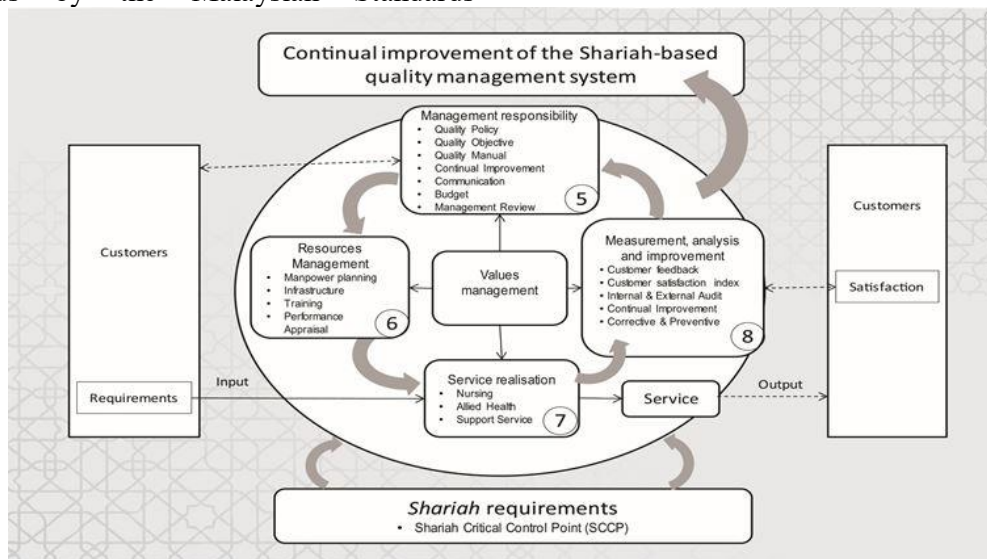


Figure 2: *Shari'ah*-Based Quality Management System Model, MS 1900: 2014 (SIRIM QAS Intl, 2014).

As stated by Kasule, (2011) , seven (7) criteria for SCH include<sup>12</sup>:

1. Healthcare services are provided that serve all regardless of religion or belief.
2. There must be a strong and stable financial ability to finance this project.

3. The use of high technology related to medical equipment and Hospital Information Systems.
4. The architectural design of the built hospital, in accordance with Islamic values.
5. The latest and modern medical treatment facilities and equipment.

6. Holistic patient care that meets physical, mental, emotional, spiritual, and social needs.
7. Standard operating procedures and services that do not conflict with *Shari'ah* principles<sup>13</sup>.

This SCH is also not a charity hospital. However, the SCH should be based on a firm financial foundation and should operate profitably to generate sufficient income to cover its expenses. Not tasked with providing free treatment to those who cannot afford it because they will fail financially and cannot survive. The needs-based approach to helping people in need is not the foundation on which the hospital was founded. There should be other agencies or charity agencies that can be established in parallel with other Islamic philanthropy programs. Charities raise funds from various sources including profits earned by hospitals. These funds are used to settle the bills of people who cannot afford to pay. Patients with disabilities should seek help from charities before attending hospital. Charity funds can be formed from *Waqaf* funds financed by *Zakat* or other large

organizations that can contribute to the fund as part of their Corporate Social Responsibility (CSR). However, emergency treatment necessary to stabilize the patient should be provided at all costs regardless of the patient's financial situation<sup>14</sup>.

SCH should have trained staff to advise Muslim patients on *Ibadah* and *Rukhsah*. Moreover, the management should provide guidelines for dealing with Muslims and patients of other religions. In addition, the management should hold workshops or training for staff on the knowledge of *Ibadah* and *Rukhsah*. Further, SCH should provide a dress code that includes 'awrah for staff<sup>15</sup>.

From the criteria above, it can be categorized into four (4) main components in the construction of SCH:

1. Standard Operating Procedures and Workflows.
2. Staff Development
3. Organisational Infrastructure and Facilities
4. Systems and Technology.



Figure 3. The Practical *Shari'ah* Compliant Hospital Framework in Malaysia

## Standard Operating Procedures and Workflow

In setting up a private hospital, the usual procedure is to submit the Standard Operating Procedure, SOP for the purpose of licensing and granting permits in accordance with the requirements of the Malaysian Ministry of Health, KKM. This SOP is mainly for clinical practices. These procedures and workflows which have been confirmed by the Ministry of Health should be strictly followed by private hospital practitioners. On top of the SOP, SCH should develop *Shari'ah* Critical Control Points (SCCP) related to *Shari'ah* matters to be included in the SOP (10). From time to time the *Shari'ah* Advisory Council (SAC) will meet to confirm new matters discussed that may be controversial with *Shari'ah*

principles and require further clarification in the council meeting. Whatever the outcome of the SAC meeting, it needs to be documented for evidence purposes during the SIRIM audit. This SOP is used to train staff to improve their knowledge not only on clinical aspects but also on items related to observing SCCPs so that patients are guided by staff on *Shari'ah*.

A large number of SAC matters include, aspects of *Fiqh 'Ibadah* (Islamic *Fiqh* of Worship) and *Fiqh Mu'amalat* (Islamic *Fiqh* of Business and Finance). This hospital needs to hire a *Shari'ah* Compliance Officer (SCO) in addition to the presence of SAC. The main role of the SCO is to deal with operational problems on a daily basis in the hospital. SCO will also report any abnormality registered for the next *Shari'ah* committee meeting.

Overall QMS documentation		NO	DEPT	DP	SOP	WI	KPI
Total departments – 18		1	NSG	16		92	43
Nursing department – comprising of 13 units		2	RAD	1		11	8
Clinical Support – 4 departments		3	PHAR		4	4	16
Non-clinical support – 13 departments		4	LAB	2		4	13
QMS Mandatory documents – 3 + 1		5	REHAB	1			9
Department Policies - 21		6	CCD		6	1	17
Standard Operating Procedures – 43		7	MRD	1			12
Work Instructions - 119		8	SSD		3	3	11
Total Key Performance Indicators - 264		9	FCD		3	2	9
		10	AFD		7	1	14
		11	PROC		3		13
		12	HRD		2		16
		13	BD		4		17
		14	CRP		6		11
		15	SCD		1	1	16
		16	ITD		1		11
		17	SAF		2		
		18	SEC		1		ADMIN 28
		<b>TOTAL</b>		<b>21</b>	<b>43</b>	<b>119</b>	<b>264</b>

Figure 4. Table of SOP documents involved to enter *Shari'ah* Critical Control Points (courtesy of ANSH)

## Staff Development

This is a critical component that includes both clinical and non-clinical staff. For new hires, initial screening will be done during the interview. In terms of non-Muslim staff where their expertise is needed, then they may be involved because of their knowledge. However, proper briefing and further training on various Islamic teachings are given to them so that they do not act or go against the principles of *Shari'ah* in the prescribed SOP. Although all staff are qualified to perform procedures in accordance with their various disciplines, they must be trained to understand the important *Shari'ah* requirements before they work. This includes a basic understanding of *Maqasid Shari'ah*, Islamic values, *Fiqh 'Ibadah and Fiqh Mu'amalat* and also Medical *Fiqh*. Especially for clinic staff who interact with patients every day, they are often reminded of the best morals when interacting. There are weekly tazkirah and usrah sessions that will be implemented for all staff as part of their career development to ensure their continuous improvement in behaviour<sup>16</sup>.

In terms of Medical Jurisprudence, medical practitioners must adhere to medical ethics in a moral manner in accordance with *Shari'ah* practices. This is because there are medical procedures performed by doctors or nurses who demand payment for procedures that are not performed, but fees are charged<sup>17</sup>.

Al-Quran stated in Surah al-An'am, verse 151:   
 "... وَلَا تَقْتُلُوا أَوْلَادَكُمْ مِنْ إِمْلَاقٍ نَحْنُ نَرْزُقُكُمْ وَإِيَّاهُمْ وَلَا تَقْرَبُوا الْفَوَاحِشَ مَا ظَهَرَ مِنْهَا وَمَا بَطَّنَ وَلَا تَقْتُلُوا النَّفْسَ الَّتِي حَرَّمَ اللَّهُ إِلَّا بِالْحَقِّ ذَلِكُمْ وَصَّاكُمْ بِهِ لَعَلَّكُمْ تَتَّقُونَ"  
 "... And do not kill a soul forbidden by God except for a just reason".

Therefore, the core services offered by the hospital include the doctor's responsibility to provide sincere and genuine diagnosis, treatment and medical care to patients to save their lives. Doctors must make every effort to

ensure that they carry out their duties according to the ethical principles of Islamic medicine so that they avoid any negligence that could endanger the patient's life or cause injury. Doctors must provide the best treatment to reduce the pain and suffering of their patients. In Islam, there are certain categories of diseases that must be treated. According to Aziz, (2013) who quotes al-Imam al-Ghazali's views on medical treatment, diseases can be divided into three (3) categories: can be cured, expected to be cured, and the cure has not yet been found. If the disease can be cured, then refusing treatment is forbidden in Islam<sup>18</sup>.

Meanwhile, when the disease can be cured, but the medicine may have dangerous side effects, or there is no guarantee that the treatment will be able to cure the disease, then, the treatment is not against the Islamic teachings to rely on Allah, the patient is encouraged to seek treatment. For the third category, treatment can cause dangerous side effects such as cauterization, in such cases, the disease can be left alone. However, treatment is allowed because of the modernization of science and technology as mentioned by the Prophet in a hadith:

"For every disease, there is a cure, so seek treatment because God has not created a cure, which is known to some people and not known to others" (Ibn Majah, 1953).

In addition, one of the problems encountered by pregnant Muslim women is not only that male doctors are present during the process of giving birth, but male nurses also do cervical examinations<sup>19</sup>. A hospital that complies with *Shari'ah* needs to emphasize the importance of complying with the aurah so that patients can maintain their dignity in line with MS 1900: 2014. This refers to the distinctive feature of the hospital which is *Shari'ah* compliant because all the consultants in the Obstetrics and Gynecology (O&G) department are women<sup>20</sup>.



Figure 5: Showing activities to improve Islamic understanding and *Shari'ah* Driven Service Excellence Training, (courtesy of ANSH)

### Organizational Infrastructure and Facilities

In hospitals, core services are those related to clinical and nursing while support services are those related to non-clinical such as accounts and finance, facility management, IT systems, etc. The proposed model should meet the organizational and management needs of the hospital. Organizational needs may require structural changes to meet the needs of the *Shari'ah* Advisory Council, MPS and *Shari'ah* Compliance Officer. Although management requirements may include continuous improvement programs and key performance indicators, *Shari'ah* compliance will go a long way in improving the quality of hospital services.

Facilities provided are not limited to:

1. Al-Quran & mats are available at every place.
2. A marker is provided in the room showing the direction of Mecca.
3. The bed & toilet should not be in a situation where the patient prays while facing the toilet.

4. Any form of art in the patient room must not depict animals or humans.

5. Bidet in the bathroom<sup>21</sup>.

One of the main aspects for SCH is to ensure adequate facilities for patients as well as staff to perform their Ibadah such as prayers and other obligations, comfortably. Health Care Institutions must provide ablution facilities such as places for ablution in toilets or Musolla. For bedridden patients, the hospital should provide pure dust for tayammum, using purified sand or dust, which may be done instead of Wudu or Ghusl or water spray because they cannot take Wudu the normal way. To perform prayers, hospitals should provide sufficient prayer space or Musolla signs, *Qibla* especially in ward rooms and prayer clothes such as Telekung (Women's Prayer Clothes) and *Sajada*. Furthermore, standard guidelines for praying are also important either in the form of booklets or posters to help and encourage patients to pray according to their abilities<sup>22</sup>.

In terms of food facilities, SCH needs to ensure that the food offered to their patients



complies with *Shari'ah* and Halal principles and is good (Tayyiban). This is related to their dietary needs as patients in the hospital. The food and drinks served are suitable for the dietary needs of the patient following the disease, and most importantly, must be Halal. Personal care and hygiene offered to patients must also be Halal. Halal requirements are also extended to food and beverages served to staff and visitors in the hospital.

Another problem is that the medicine prescribed by the doctor in diagnosing to cure this disease is also Halal, as much as possible. SCH needs to ensure that pharmaceutical products prescribed to patients comply with strict Halal requirements. There may be some concessions made in cases of Dharurah or very high needs where non-Halal medicines can be used if there are no other options available, especially when involving vaccines. However, doctors are required to inform the true situation to the patients.

Aspects of *Toyyib* include safety and cleanliness. For example, when the patient wants to perform the prayer, the patient should ensure that their place and clothes are clean of any dirt, especially for the patient who is lying in bed or who has been attached with a urine bag. Therefore, it is the nurse's responsibility to help patients clean themselves before, especially when performing prayers. Another hygiene issue is related to food preparation and handling<sup>23</sup>.

*Rukhsah* is defined as a temporary permission to allow a prohibited act in a certain situation in order to preserve a more critical and important shari'ah priority. Its main purpose is to uphold the *Maqasid Shari'ah* which is to preserve life. The categories of actions allowed for *Rukhsah* can be as follows:

Actions that can cause loss of life or vital organs. In this regard, it is obligatory for *Fuqahah* (Islamic Intellectuals) to take advantage of *Rukhsah* because it saves life<sup>24</sup>.

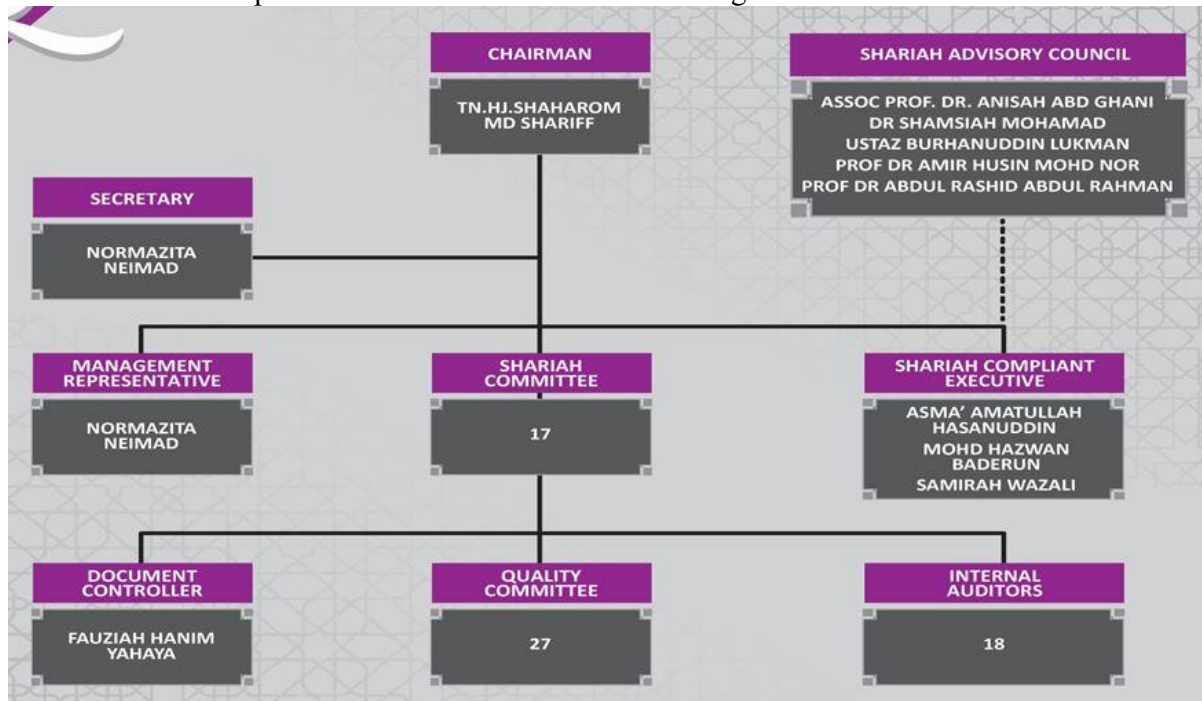


Figure 6. An example of an organizational structure to accommodate the *Shari'ah* Panel Council and also *Shari'ah* Compliant Officer in the Quality Management Structure as required in MS1900:2014 (courtesy of ANSH).

## Systems and Technology

Systems and technology must include all IT system structures to carry out operations without which SCH may be less productive and inefficient. The system may include Performance Management System, Financial System, Hospital Information System and Appointment Management System which are very important for operations to be truly modern and on par with other private hospitals. This system requires advanced technology, modern equipment and facilities where the system should reflect a modern and IT-savvy Islamic hospital. As previously mentioned by Kasule, (2011a) , SCH will have high-quality and high-tech content and the provision of the latest scientific medical treatment. Major medical equipments such as MRI, CT Scan, Catheterization Laboratory, and X-ray have been provided to facilitate doctors to diagnose diseases more quickly and accurately.

These equipment needs to be well maintained, despite expense to ensure optimal functioning.

An-Nur Specialist Hospital has introduced PACSYS™ to provide a platform for patient information, interaction, feedback and entertainment<sup>25</sup>. PACSYS has been provided to each bed replacing the usual television. But it has more facilities as compared to the regular television. As the primary recipient or end user of a product or service, the customer's experience with the quality of the product or service becomes important in evaluating the quality of the delivery of the product or service. Therefore, researching the views of customers is essential<sup>26</sup>.

The following Figures 7 and 8 are sophisticated equipments that has been introduced at An-Nur Specialist Hospital.



Figure 7. PACSYS: Patient Care System that has been introduced at An-Nur Specialist Hospital. (Courtesy of ANSH)

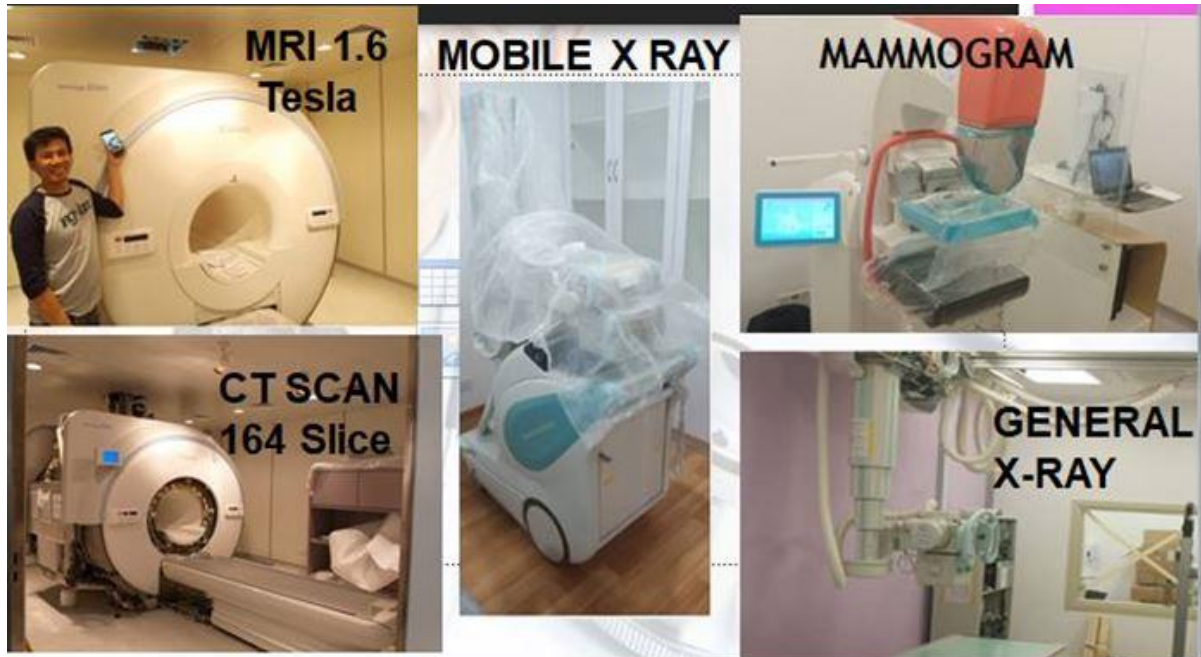


Figure 8: Diagnostic equipment available at An-Nur Specialist Hospital. (courtesy of ANSH)

### An-Nur Specialist Hospital

An-Nur Specialist Hospital (ANSH) started in September 2005 initially with an outpatient department and then in February 2006 as a secondary hospital providing healthcare services for the community in Bandar Baru Bangi. Initially ANSH housed the facility in a shop building in Medan Pusat Bandar 1, Section 9. The hospital had 30 beds. This hospital has moved on 10 June 2019 to a purpose-built hospital in Section 15 which houses 104 beds. The hospital provides affordable healthcare of exceptional quality to the fast-growing city of Bandar Baru Bangi and nearby areas such as Putrajaya, Nilai, Serdang, Kajang, Bandar Bukit Mahkota, Bandar Seri Putra, and South Ville.

ANSH is the first private hospital to receive MS 1900: 2014 in May 2015 and this award entitled ANSH to claim as the first private SCH. This award starts from May 2015 to April 2018, valid for three years. This also requires ANSH to be audited annually by SIRIM to ensure that all procedures and practices in the hospital are in accordance

with MS 1900:2015. In case of private hospitals, the Private Healthcare Facilities and Services Act 1998 is the guiding principle in which private hospitals should operate in accordance with the Act. ANSH has gone through three (3) cycles of relicensing, the latest will expire in April 2024.

Currently, ANSH has more than thirty-one (31) resident specialists and thirty-two (32) visiting consultants, and six (6) medical officers. The disciplines offered are Obstetrics & Gynecology, Internal Medicine, Endocrinology, Anesthesiology, Ophthalmology, Cardiology, Otorhinolaryngology, Pediatrics, Orthopedics, Psychiatry, Radiology, General Surgery, Neurosurgery, Breast and Plastic Surgery.

### Issues and Challenges

An-Nur Specialist Hospital has paved the way for a model to emulate in the healthcare industry. Since being awarded the MS1900 certificate in May 2015, it has now gone through the third cycle. ANSH's achievements

include third-party awards received from SME Corporation and Yayasan Usahawan Malaysia with a five-star SCORE, a recognition that ANSH truly deserved the SCH accolade. However, the challenges faced by ANSH is important for new knowledge and teaching so that it can be shared and understood by others in their preparation to subscribe to SCH.

In surah al 'Araf verse 96 it is stated that:

"وَلَوْ أَنَّ أَهْلَ الْقُرَىٰ آمَنُوا وَاتَّقَوْا لَفَتَحْنَا عَلَيْهِم بَرَكَاتٍ مِّنَ السَّمَاءِ وَالْأَرْضِ وَلَٰكِن كَذَّبُوا فَأَخَذْنَاهُم بِمَا كَانُوا يَكْسِبُونَ"

*"If the people in those cities had believed and feared God, We would have given them (all kinds of) blessings from the heavens and the earth, but they rejected (the truth) and We brought them to make a book about their wrongdoing".*

The promise in this verse is that for the people of the organization, who believe in God and

fear Him, then they deserve God's blessing. This is an incentive given to organizations and staff, a blessing from the Creator if they always obey the Shari'ah in their organization

In Surah Ghafir verse 40:

"... وَمَنْ عَمِلْ صَالِحًا مِّن ذَكَرٍ أَوْ أُنْتَىٰ وَهُوَ مُؤْمِنٌ قَالُوا لَنْ نَدْخُلُونَ الْجَنَّةَ يُرْزَقُونَ فِيهَا بِغَيْرِ حِسَابٍ"

"... and whoever does good deeds whether male or female and believes will enter Paradise. In it they will have abundance without measure".

In this verse, God's promise to those who do good deeds and believe will enter heaven, is the main goal for all Muslims. Therefore, the implementation of SCH gives an opportunity to all Muslims in the hospital, to enter heaven because the opportunity to do righteous deeds is available every day while serving which can be considered as worship.



Figure 9: Certificate of Award received by An-Nur specialist Hospital. (courtesy of ANSH)

### Participation by All Staff

Staff, especially nurses, should always be prepared to be trained in *Shari'ah* practices in addition to the normal clinical training requirements. They must be willing to bear the burden in addition to being trained in clinical matters, they also need to understand *Shari'ah* matters to teach specific *ibadah* practices related to daily worship while they are in the hospital.

Problems arise with staff who are not exposed to Islamic culture. They are not oriented towards Islam, understanding Islam as a way of life. The challenge is that many of them feel unsatisfied and will leave the SCH because not only do they have to work normal hours but they also have to participate in activities that are compatible with the SCH activities. Some of them are not used to this kind of activity. To understand its importance, it is a burden when in fact this activity is good for them. A culture we work to earn money but we want to change part of the culture for our charity to everyone<sup>127</sup>.

The Chief Nursing Officer at An-Nur explained that before, when patients were admitted to ANSH, no one reminded them about prayer but now they have seen that there is an initiative by the hospital since implementing the *Shari'ah* Driven Service Excellence (SDSE) training. Every nurse and customer service department staff is required to go through SDSE training. At this time the nurse is asked to ensure that the patient should perform the prayer appropriately. And also to introduce, and offer the contact number and name of the *Shari'ah* Compliance Officer, should they see a need for the patient to be further counseled..

### Project Financing and Offers from Developers

Since receiving MS1900 certification, ANSH has received offers from various housing

developers to increase added value when a hospital can be established in a residential area. ANSH cannot meet the demands of these developers because each hospital that wants to operate needs approximately RM 50 million in funds for medical equipment, interior design and mobile and IT equipment. Hospitals need to allocate sufficient funds for training and also for annual surveillance audit certification by SIRIM. SCH should establish an internal audit team to conduct the audit before the actual audit is performed by external auditors. This requires a group of staff to be trained by SIRIM as internal auditors and this can be a burden for SCH where the number of staff is limited. Additionally, the high fees for auditing for annual surveillance audits may not be affordable for some companies. This is the challenge faced for the sustainability of certification.

The establishment of a private hospital requires high expenses in term of capital expenditures and working capital. In addition, the return on capital takes more than 5 years. In such a situation, every expense that does not give a return in a short time will usually not be considered by the management. It's a big challenge to convince the Board and management to invest in MS1900 certification.

### Consultants with *Shari'ah* Compliance Mindset

Recruiting the right or suitable medical experts to serve in the hospital is another challenge faced by SCH. Specialists with an aligned mindset as required by SCH and willing to sacrifice for those in need even if sometimes unable to afford it should also be given attention especially during emergencies. To have doctors who understand the simple work life, the same thinking and the same mindset, the same idea, the same purpose, the same vision, and mission is not easy because

after they become a doctor after 5 or 6 years, their idealism will be turned into idealism to make more money. Regular usrah programs have helped a lot in reminding each other. There is still a lot of room for improvement, but at least these existing doctors want to work together, can talk to each other, and may have different opinions but that should not be an obstacle to achieving a greater mission in life.

In terms of ANSH, a similar experience was encountered at an early stage when the hospital only had 30 beds. It was able to overcome the shortage due to its small number but when the hospital moved to a new premise with 100 beds, the lack of clinical staff and specialists was also a challenge.

### **Lack of *Shari'ah* Compliance Officers (SCO)**

Another challenge faced is the lack of executives applying for SCO positions. Most of these SCO have difficulty understanding the operations of the healthcare industry. They need to master in-depth knowledge in jurisprudence of medicine which may not have been the scope of their previous studies at university. Furthermore, they need to be trained to understand to some extent how to counsel patients as well as clinical staff as they must also be protected from getting infectious diseases when they interact with patients. SCO is also required to show patients how to practice while on treatment. Career advancement prospects are limited because there are only a few hospitals that undergo SCH.

### **Transformation of Staff to Adapt Organizational Culture**

It is important to leverage at the hiring stage that staff are informed of the mission and vision of SCH. Any deviation from the vision and mission may not be suitable for new staff.

Prior to MS 1900: 2014 certification, organizations may experience cultural variations of staff coming from diverse backgrounds as recruitment is sometimes due to pressure to meet staff under the Private Medical Practice Control Branch (CKAPS) compliance. CKAPS requires a specific bed-to-staff ratio for any tertiary hospital. Depending on the ward and the room, the ratio for the Intensive Care Unit (ICU) for example, is one to one, whereas for the wards there should be four clinical nurses for every bed.

Therefore the request for staffing is very important to comply with the ratio. Initially there were not many options when the hospital needed qualified clinical staff to comply with CKAPS requirements. However, further action to change their minds will continue after the SDSE training is done. SCH has an obligation to train their staff even though they initially come from diverse backgrounds. With the right training, organizations have the opportunity to change their values and organizational culture by introducing SCH.

### **Affordable Prices for Patients**

One of the main factors in the establishment of SCH is to ensure practices that are free from fraud (Auda, 2010). Because Islam ensures fairness and freedom from fraud, patients get fair prices and medical practitioners are warned if there are unusual charges. Their practices are monitored through the *Shari'ah* Committee and any irregularities are submitted to the *Shari'ah* Advisory panel.

For patients who are less able to continue medication or treatment, Dana Rahmah provides a method to continue treatment with a minimal fees. At ANSH, Dana Rahmah was established to provide facilities for those in need, especially those included in the B40 and Asnaf categories. ANSH has partnered with

Yayasan Kebajikan Nasional (National Welfare Foundation), a government agency that allows donors to receive tax relief when they contribute to this fund. Through this, patients can apply for medical treatment subsidies.

**The Way Forward  
Digital Hospital and Digitalisation**

Digital hospital is the hospital that relies on technology as an integral and fundamental

part of their business strategy. The organization will be able to leverage its potential for delivering higher patient centric care, increasingly efficient ways through technology and streamlined the process workflows. It is built on an IP enterprise Architecture that goes beyond advanced clinical systems and includes technology integration to create a pervasive, real time health information system.

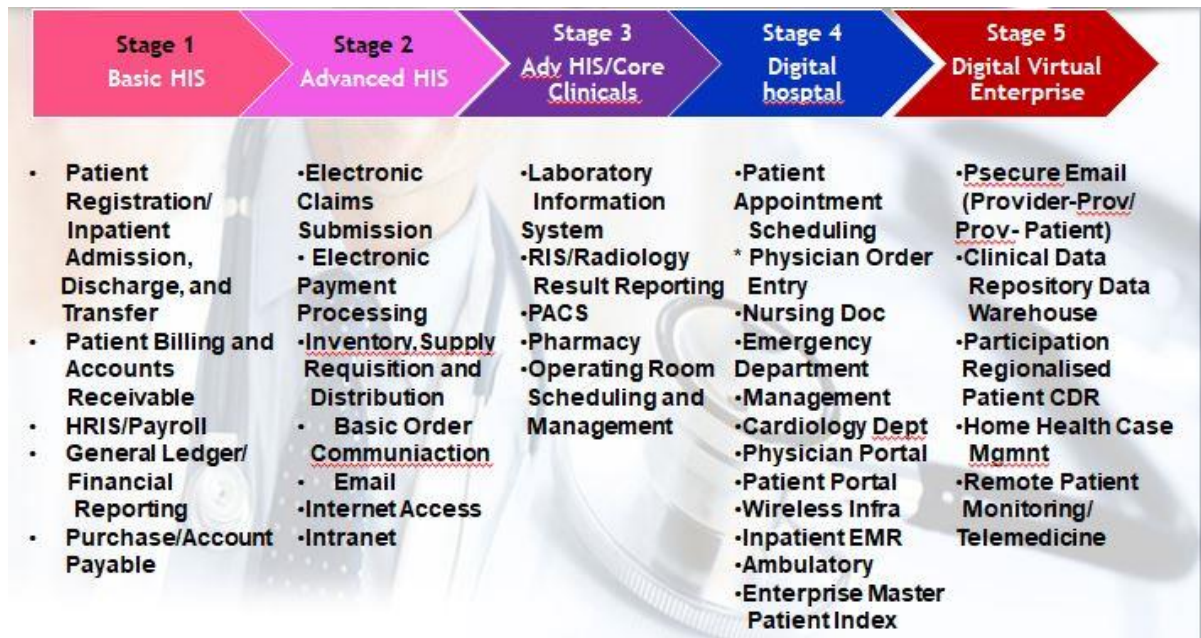


Figure 10. The International Data Corporation, IDC Healthcare IT Maturity Model

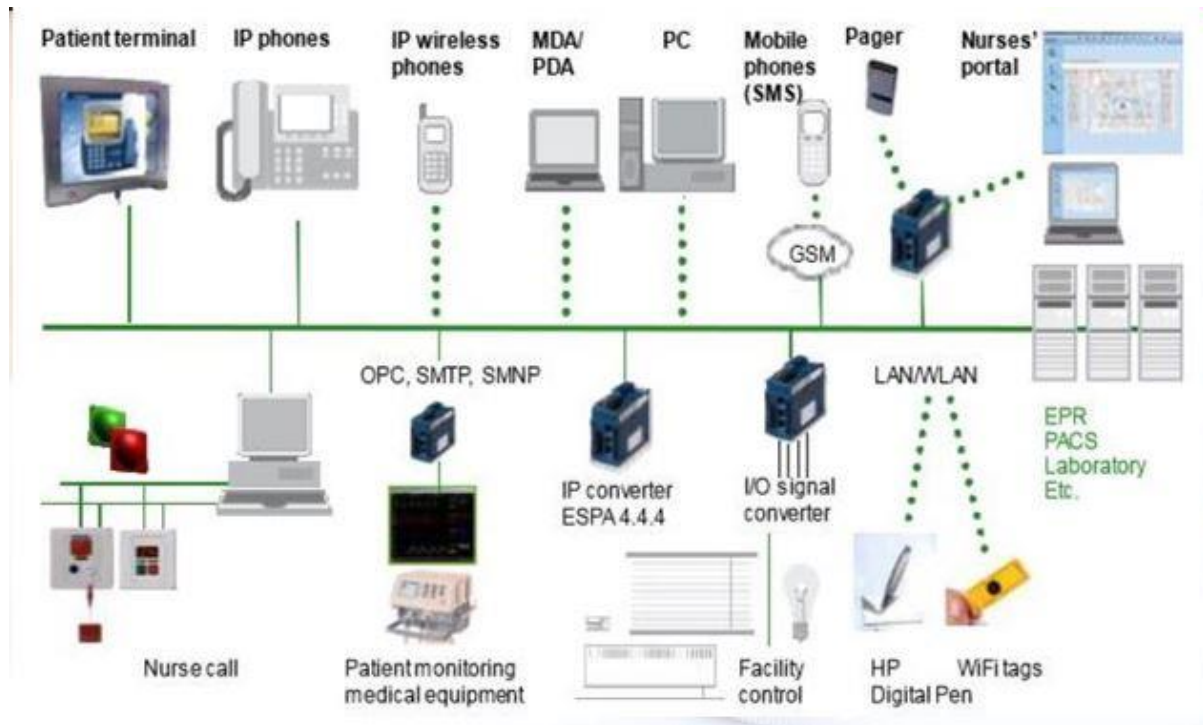


Figure 11. Digital Hospital IP Network

In today's healthcare delivery environment, hospitals are recognizing the need to optimize their care operations to improve the efficiency, efficacy, and service quality of primary health care providers, particularly the medical staff and nursing services, which comprise about 50% of the hospital's total personnel. Because healthcare institutions are in the business of caring for patients, and because healthcare delivery essentially is a personnel-intensive information industry, operations optimization is supported best by information systems that fully integrate all information concerning the patient. The goal of introducing the IT System is to simplify the job duties of direct care providers. The benefits of an integrated, patient-centred approach include demonstrable improvements in overall patient care quality and staff satisfaction, as well as a significant reduction in costs<sup>28</sup>.

With the emphasis on cost containment and quality of care, an information technology system was installed to improve the hospital's

operations. Due to acute nursing care accounting for a substantial portion of a hospital's personnel and services, point of care terminals at patient bedsides may lead to greater efficiency, among other benefits. Bedside access to information systems can mean that data is more accurately recorded and that nurses' time is more effectively spent on clinical care than clerical duties<sup>29</sup>.

To effectively evaluate hospital information systems today, one must consider all aspects of the system, not simply the placement of terminals. A well-designed system will be integrated via a single database, support the concept of patient care management by exception, and be bedside-based. Bedside-based data entry is a crucial aspect of a well-designed system. The placement of terminals should support the workflow, not vice-versa. There are times when nurses and physicians will logically document at the nursing station, in the nurse's lounge, the physician's office, or a clinic; therefore, terminals should be located in these areas. However, the majority of care



rendered is provided to the patient at the bedside. Therefore, if computers will support clinical applications, they must include data entry devices at the bedside. Results to date show this to have a uniformly positive effect on the cost of care, quality of care and patient satisfaction<sup>30</sup>.

The Hospital IT System has been from the onset designed to cater for a Digital Hospital<sup>31</sup>. The backbone is based on IP network architecture with the core network on optical fibre. A ring network topology from the main switches on redundancy configuration to all the routers at every floor. The servers are also redundancy configuration. The PACSYS is integrated with the Hospital Information System backbone through the IP Network.

### Islamic Philanthropy Practices

Islamic philanthropy is the practice of donating private goods for charitable causes in conformity with Islamic law. Islamic philanthropy's fundamental tenet is that everything on earth is Allah's property, and that humans are merely trustees for all of that wealth. Allah bestowed greater wealth and possessions on certain people than others. The goal is for them to show gratitude and provide assistance to those in need.

Over the years, the health care cost has increased tremendously. Among the contributing factors to this cost increase is the increase in service charges associated with changes to medicines, technology as well as the cost of living, increase services due to changes in disease patterns, demographic patterns of the population as well increased

health awareness by the population. If there is no solution in facing these rising health care costs, then the patients have to pay a high price to obtain limited health services. *Waqf* is an alternative to help ease the burden of society by implementing a health service system that works through the contribution of the people. *Waqf* is a unique form of charity in the teachings of Islam because it is an act of worship that incorporates spiritual aspects. In socio-economic terms, *waqf* instruments have a great role in providing services such as education, health, municipalities and charitable programs to the community<sup>32</sup>.

An annual increase of about 15% in fees charged by the Healthcare industry has been the trend<sup>33</sup>. The increase has provided alternative ways in subsidizing these expenses to overcome the high fee charges. The public hospital have received tremendous pressure to clear backlog list of patients especially after the pandemic whilst, the private sectors are still free to render services to patients. Not many patients can afford to pay the private hospital fees due to the high fees unless they have insurance or takaful coverage or their companies underwrite their fees<sup>34</sup>.

ANSH has started to initiate and collaborate with Non Profit Organizations (NPO) as a step towards pioneering cooperation between private healthcare providers, Medik Nur Rahmah Berhad, MNRB and Perbadanan Wakaf Selangor<sup>35</sup>. The initiative will eventually help to subsidise partially the healthcare expenses. This will allow many patients to be able to afford private hospital treatment which in normal circumstances were not affordable to them.

Table 1: The Number of Recipients and Total Amount of the Financial Assistance from 2019 till March 2022 in Various Disciplines (courtesy of Medik Nur Rahmah Berhad)

Disciplines/ # Patients	2019	2020	2021	2022	Total
1. Cataract	1. # Patients: 3 2. RM 40,642.72	1. # Patients: 7 2. RM 24,372.67	1. # Patients: 13 2. RM 90,501.15	1. # Patients: 8 2. RM 50,601.27	1.# Patients:31 2. RM 206,117.81
2. Orthopedic	1. # Patients: 0 2. RM 0	1. # Patients :1 2. RM 12,000.00	1. # Patients :5 2. RM 104,996.92	1. # Patients: 1 2. RM 21,000.89	1.# Patients :7 2. RM 137,997.81
3. Surgery	1. # Patients: 0 2. RM 0	1. # Patients: 1 2. RM 8,397.67	1. # Patients: 3 2. RM 20,670.31	1# Patients: 0 2. RM 0	1.# Patients :4 2. RM 29,067.98
4. Otorhinolaryngology	1. # Patients: 0 2. RM 0	1. # Patients :1 2. RM 18,399.00	1. # Patients: 1 2. RM 556.00	1# Patients: 0 2. RM 0	1.# Patients :2 2. RM 18,955
5. Obstetrics & Gynaecology	1. # Patients 0 2. RM 0	1. # Patients 2 2. RM 26,394.59	1. # Patients 1 2. RM 3,474.41	1. # Patients :1 2. RM 13,509.79	1.# Patients :4 2. RM 43,378.79
6. Cardiovascular	1. # Patients: 1 2. RM 43,359.95	1. # Patients :0 2. RM 0	1. # Patients: 2 2. RM 32,222.46	1. # Patients: 1 2. RM 28,309.43	1.# Patients :4 2. RM103,891.84
7. Anaesthesiology	1. # Patients 0 2. RM 0	1. # Patients 0 2. RM 0	1. # Patients: 1 2. RM 1,643.05	1. # Patients: 0 2. RM 0	1.# Patients :1 2. RM 1,643.05
8. Internal Medicine	1. # Patients 0 2. RM 0	1. # Patients 3 2. RM 21,389.20	1. # Patients 12 2. RM 84,442.30	1. # Patients 0 2. RM 0	1.# Patients :15 2. RM 105,831.50
<b>Total Amount</b>	<b>1. # Patients:4 2. RM 84,002.67</b>	<b>1. # Patients :15 2. RM 110,953.13</b>	<b>1. # Patients: 38 2. RM 338,506.60</b>	<b>1. # Patients :11 2. RM 113,421.38</b>	<b>1.# Patients :68 2. RM 646,883.78</b>

The Table 2 shows the different types of financial assistance extended to the patients.

The three (3) types of Financial Assistance are:

1. Fully funded by MNRB.
2. Discounted rate for those who have facilities like Takaful or Insurance but the amount did not cover full charges.
3. Qardhul hasan whereby MNRB will take up the full charges and repayment is done through monthly deductions by the patients. An agreement is signed between the patient and MNRB.

## Conclusion

SCH practices are currently based on MS1900:2014 which is based on ISO 9001:2008. Malaysian Standard's effort to do a second revision (2nd) of MS 1900 is underway and will end this year in line with ISO 9001:2015. Regarding current practices, three (3) main additional principles are included in MS1900 in addition to ISO 9000, namely:

1. Understanding of Halal and Haram principles.
2. Operation based on the value system.

3. Decisions taken in accordance with *Maqasid Shari'ah*.

The core values of Islam are integrated in ISO 9001 by MS 1900. MS 1900 is unique because of Islamic terms such as *Shari'ah* Advisory Council, *Shari'ah* Compliance, *Fiqh*, *Shari'ah* Compliance Unit, Halal, Al-Quran, *Hadith*, *Sunnah*, *al-Ijma* and Fatwa are embedded in the standards. In the hospital context, this Shari'ah compliant certification will have an impact on the health management system and affect the entire operation of hospital services. Therefore, the process of translating Islamic values into the service process definitely requires a comprehensive approach. So far, three (3) medical institutions have successfully obtained the certificate, namely the Military Hospital in Terendak Camp Melaka and the An-Nur Specialist Hospital, Bandar Baru Bangi, Selangor and the Sultan Ahmad Shah Health Center, Kuantan (Sultan Ahmad Shah Medical Center)<sup>36</sup>. The Military Hospital at Kem Terendak Melaka did not continue its certification after the first accreditation which

expired three (3) years from the licensing date. However, ANSH continued and entered the third certification cycle after an inspection by SIRIM in April 2021. Only two hospitals so far have continued this certification.

Since ANSH has entered its third cycle of re-licensing, it has paved the way for a model to be emulated in the healthcare industry. ANSH's achievements in terms of third party awards received from SME Corporation and Malaysian Entrepreneurs Foundation are further proof that ANSH is a SCH. The challenges faced by ANSH can be shared for hospitals that pursue towards SCH. Although there are many issues and challenges, ANSH's commitment to maintain as SCH is an effort so that every activity at ANSH receives mardhatillah and blessings from Allah SWT as mentioned in Al-Quran Surah Al-A'raf verse 96:

*"وَلَوْ أَنَّ أَهْلَ الْقُرَىٰ آمَنُوا وَاتَّقَوْا لَفَتَحْنَا عَلَيْهِم بَرَكَاتٍ مِّنَ السَّمَاءِ وَالْأَرْضِ وَلَٰكِن كَفَرُوا فَآخَذْنَاهُم بِمَا كَانُوا يَكْسِبُونَ"*  
*"And if the inhabitants of that land had faith and piety, We would certainly have opened to them (the door of bestowal) abundant blessings from the heavens and the earth. But they lied (to Our Messenger) and We punished them because of what they had done."*

It is hoped that for this effort, God will grant His Mercy and Blessings to the practitioners of An-Nur Specialist Hospital.

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## CHAPTER SEVEN

### IBADAH FRIENDLY HOSPITAL

*Ishak Masud\**

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#### Abstract

The quest to practice Islam as a complete way of life is not something unusual for Muslims healthcare givers. Thus, the best place to practice medicine should be ideally where the ‘*biah*’ (environment) is “Islamic” and the whole establishment is planned as such to be a place to seek the pleasure of Allah (SWT) while performing their utmost best services to humankind as part of their *amal* and as *ibadah*. The introduction of *Ibadah Friendly Hospital* (IFH) has been recognized and accepted as one of the best and closest way of translating Islamic principles in our daily work as healthcare workers. In our daily routine duties, we are dealing with people who are in need of support especially from the spiritual aspect in addition to their physical needs. Despite the busy schedule experienced by the majority of healthcare workers, this concept can be applied with full flexibility and can be adopted according to the situation we are in, be it in Muslim countries or otherwise. It provides the platform to seek His pleasure and perform our ‘*ibadah*’ during our working hours and at any place while at work.

Human beings are the best creation of Allah (SWT), and we are given the *amanah* to take care and help them to be in the best state of health. This will enable and facilitate them to perform their *ibadah* and getting closer to Allah SWT.

In *IFH*, patient’s care is holistic in approach and should follow the guidelines as laid down by the Al-Quran and Sunnah. Understanding and following ‘*Maqasid al Shari’ah*’ and ‘*Qawaid al Fiqhiyah*’ is another key factor in the implementation of *IFH*. There are a lot of opportunities to do *dakwah* work and apply the concept of ‘*Dakwahbil Hal*’ in our daily tasks through this program. If this is done with full conviction of carrying the task as an *amal* and *ibadah*, the *ninsha* ‘Allah not only we will get the *barakah*, but we will undeniably help in providing the best services to our patients and to the ummah since our *niat* (intention) is working for Allah (SWT). Thus, whatever we do it should be done in the best manner to please Allah (SWT). In other words, this *IFH* is a process of Islamisation of health services, and an important ‘*Dakwahbil Hal*’ program in a ‘moderate approach’ to seek ‘*Mardhatillah*’, which Insha’Allah will have a direct and positive impact in improving the quality of healthcare services.

Keywords: Islam, *Ibadah* Friendly Hospital, *Ibadah*, *Mardhatillah*

#### Introduction

Many FIMA members have played a very significant and major role in the process of *Islamisation* of medical services in this modern era. In the past many hospitals in Indonesia, Egypt and Jordan has started introducing their hospital as Islamic Hospitals. The Islamic Hospital in Jordan has introduced the ‘*Islamisation*’ program since the early 80s.

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This hospital has become a role model to many of us who dream to be working in an Islamic environment. This privately owned hospital was built with a different vision and mission. Islamic Hospital of Jordan was built as a non-profit, charity, training, medical institution since 1982. The combination of an up-to-date medical services with the integration of Islamic values in the running of the hospital has set an excellent exemplary model in the recent years. The hospital does not claim to be a “*Shari’ah* Hospital”, but Islamic principles are the thrust in their governance.

The Islamic Hospital of Jordan has been gazetted as a training center for postgraduate and sub-speciality training in Jordan. There are many special programs which were introduced by them such as *Islamic Social Responsibility* (ISR) programs such as special fund for poor patients and “*infaq*” program by doctors to mention a few. This is an important historical fact which has led to the establishment of *Ibadah* Friendly Hospital and *Shari’ah* Compliant Hospital under the umbrella of FIMA.

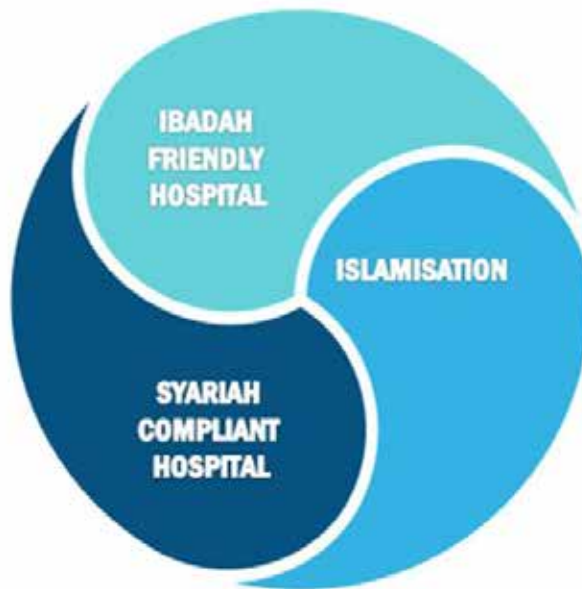
As mentioned earlier, the development of *Ibadah* Friendly Hospital and the *Shari’ah* Compliant Hospital has its root from the Islamic Hospital of Jordan. The author’s personal experience attending the FIMA Council meeting in 1991 hosted by the Islamic Hospital of Jordan has triggered the idea of setting up a similar hospital in Malaysia. Thus, Al Islam Specialist Hospital, under the Muslim Youth Movement of Malaysia (ABIM) was established in 1996 at a much smaller scale. It was built with full conviction of setting up an excellent Islamic hospital and at the same time being a ‘*dakwah*’ center. It was a challenge for us since there was no complete Islamic Hospital model which has Integrated Islamic principles in the running of a hospital in Malaysia.

Hospital Universiti Sains Malaysia (HUSM), a government teaching hospital was the first

to use and promote the term IFH in 2004 as part of their process of integrating Islamic values in the running of the hospital. Their programs were mainly focused on assisting their patients to pray plus having programs to mark and celebrate the special Islamic events.

As for Al Islam Specialist Hospital, we launched the IFH program in 2006. The approach and vision were more inclusive and more comprehensive. Not only we provided and helped the patients to perform their ibadah but also in the way we manage the hospital. In this program, the management has taken a proactive role in assimilating this noble concept at every opportunity available as part of the ‘*dakwahbilhal*’ approach. Thus, we have introduced many new programs in the hospital such as Islamic Social Responsibility (ISR) programs’, *Usrah*, *Tazkirah*, Daily Quranic Reading (1 Day, 1 Page) to mention a few. From 2006 onwards, Al Islam Specialist Hospital has initiated and shared this noble concept and program with many hospitals in Malaysia and abroad both in the private and government sectors. Many seminars and workshops were organized as part of our awareness campaign. With the mercy of Allah (SWT), the Ministry of Health (MOH) of Malaysia has adopted IFH as one of their official programs in 2014. This was a significant milestone for the IFH program since the MOH has given the blessing for the program to be part of their official program. Our Indonesian counterpart MUKISI working in partnership with the Indonesian Council of Ulama (Majlis Ulama Indonesia - MUI) went one step ahead when they established the *Shari’ah* Hospital Accreditation Program under MUKISI in 2016. Since then, they have established the standards and instruments for certification of *Shari’ah* Hospital<sup>1</sup>. Alhamdulillah many of our FIMA members especially in Pakistan and Nigeria have taken the task of sharing this program and have even refined the program further<sup>2</sup>. The latest addition is Bangsa Moro Authority from

Mindanao who has started the initiative to adopt this program as an official program.



**FIGURE 1: ISLAMISATION OF HEALTH SERVICES**

What is Ibadah Friendly Hospital (IFH)? What are the criteria? What is involved to establish Ibadah Friendly Hospital? Is it important for us to know what is it all about? Do we need to establish this program in our hospital? Or they are meant for those hospitals owned by Muslims only?

To most of us the term of IFH is new and does not mean much to us. Many may think it is not relevant to us. The majority of our FIMA members are not exposed to this concept or paid minimal attention to this issue of Islamisation in their medical practice even though this program is one of the objectives of FIMA.

Ibadah Friendly Hospital (IFH) is one of the established noble programs in integrating Islamic principles in medical practice. It is a paradigm shift from the secular to the “*Tauhidic*” paradigm. This program is meant to facilitate the Muslim healthcare givers in

fulfilling their duties as ‘*daei*’. The program creates a conducive environment to perform their “*dakwah*” work in their workplace. It gives the best opportunity in implementing and inculcating the concept of work as ibadah. We are quite familiar with the understanding of Islam as a complete way of life and we are expected to give full submission to Him as stated in surah Ad-Dhariat:56. Muslim healthcare workers, indeed have a great opportunity to be closer to Allah and performing ‘*dakwah*’ work while performing their daily duties. Allah (SWT) has given us the special honor in assisting our patients to get closer and trust Him beside asking Him to relieve and to cure their illnesses. Understanding and implementing the concept of ziarah, knowing Islam as a complete way of life and the responsibility of every Muslim be a *daei* are the few key factors in the success of implementing the program.

## PARADIGM SHIFT – MUSLIM PROFESSIONALS



**FIGURE 2: PARADIGM SHIFT**

Most of us underwent a secular education system. Islamic values and guidance were not part of the curriculum. Islam was not taught to be a complete way of life. As such to most of us Islam is just a “religion” and became a ‘ritual’. *Ibadah* is seen and understood in a traditional way and simplistic manner which normally means performing *solat*, *zakat* or *Umrah* or *Hajj* to mention a few.

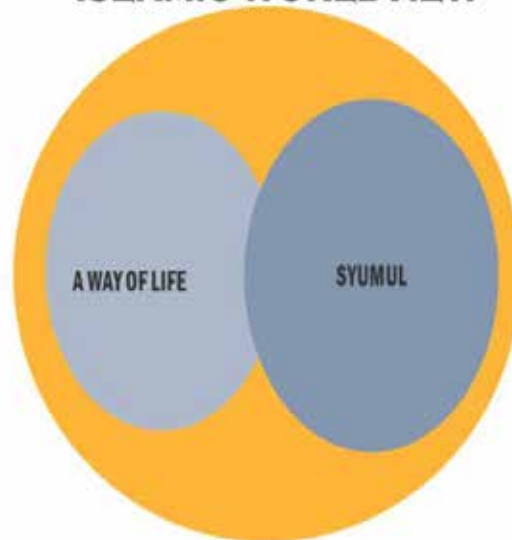
One important question needs to be answered by each Muslim physician or healthcare giver is whether we have given the best services to our patients? Are our current practices in line with Islamic principles? Are we practicing medicine reflecting Islam as *rahmatanlilalamin*? Are we aware that we are not giving the best treatment to our patients if we do not see our patient in a ‘holistic manner’? Do we feel it is our duty to spread the message of Islam at every opportunity available? Do we actively remind and assist our patients and staff about our role as Muslims? Or we feel these duties are not part of our responsibility and scope of work! If we think we are part of the team assisting patients to be closer to Allah and we are ‘*daei*’ and will be answerable in front of Allah, then IFH program is relevant to us and should be an

important agenda in our daily duties. It should be an integral part of our daily task and responsibility, even if we are not working in the ideal “Islamic Environment”. It is our role to share with other fellow Muslim healthcare givers about this noble program and plan to implement within our capacity.

IFH program should be an eye opener to most of us. It is a new approach in our Islamic medical work. It is a system dedicated to help us to practice Islam as a way of life. It is a real experience to translate Islam as ‘*rahmatanlilalamin*’ and guided by the *Maqasid Al Shari’ah* and *Qawaid Al Fiqhiyah* in every aspect of our life. It gives us the opportunity to treat patients in a holistic manner and helping us, our patients and patients’ relatives and our staff to be closer to Allah (SWT). Insha’Allah with this system in place, the health system will become a better and excellent, professional, and competent caring system. It will transform the governance of the hospital. The management team, doctors and nurses will perform their duties as an *ibadah* and *amalsoleh* with the intention of seeking the pleasure of the Almighty.



## ISLAMIC WORLDVIEW



**FIGURE 3: ISLAMIC WORLDVIEW**

As for implementation of IFH there are basic concepts that need to be adhered to:

- 1) IFH should follow the Quran and *Sunnah* (SHARI'AH)
- 2) Guided by the *Maqasid al Shari'ah* and *Qawaid al Fiqhiyah*
- 3) Application of principles of RUKSAH AND DHARURAH



**FIGURE 4: IFH AS A DAKWAH PROGRAM**

Before we go further let us ponder for a while and give a thought to these questions which will be relevant regarding the IFH:

- 1) How many of our Muslim patients perform their *solat* whilst they are under our care?
- 2) Who are responsible to help Muslims patients perform their *solat*?
- 3) Have we ever discussed with the non-Muslims patients about Islam or on spirituality?
- 4) Have we ever assisted terminally ill patient under our care in the final moments of their life?

To answer the first question, it is estimated that up to 80% of patients in the ward do not perform their *solat* in one of the government hospitals in Malaysia. Our simple survey showed that up to 90% of patients do not perform their *solat* while they were admitted in hospital. Can we imagine if it happened to ourselves or to our families? Below are some of the reasons why they do not perform their prayers:

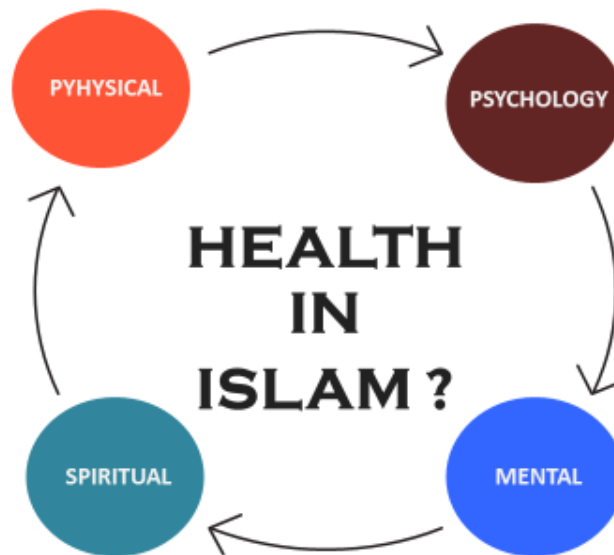
- 1) Patients assume they can replace their prayers later (*qadha*).
- 2) They assumed they are being excused from praying because of their illness and being in the hospital.
- 3) Patient's ignorance about the need to pray while they are sick.
- 4) No assistance and guidance from medical staff.
- 5) Hospital management do not provide support and facilitate patients to perform their ibadah.
- 6) The assumption that the Muslim patients should understand and know their responsibility.

Have we ever thought about the responsibilities that we have to carry out being a khalifah? Would you like at the final minutes of our life there was nobody in attendance to '*talqin*' us? Nobody helping us

and reminding us to say *shahadah*. When they did CPR for our relatives, none of the medical staff assist us in reminding patients to say the *shahadah (talqin)*? Are those duties expected from the Muslims? Let us remind ourselves about the saying of the prophet Muhammad (SAW): 'The best amongst you are those who are beneficial to humankind<sup>4</sup>. The concept of *ziarah* is such a noble act of good deeds to the Muslims<sup>5</sup>. We are almost doing the ibadah every single second of our life in the hospital if we do it with a proper *niat*. Are we not lucky enough to be selected amongst those who will get the *barokah* if we do the *ziarah*?

The objectives of IFH includes:

- 1) Towards achieving *Mardhatillah* (acceptance of Allah SWT).
- 2) Aiming for success in this world and the hereafter.
- 3) Treating and managing patients in a holistic approach.
- 4) Assisting ourselves/staff/patients and relative to be closer to Allah (SWT).
- 5) Helping and guiding patients/staff/family to perform their ibadah especially *solat*.
- 6) Providing best services to the ummah/society.
- 7) Application of work as *ibadah* and *amal*.
- 8) Hospital as a platform of dakwah.



**FIGURE 5: HOLISTIC APPROACH IN MEDICAL CARE**

***Maqasid al Shari’ah and Qawaid al Fiqhiyah in IFH***

One of the most important developments in the Islamic medical ethics is the application of *Maqasid al Shari’ah* and *Qawaid al Fiqhiyah*. This concept of *Maqasid al Shari’ah* was coined by Al-Ghazali many years ago<sup>2</sup>. It has become an important tool in guiding our ethical consideration especially in today’s advancement in new technologies. The application has simplified our understanding of the problems. It helps us in making

decision based on the broad criteria outlines such as the preservation of religion, life, intellect, progeny and property. Al-Ghazali divided *Maqasid Al Shari’ah* into 3 levels which include *Dharuriah*, *Hajiyat* and *Tahsinat*. The application of *Maqasid Al Shari’ah* needs to be based on the principles of *Qawaid al Fiqhiyyah*. This includes the principles of *Intention*, *Yakin*, *Hardship*, *Injury and Custom*. The trust of IFH lies in the application of *Maqasid* and *Qawaid al Fiqhiyyah*.

## MAQASID AL-SHARIAH THE PURPOSE OF SHARIAH

<b>To Preserve Religion</b>	<b>Memelihara Agama</b>	<b>حفظ الدين</b>
<b>To Preserve Life</b>	Memelihara Jiwa	حفظ النفس
<b>To Preserve Wisdom</b>	Memelihara Akal	حفظ العقل
<b>To Preserve Inheritance</b>	Memelihara Keturunan	حفظ النسل
<b>To Preserve Wealth</b>	Memelihara Harta	حفظ المال

TABLE 1: MAQASID AL-SHARIAH, THE PURPOSE OF SHARIAH

## QAWAID AL-FIQHIAH / ISLAMIC LEGAL MAXIMS

<b>Principle of Motives</b>	<b>Tujuan</b>	<b>القصد</b>
<b>Principle of Certainty</b>	Keyakinan	اليقين
<b>Principle of Injury</b>	Kemudharatan	الضرر
<b>Principle of Hardship</b>	Keberatan	المشقة
<b>Principle of Custom</b>	Uruf / Adat	العرف

TABLE 2: QAWAID AL-FIQHIYYAH, ISLAMIC LEGAL MAXIMS

### Principles of *Rukhsah* and *Dharurat*

Islam is a complete way of life and Allah (SWT) has given us guidelines when we are faced with unusual situations. We may need to perform our *ibadah* in an unusual situation especially if the situation may threaten our life. This life threatening or difficult situation is called *dharurat* and Al Quran has mentioned on many occasions about the way we should approach the situation in Surah An-Nisa on wudhu (Al-Quran, 4:43). When faced with the situation then we must apply the principle of *Rukhsah*. During the normal situation ie ‘*azimah*’ we have to follow the

usual guidelines but when we are in a situation called *dharurah* then the concept of *rukhsah* is applicable especially for patients. The most frequent situation *issolat* for the patients in the ward. In normal situation they have to pray within the specific time. However, for those unwell they can *dojama*’ prayer ie. combining Zohor and Asar or Maghrib and Isya’. Other situations include the use of Tayammum replacing wudhu if the condition prohibits the use of water. As mentioned earlier this concept is an essential concept which needs to be understood in depth by Muslim healthcare givers if we want to apply the IFH program.

### Standards In *Ibadah* Friendly Hospital:

## IBADAH FRIENDLY HOSPITAL



FIGURE 6: STANDARDS IN IBADAH FRIENDLY HOSPITAL

**STANDARDS IN IFH:**

The list is long but these standards should be taken into consideration when planning the implementation of this program.

**1) HOSPITAL POLICY of implementing IFH:**

- \*Adopting the IFH as a hospital policy.
- \*Integration and assimilation of good values in the hospital administration.
- \*Vision and mission of hospital taking into consideration the IFH program towards excellence in hospital services.
- \*Stakeholders should ensure that IFH become an integral part of the hospital policy.

**2) ORGANISATION STRUCTURE:**

- \*Establishment of IFH Committee with specific job scope and organization chart that reflects this aspiration.
- \*Direct involvement of the Hospital Director and senior members of the management in the \*IFH Committee.
- \*Establishment of Spiritual Department or Chaplaincy Department in ensuring the successful implementation of IFH programs.
- \*Regular meeting and report by the committee (at least 4x/year).

**3) CULTURE in IFH:**

- \*General culture-good values – (*Itqan/Ikhlas/Ehsan*).
- \*Specific culture - culture of *smile & salam*.
- \*Reciting *Basmallah/alhamdulillah/insyaallah* at appropriate times, pre/during or post procedure.
- \*Remembering god - for non-Muslims patients.
- \*Campaign/poster/banner promoting this culture and awareness of IFH.
- \*Continuous monitoring of the staff practices and assimilation of this culture.

**4) HUMAN RESOURCE MANAGEMENT:**

- \*Basic training –awareness about IFH.
- \*Introductory programs and basic training for all staff on IFH.
- \*Preparation of manual for basic training in IFH.
- \*Regular ongoing program-sustainability and monitoring.

**5) FACILITIES FOR IFH:**

- \*Orientation for patients about solat facilities and providing assistance.
- \*Solat reminder/assisting patients to perform solat.
- \*Audio visual facilities in reminding patients/staff on prayer.
- \*Facilities to perform solat (Kiblat direction/proper attire/clean area).
- \*Bottle spray/Tayammum powder/Books/Guidelines for prayer/wudhu/Tayammum).
- \*Patients' attire – covering aurat in the ward/during delivery/ procedure & surgery.
- \*Separate wards/rooms for different gender.

**6) SOPs in IFH:**

- \*General SOPs-assimilation of good values at all levels-good character (*akhlak*).
- \*SOPs in all clinical settings - orientation for new admissions.
- \*Pre & post procedures.
- \*Chaperone.
- \*Guiding and helping patients to perform *ibadah*.

**7) DIGNITY OF PATIENTS AND STAFF:**

- \*ECG by same gender.
- \*Catheters perform by same gender.
- \*Ensuring *aurah* of patients in OT/delivery rooms are being taken care of following *shari'ah* guidelines.

**8) KHUSNUL KHATIMAH:**

- \*Establishing chaplaincy services - (Talqin services/spiritual support for patients and relatives).
- \*Assisting family in preparing wasiat/family support.
- \*Talqin-encouraging family to *talqin* patients/ensuring staff available to support patient during terminal stage.
- \*Assisting family for the funeral arrangement.

**9) QUALITY MANAGEMENT:**

- \*Quality committee in monitoring the implementation of IFH.
- \*Internal and external audit.
- \*Patient's feedback regarding the IFH programs in the hospital.
- \*Scheduled monitoring of the programs.

These are some of the elements which are essentials in the implementation of IFH. There are many additional programs which need to be implemented in IFH. All departments and sections need to prepare SOPs and programs related to the IFH. The additional elements added in the normal SOPs are the added values of the hospital. It should be made known that there is only one set of SOPs in the hospital.

**Conclusion**

The IFH program has been a major milestone in the process of *Islamisation* in our medical services. This program allow us with flexibility to be a '*daie*' at all the time. We are not only performing our duties but also performing our *ibadah* which we hope to be considered as *amal* if we do with proper *niat*. Alhamdulillah, we have seen the interest, seriousness, and commitment of many of our FIMA affiliates in implementing this program once they have listened and understood the real meaning and implication of this program. The message is clear to those who understood the concept that the IFH is for us to prepare

for the hereafter (*akhirat*). It is immaterial whether we want to adopt the *Shari'ah* Compliant Hospital or IFH, because the ultimate aim is to get the blessing and acceptance of Allah SWT. To some of us we can only apply and adopt only part of the program since the condition and situation is not in our favor.

As for us in the Academy of *Ibadah* Friendly Hospital, we have given the commitment to share our 20 years of experience in implementing the IFH with our fellow FIMA members and to anybody interested in the program.

As part of our future undertaking of providing and preparing excellent services, Insha'Allah the Academy of *Ibadah* Friendly Hospital under Al Islam Specialist Hospital will be offering the Postgraduate Certificate in Islamic Chaplaincy. This program will be a joint program with Markfield Institute in UK and University of Selangor (UNISEL). Let us pray to Allah to give us the opportunity to be the best ummah. Other important programs under the Academy of IFH is the Training of Trainers jointly organized by HCTM and the Academy. Let us work together and translate Islam as *rahmatanlilalamin* in our medical work.

## IFH-WORLDWIDE PROGRAMS



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## CHAPTER EIGHT

### SHARI'AH HOSPITALS IN INDONESIA: VALUES, CONCEPTS AND STANDARDS

*Siti Aisyah Ismail\**, *Drg Wahyu Sulistiadi\*\** and *Sagiran\*\*\**

#### Abstract

The delivery of safe and quality healthcare services that are in accordance with Islamic values demands the establishment of an Islamic healthcare system standards. In Indonesia MUKISI together with DSN-MUI has published a standard and certification for *Shari'ah* compliant hospitals, to be used as an objective tool to measure quality of care from the *shari'ah* perspective. A *Shari'ah* compliant hospital is an institution that guarantees the implementation of *shari'ah* concepts in meeting the physical and spiritual needs of all components in the ecosystem.

While basic patient safety and quality of care is a must, patients now demand more value-based services specifically related to their beliefs. Good quality care comes from good management. The *shari'ah* hospital standard and certification combines all of these elements comprehensively. The standard adopts the *Maqasid Shari'ah* approach to form a structured standard and refers to the National Hospital Accreditation Commission format used in the operation of a *shari'ah* hospital. Normative standards are conserved and *shari'ah* values are added in all critical points. Further technical details are produced to ensure proper implementation of the standards, which are divided into *shari'ah* management and *shari'ah* services. The standard protects the interests of patients and all related elements in the *Shari'ah* hospital ecosystem.

**Keywords:** *Shari'ah compliant hospital, Shari'ah Hospital Certification, Shari'ah hospital standards, service quality improvement.*

#### Introduction

The awareness for the need to practice Islam in all aspects of life has brought many Muslims to realize the importance of following the *Shari'ah*. This awareness has created the demand for new products and services based on *Shari'ah* to be introduced into the market. In Indonesia with a population of 267.7 million and up to 62% middle class Muslims, has arisen the quest for religious values in the midst of consumerism in every aspect of human needs, including healthcare<sup>1</sup>.

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Healthcare service is one of the most important area in public service. From the Islamic perspective, medicine is must be embraced from both the physical-medical and psycho-spiritual perspectives. Healthcare service in Islam is holistic, adopting the universal Islamic values. A *shari'ah* compliant hospital is an organization whose scope of work, policies, procedures and staffing requirements complies to the *shari'ah* principle in totality. It does not only focus in halal products or *shari'ah* compliant services, nor provide an Islamic alternative within a conventional system. Rather, it is an all-new comprehensive system, formally recognized and certified by an independent body which has the authority to carry out the accreditation process to ensure the organization is following procedures as per the *shari'ah* requirements.

Believing that the Islamic *Shari'ah* is the best system for any activity, there is therefore a critical need to translate the system into a measurable and objective healthcare quality tools. In 2015, the Islamic Health Institution Network of Indonesia or, Majelis Upaya Kesehatan Islam Seluruh Indonesia (MUKISI) published a hospital service standard based on Islamic *Shari'ah* principles, which complements the National Hospital Accreditation Standards. Two hospitals were tested as pilot projects. In 2016 the National *Shari'ah* Council of the Indonesian Council of Ulama or Dewan Syariah Nasional Majelis Ulama Indonesia (DSN-MUI) produced a fatwa on the implementation of *Shari'ah* Hospital. In 2017, a second version of the Standard were published to be formalized by the National *Shari'ah* Council as the awarding body. Currently version 1441 of the standard, published in 2020 is being used by the National *Shari'ah* Council to certify hospitals. This effort was first initiated in 2009 during the national working meeting (RAKERNAS) of MUKISI in Batu, then in Serang on 2012, and in Bandung in early 2015.

The process of producing the standard for service and management in *Shari'ah* hospital underwent a very long and in-depth study and discussions between MUKISI and DSN-MUI. The medical aspects of the standard were tackled by MUKISI and the *shari'ah* critical control points were addressed by DSN-MUI. The first version of the standard (version 1436) were implemented in the pilot projects, and after one year, assessments were carried out and revisions, improvements, enhancements and refinements were made, which resulted in the second 1438 version of the standard. The current 1441 version is endorsed and published by the National *Shari'ah* Council and used to certify hospitals.

### What is a *Shari'ah* Compliant Hospital?

A *shari'ah* compliant hospital or simply *shari'ah* hospital is where healthcare services provided are in accordance with the *shari'ah* principles, or simply means implementing the *maqasidshari'ah* in the hospital governance. The *maqasidshari'ah* as proposed by Imam Shatibi, is pivoted towards **the promotion and preservation of the common good and benefit (*jalb al-masalih*) and the avoidance and protection from harm (*dar' al-mafasid*) by the preservation and enhancement of the 5 absolute necessities (*daruriyyat*), namely faith (*deen*), life (*nafs*), mind (*'aql*), lineage (*nasal*) and wealth (*maal*).**

These concepts are the point of reference for a *shari'ah* hospital, which are further elaborated to form a structured standard in the operational management of the hospital, certified by the National *Shari'ah* Council. Thus, *maqasidshari'ah* is the core value in the concept of a *shari'ah* compliant hospital.

What are the characteristics of a *shari'ah* compliant hospital that differentiates it from other hospital? It is the application and the assessment of hospital quality standards from the perspectives of the implementation of Islamic law. The hospitals are managed

and the delivery of healthcare services are in accordance with the *shari'ah* principles and practices. It upholds the universal values of Islam, the principle of justice, peace, freedom and equality in its daily operation. The following are some unique features of a *shari'ah* compliant hospital. Implementation of these components will truly reflect Islam as the comprehensive way of life<sup>2</sup>.

1. Understanding the basic principles of *shari'ah*
2. Understanding the principles of halal and haram
3. Understanding the principles of *mualamat* (commercial dealings)
4. Implementing the concept of quality in Islam
5. Establishing the Islamic core values within the hospital organization

In the *Shari'ah* Hospital Certification Standards, the *maqasid shari'ah* is translated into *shari'ah* management and *shari'ah* service standards (MUKISI, 2015). Some of the characteristics are:

1. *Shari'ah* Supervisory Board is appointed to supervise the hospital's operation
2. Hospital By Laws includes *shari'ah* aspects
3. The mission and vision of the hospital explicitly states Islamic objectives
4. Conducts *shari'ah* contracts (*akad*) with hospital staffs, patients, logistics suppliers, financial institution and other parties
5. Management of human resources applies the *shari'ah* principles in its practice
6. The accounting and financial management uses *shari'ah* principles
7. Provides physical means and facilitate the performance of worship to patients, staffs and visitors
8. Provides spiritual guidance for patients and specific spiritual coaching for terminally ill patients
9. Ensures halal, hygienic and safe food and nutritional therapy
10. Guarantees the effort to cover patient's *aurah* (private parts), like-gender

services and prevention of *ikhtilat* (free mixing)

11. Infection control and its prevention uses the principle of *taharah* (cleanliness)
12. Conducts mandatory religious training for all staffs
13. Handles complaint, conflict or difference in opinion, in accordance with the *shari'ah*
14. Provides Islamic reproductive health services
15. The hospital pays institutional *zakat* (obligatory alms) which is used to help patients in need

From the management perspectives, *rizqor* livelihood is guaranteed by God. Income cannot be defined only through financial quantifications. The owner and the shareholders do not build the hospital with a profit-making paradigm only, but rather how *barakah* (divine blessings) can be felt and enjoyed. The implementation of *zakat* in the financial management of the hospital has proven to increase its income. The hospital also pays extra attention towards efficiency through the implementation of several policies like lean management, and fostering values on the concept of preventing *tabzir* (waste) into the mental model of the staffs. The management sets a *shari'ah* policy to establish quality work culture in staffs because staffs are the one who carry out the services in the hospital. Policies implemented by the management are perceived by employees as an effort to establish discipline and good work commitment. A disciplined and committed employee will show good attitude and performance, perceived by patients as the recipient of the services<sup>3</sup>.

The patients in the hospital are treated as guests. The hospital service system and the staff endeavour to deliver the best services. This concept is internalized in all the hospital service elements because honoring a guest is part of *Iman* (faith). When the staff realize that the service they provide to patients is a manifestation of their faith in God, they will strive to give their best<sup>4</sup>.

Working is an act of worship and provide the chance to perform good deeds. Every aspect of human life is part of *ibadah*, including work. Staff are the hospital's biggest and most important asset. When the staff understand that work is not a burden but an *ibadah*, they will put effort to perform<sup>3</sup>. The hospital provides an avenue for staff to achieve Islamic fulfilment and obligation in their personal and professional lives devoid of dichotomy and dualism. It is not only a working place but also provides the means for *tarbiyah* (Islamic training) to the staff.

Some of the improvements perceived by patients and visitors are related to the staff's attitudes, service delivery, physical facility and level of cleanliness in the hospital after the implementation of the Shari'ah Hospital standards. Shari'ah values implemented such as efficiency, maintenance of patients *aurah* and privacy, the reminder for *salah* time, spiritual guidance, security assurance, halal assurance for food and medications are among others that were mentioned as a unique experience in the hospital<sup>3</sup>.

Healing is only from God. This concept is the very foundation of healthcare services in the hospital. When this concept is truly internalized, both patient and the healthcare provider will give their best effort in getting cures, but are still aware that it is God who heals. So whatever the outcome of the effort is, it is accepted obligingly<sup>3</sup>. The spiritual wellbeing is regarded as important as the physical wellbeing. Being sick is an awakening moment, where one needs to take a break from worldly matters, introspect into one's life, realizing that this worldly life is just a timeline to move to another dimension; the eternal hereafter. As much as we prepare for the birth of a baby, the same preparation needs to be done in facing death.

*Shari'ah* hospitals should provide the best healthcare services, exceeding even the patients' expectations. The service delivery should ensure good for the world and also the hereafter. Thus, the application of *shari'ah* principles in hospital services aims

to benefit patients both alive and deceased. The application of *maqasidshariahin* hospital services implies that *shari'ah* compliant hospitals are responsible for five matters: protect the patients' belief, protect the patients' rights to being saved, protect the patients from wasting their wealth, maintain the patients' intellect, and protect the patients' descendants<sup>5,6</sup>.

### **How Do You Determine A Hospital is *Shari'ah* Compliant?**

In the governance of an organization, compliance has the meaning of following a specification, standard or regulations set by the authority. The specifications, standards or regulations can be in the form of policy or work procedure, which when implemented correctly and well, the internal control system will run effectively and prevent the possibility of fraud. The term *shari'ah* compliant indicates compliance towards the Islamic *shari'ah* in the governance and operations of the organization<sup>7</sup>.

The *shari'ah* compliance concept was developed initially in the banking industry, hence the popular term "Islamic Banking". Eventually developed in other industries like the food industry through the halal assurance system, the fashion industry, cosmetics, tourism and others. This development are based on high market demand of products with the shariah compliant label or recognition<sup>8</sup>.

In the healthcare industry the standard to measure the quality of service are achieved through hospital accreditation. To meet the demands for *shari'ah* compliance, a standard or guideline for Islamic hospitals are needed in implementing, measuring and assessing service quality and sound management from the perspectives of the Islamic law. *Shari'ah* compliance simply means implementing the *maqasid shari'ah* in the governance of the system. A standard reference and system is needed to ensure compliance. Thus, the standard of *Shari'ah* Hospital Certification was published to

provide the reference in the implementation of the *maqasid shari'ah* in healthcare service system within a hospital (MUKISI, 2015). *Shari'ah* Hospital Certification provides the opportunities and hope for health service providers and the society to improve care quality and better patient safety from the physical, psychological and spiritual perspectives.

The standard of *Shari'ah* Hospital Certification consists of five chapters which is the breakdown of the *maqasid shari'ah*. Each chapter is divided into two groups; the *shari'ah* management standards and the *shari'ah* service standards (MUKISI, 2015). This will serve as a reference and guidelines for any hospital to be certified as *Shari'ah* Hospital in the future. The hospital then needs to translate the operational and work process in the delivery of healthcare services into policies, guidelines and standard operating procedures (SOPs).

The basic format of the standards uses the hospital accreditation standards format by the National Hospital Accreditation Commission or Komisi Akreditasi Rumah Sakit (KARS). This is to facilitate the management and hospital staffs in implementing the *shari'ah* standards in a

similar mindset. The format of the standards is also complementary to that of the KARS standards. The *shari'ah* standard only mentions aspects that contains *shari'ah* critical control points as a complement. The normative ones and the ones which do not contain *shari'ah* values within their documentation and implementation are not included into the certification standard of the *shari'ah* hospital. From these standards, the elements of assessment are determined to assess the level of compliance. The element of assessment consists of documents review, patient survey and facility survey which are also in accordance with the assessment methodology by KARS hospital accreditation. Assessors conducting the survey are from DSN-MUI and MUKISI.

The certification standard of *shari'ah* hospital are divided into 2 main groups; the *shari'ah* management standard group and *shari'ah* service standard group, which makes up 12 chapters, 62 standards and 201 element of assessments. Each standard are viewed from the perspective of *maqasid shari'ah*. The systematics of the standard of *Shari'ah* Hospital Certification are as follows<sup>9,10,11</sup>.

**Tabel 1. Systematics of the Standard of *Shari'ah* Hospital Certification Version 1441H**

<i>Maqasid Shari'ah</i>	Standard Group
Preservation of religion ( <i>Hifzh Al-Din</i> )	<ol style="list-style-type: none"> <li>1. <i>Shari'ah</i> Standard on Organizational Management (SSMO)</li> <li>2. <i>Shari'ah</i> Standard on Quality Management (SSMM)</li> <li>3. <i>Shari'ah</i> Standard on Facility Management (SSMF)</li> </ol>
Preservation of life ( <i>Hifzh Al-Nafs</i> )	<ol style="list-style-type: none"> <li>1. <i>Shari'ah</i> Standard on Service Access and Continuity (SSAPK)</li> <li>2. <i>Shari'ah</i> Standard on Patient Assessment (SSAP)</li> <li>3. <i>Shari'ah</i> Standard on <i>Shari'ah</i> Medication (SSPO)</li> <li>4. <i>Shari'ah</i> Standard on Spiritual Service and Guidance (SSPBK)</li> </ol>
Preservation of the mind ( <i>Hifzh Al-'Aql</i> )	<ol style="list-style-type: none"> <li>1. <i>Shari'ah</i> Standard on Human Capital Management (SSMMI)</li> <li>2. <i>Shari'ah</i> Standard on Communication and Education (SSKE)</li> </ol>
Preservation of progeny ( <i>Hifzh Al-Nasl</i> )	<ol style="list-style-type: none"> <li>1. <i>Shari'ah</i> Standard on Patient Service Care (SSPAP)</li> </ol>

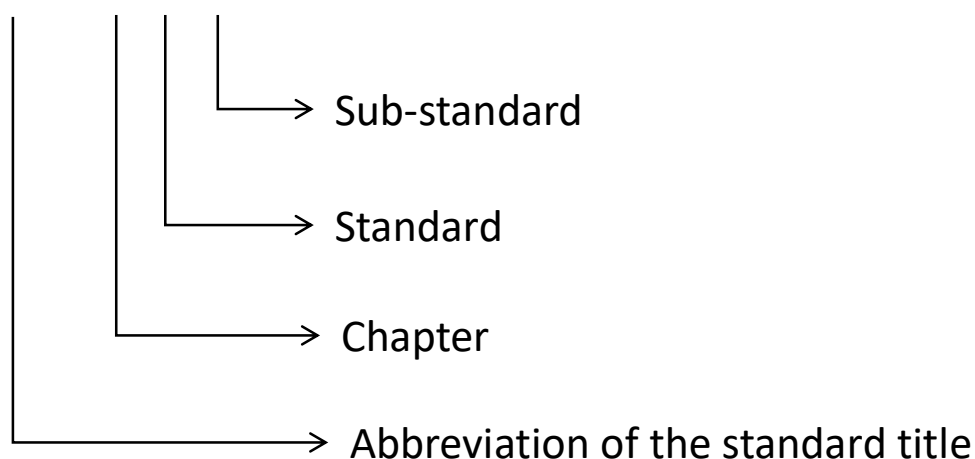
<i>Maqasid Shari'ah</i>	Standard Group
Preservation of wealth ( <i>Hifzh Al-Mal</i> )	<ol style="list-style-type: none"> <li>1. <i>Shari'ah</i> Standard on Accounting and Finance Management (SSMAK)</li> <li>2. <i>Shari'ah</i> Standard on Marketing Management (SSMP)</li> </ol>

In the book of standards, the standards and their elements of assessments are presented using alpha-numeric code to facilitate the assessment process. The standards and their elements were presented in narrative form in

the first part of the book, then presented in table form in the second part of the book. The coding of the Standard of *Shari'ah* Hospital Certification, are explained below:

**Diagram 1. Coding of the Standard of *Shari'ah* Hospital Certification**

### SSMO. 1. 1. 1.



From all five chapters in the standard, participating hospital are required to pass over 80% of chapter 1 (preservation of religion) as a mandatory passing requirement. An obligatory pre requisite for the *Shari'ah* Hospital Certification assessment is that the hospital must pass the national hospital accreditation. This is made compulsory for *shari'ah* compliant certified hospital to guarantee patient safety and to be of superior quality (MUKISI, 2015).

In general, the *Shari'ah* Hospital Certification standard combines the principles in hospital accreditation which are; the concept of service quality, quality assurance, quality improvement, and value based medicine, with the *shari'ah* principles

namely the *maqasid shari'ah*, halal assurance, Islamic branding and *shari'ah* compliance. The certification provides added value to the hospital. In the conventional healthcare services, value is perceived by monetary unit. But in Islam, the longevity of value extends beyond this worldly life.

### **Who is Authorized to Award the Recognition?**

In Indonesia, the Indonesian Council of Ulama or Majelis Ulama Indonesia (MUI) is an independent body representing the Islamic scholars of Indonesia to rectify public issues pertaining to the Islamic law. MUI is an independent non-governmental

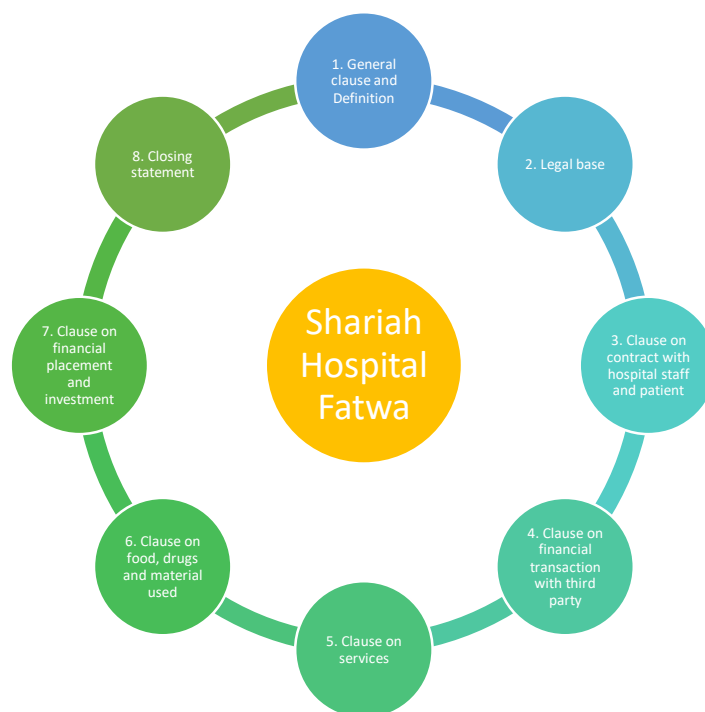
organization that accommodates Islamic scholars to guide and nurture the Muslims in Indonesia. It was established in 7th Rajab 1395 Hijriyah/26th July 1975 in Jakarta, Indonesia (MUI, 2016). Some of the agencies under MUI that are related to healthcare services are<sup>12</sup>:

1. Fatwa Commission or Komisi Fatwa; provide consultation, perform research and produce fatwa related to issues pertaining to the Islamic law in general.
2. National *Shari'ah* Council or Dewan Syariah Nasional (DSN); provide consultation, perform research and produce fatwa on specific issues related to economy or financial activities.
3. Appraisal Body for Food, Drugs and

Cosmetics or Lembaga Pengkajian Pangan Obat-obatan Kosmetika (LPPOM); provide halal consultation and research, set the regulations and procedures for halal certification, perform halal audit and certification.

In October 2016, DSN-MUI produced fatwa No. 107/DSN-MUI/X/2016 on The Guidelines of Hospital Administration Based on Shari'ah Principles, which emphasized on four critical elements that must comply with the shari'ah principles, namely the *akad* (contracts), services, halal food and drugs, and financial management. The scope and points discussed in the fatwa is summarized in the diagram below<sup>13</sup>.

**Diagram 2. The scope of the Fatwa on Guidelines of Hospital Administration based on Shari'ah Principles**



In March 2017, DSN-MUI together with MUKISI produced a second version of the Standard for *Shari'ah* Hospital Certification, which was validated by decree No. KEP-13/DSN-MUI/III/2017. This decree makes DSN-MUI the legal awarding body for *Shari'ah* Hospital Certification. Together with the book of standards, three other guidelines were published i.e.

minimum *shari'ah* service standard and compulsory *shari'ah* quality indicators, *shari'ah* hospital ethical code, and physicians ethical code in a *shari'ah* hospital. Another revised edition of the standard were published in 2020 to accommodate the new National Standard for Hospital Accreditation or Standar Nasional Akreditasi Rumah Sakit (SNARS), version

1441 with additions on nursing guidelines i.e. nursing service standard guidelines and nursing conduct guidelines, which is currently being used to certify hospitals.

Picture 1. *Shari'ah* Hospital Standard Version 1441 and Guideline Books



Picture 2. *Shari'ah* Compliant Hospital Certificate





## Implementation of *Shari'ah* Hospital Certification Standards

In 2015, two hospitals were appointed the pilot projects using the version 1436 standards. The two hospitals were Sultan Agung Islamic Hospital in Semarang and Nur Hidayah Hospital in Bantul. Sultan Agung Islamic Hospital is a class B regional referral and teaching hospital, whereas Nur Hidayah Hospital is a class D district hospital. The reason behind the appointment is to prove that the *Shari'ah* Hospital Certification is relevant and implementable to both big urban hospital and small rural hospital, to both complex and simple work processes.

In order to apply for the *shari'ah* certification, the hospital must first obtain the national hospital accreditation. Upon completing all prerequisites, MUKISI will provide training and coaching sessions. An internal audit will be conducted by MUKISI to prepare the hospital for the actual certification survey.

Currently the certification assessment uses version 1441 of the standard. Three assessors are appointed for the assessment survey, one assessor from MUKISI who looks into the medical aspects of the standard, and two assessors from the DSN-MUI who looks into the rest of the elements in the standard. The assessment results will be brought to a panel meeting by the DSN-MUI to be further evaluated to determine the predicate of the certification.

Once the hospital is deemed *shari'ah* compliant, a certificate of recognition will be given by DSN-MUI to the hospital. The certificate has a validity of 3 years, within which the hospital should maintain all standards on point. Approaching the last few months before expiration, the hospital will undergo an audit called *istiqamah* survey that will determine if the hospital can be given certification renewal.

To date, 22 hospitals are *shari'ah* compliant certified by the National *Shari'ah* Council, among which 4 of the hospitals are government-owned. More than 70 hospitals

are in the process to obtain the certification. More and more hospitals private and public alike are enticed with the idea of getting the *shari'ah* certification as this means leverage for their quality of care to meet the increasing demand of the public.

## Conclusions

The *Shari'ah* Hospital Certification standard covered both service and management aspects of a hospital comprehensively

The *Shari'ah* Hospital Certification standards provides added value on top of the national hospital accreditation standards.

Hospital performances are expected to improve through the implementation of *Shari'ah* Hospital Certification by means of establishing quality work culture in hospital staff through the inculcation of *Shari'ah* values.

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## CHAPTER NINE

### SHARI'AH HOSPITAL ACCREDITATION IN INDONESIA

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#### Abstract

Hospital as the service organization where life begins and life may end in the facility, should therefore have rules in place that guides the beginning and ending of life. The *shari'ah* sets guidelines for the safe journey of humankind on this world towards the world hereafter. The Ulema council in Indonesia is empowered to provide directions on the religious affairs of the Muslims and regulate them with religious injunctions (fatwa).

The bedrock of *shari'ah* hospital certification is its adherence to *maqasid shari'ah* which regulates the main functions in hospitals, namely service and management. The stages of certification are tiered, starting from stakeholder commitment, socialization, implementation and assessment. The process is conducted in stages from preparation, mentoring, guidance, pre-survey until surveys for assessment. Traceability evidence starts from the initial establishment of the hospital, ownership, legal licensing, and service operations obtained from written documents, implementation in the field, daily practice and implementation of the programs. The results of the visitation is deliberated and decided through daily or plenary meetings of the National *Shari'ah* Council of the Nation Ulema Council.

Keywords: standard, traceability evidence, assessment, shari'ah certification.

#### Introduction

After receiving the blessing of faith, having good health is a very important gift from Allah that one should enjoy in order to do their work as well as possible. Regarding the importance of health, the Prophet Muhammad (PBUH) said, "Two pleasures that are frequently disregarded by most people are health and free time." <sup>1</sup>.

The protection of health as a component of the Indonesian citizens' human rights is guaranteed under Article 28 H paragraphs (1), (2), and (3) as well as Article 34 paragraphs (1), (2), and (3)<sup>2</sup>. In accordance with hospital service standards, hospitals as health service providers that work directly with patients, are required to give patients' interests priority while also providing safe, effective, and anti-discriminatory health services.

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The right of the patient is to be safe. During his or her hospital stay for treatment, the patient has the right to obtain his or her own protection and security. According to Article 53 of Law No. 36/2009 on Health, the patient's life must come first while providing medical care. A top goal for healthcare services now around the world is patient safety. With *shari'ah* accreditation and certification for hospital services, it is possible to maintain the application of health services in hospitals in accordance with the norms.

One of the poor service circumstances at many hospitals in Indonesia is the patient's inability to pay in advance, which slows down the service procedure required to assess<sup>3</sup> Long administrative services resulting from the usage of BPJS (universal coverage) payments, poor treatment given to patients end of life (*sakaratul maut*) in inpatient wards by nurses or clergy, and inaccurate history taking and action plans that end in a baby dying during birth<sup>4</sup>. Patients are not being guided for *tayammum* and are not being awakened to the patient's soul, religion, or mind, so the spiritual development of patients and their families while they are in the hospital is not yet at its finest<sup>5</sup>.

The hospital is a human life cycle, starting from pregnancy planning, treatment during pregnancy to fatal care to illness treatment to ultimately death. Every health worker in a hospital should prioritize patient safety while carrying out his professional responsibilities at hospitals, according to Surah Al-Maidah verse 32 of the Qur'an. Whoever murders a human being also kills all of humanity, whether it is because they kill someone else or because they are causing turmoil on Earth. It is claimed that whoever saves one human life has also saved the lives of all people.

MUKISI (Islamic Health Institution Network of Indonesia), the National *Shari'ah* Council, and the Indonesian Council of Ulama convened *shari'ah* certification with the sole

purpose of rescuing the ummah based on cases in various hospitals to solve these issues. On October 1, 1994, MUKISI was founded as a group that unites those in charge of planning and implementing independent, qualified Islamic healthcare facilities. There are about 500 hospitals and Islamic medical training facilities among the members. 18 Regional MUKISI have been established in 18 Indonesian provinces in accordance with the five MUKISI commitments:

- 1) Islamic Da'wah as the primary force;
- 2) The highest standards of Islamic universality;
- 3) Standardized competence based on high morals; and
- 4) Congregation through national-international synergy and cooperation<sup>6</sup>.

For hospitals that have received national accreditation, obtaining recognition as a *shari'ah*-compliant hospital is a relatively simple process. The first step to start the process is to apply for *Shari'ah* Certification Assistance from MUKISI on their website. It is suggested that hospitals adopt the most recent updates to *Shari'ah* Hospital regulations and register as MUKISI members.

The hospital's management must be Muslim in order to keep the commitment to run operations and provide services in accordance with *shari'ah* principles, in addition to being accredited with the National Health Accreditation Council. Registration of the aid request includes providing proof of accreditation. Once ready, the National Sharia Council -the Indonesian Council of Ulama will carry out the assessment<sup>7</sup>.

There is a growing demand from hospitals in Indonesia for *shari'ah* hospital certification. This is consistent with the growing public demand for access to health care that adheres to *shari'ah* principles.

## The Purpose of Providing *Shari'ah* Certification for Islamic Hospitals

The existence of a hospital called Islam, currently doesn't have a reference standard and doesn't have an institution to validate it<sup>8</sup>. To strengthen the application of Islamic precepts, hospitals must be accredited as *shari'ah* hospitals. In order to protect the consumers' rights and convince clients that the hospital has incorporated Islamic ideas into its services, this is necessary. *Shari'ah* hospital certification is useful for enhancing service quality, Islamic *da'wah* facilities in hospitals, and serving as a guide for founders (owners) and hospitals in managing according to *shari'ah* principles. It also ensures that hospital operations are carried out in accordance with *shari'ah*, both for management and patient care. The *shari'ah* hospital aims to provide health services inclusive of the appropriate code of ethics of *shari'ah*, which exceeds the standard of service expected of conservative hospitals<sup>9</sup>. There are some reasons why *Shari'ah* hospitals must be certified, including:

1. More research must be done on the possibility of creating a business partnership between the hospital, the patient, and a third party. The transaction's halalness may change when the contract is taken into account. It is important to check whether the transaction contains any of the prohibited aspects (maisir, gharar, usury, and zholim).
2. *Shari'ah*-incompatible procedures should not be used in the advancement of medical research. For examples, transgender surgery, hospitalization patients which is different gender in one room.
3. Pharmaceuticals with halal ingredients are being used to make medicines and consumer goods like alcohol free

medicines, animal protein free vaccines, gelatin and other items.

4. Because the majority of Indonesia's population is Muslim, it is important to give education about religion instruction in the patient care process. For example, instructions on how to pray during illnesses, tayammum with clean dust

The existence of the *Shari'ah* Hospital will increase the community's comfort and confidence while visiting the hospital to receive care and have their health assessed. The National *Shari'ah* Council and the Indonesian Council of Ulama released guidelines for the management of *shari'ah* hospitals in fatwa number 107 in 2016. The fatwa serves as an advisory for hospitals requesting a *shari'ah* certificate from the DSN-MUI.

Four criteria must be completed in order to comply with the *Shari'ah* Hospital's guidelines:

### A. Contract Standards

1. A hospital and a health worker sign into an agreement for the provision of medical services under the *Ijarah*, with hospitals functioning as service recipients (*Musta'jir*) and health workers as service providers (*Ajir*).
2. In a contract known as an *ijarah*, patients and hospitals take on the roles of service beneficiaries (*Musta'jir*) and service providers, respectively (*Ajir*).
3. Contract for the purchase of laboratory equipments as well as hospital and medical supplies
4. Drug and Hospital Vendor Agreement

### B. Service Standards

1. As much as feasible, the hospital and other concerned parties (stakeholders) shall fulfil each party's rights and obligations.
2. When delivering services, hospitals must provide applicable service standards according to accepted clinical practice guidelines.

3. Regardless of race, ethnicity, or religion, hospitals are expected to put the needs of the patient first when delivering healthcare services.
4. Hospitals must be dedicated to always being dependable, kind, and friendly as well as consistently attempting to offer open, high-quality services.
5. When determining how much to charge patients, hospitals must give consideration to issues of justice and fairness.
6. Hospitals must offer services and religious and spiritual consultations that are suitable for the patient's needs during the recovery process.
7. Both the patient and the person in charge must follow all hospital policies and laws.
8. Both the patient's hospital and the caregiver must exhibit good morals.
9. Hospitals must distance from immoral behaviour and actions that are against the *Shari'ah*.
10. *Shari'ah* Supervisory Boards are required in hospitals,
11. With regard to the contemporary concerns of Islamic law pertaining to the practice of medicine, hospitals are expected to follow and make reference to the fatwa of the Indonesian Ulema Council.
12. Hospitals must have guidelines on the religious rituals that Muslim patients must follow (among other things related to the provisions on procedures for purification and prayer for the sick).
13. Policies governing hospital hygiene standards must be practised.

#### **C. Drugs, Cosmetics, Food, Beverages, and Other Items Standards**

1. Products with halal certifications from the Indonesian Council of Ulama (MUI), such as halal-certified drugs, food, beverages, cosmetics, and clothes, must be used in the hospitals.
2. If a drug has not been given a MUI halal certification, it is permissible to use it if it does not include any haram components.

3. In a forced (emergency) situation, it is necessary to carry out an informed consent procedure before using pharmaceuticals that include illegal ingredients.

#### **D. Fund Placement, Use and Development Standards**

1. Hospitals must use *Shari'ah*-compliant financial institutions to run their operations, including banks, insurance companies, financing companies, guarantee institutions, and pension funds.
2. Hospitals are obligated to manage their assets and money portfolios in conformity with *shari'ah* principles.
3. Hospitals may not invest money in commercial ventures or financial operations that go against *Shari'ah* principles.
4. Hospitals must have policies in place for administering zakat, infaq, alms, and waqf monies.

No matter their origin, race, or religion, all patients seeking treatment at a *shari'ah* hospital are given the same rights. Non-Muslim patients are also allowed to practice their faith in line with their religion at the *Shari'ah* Hospital.

Non-Muslim patients at the *Shari'ah* Hospital are likewise able to practice their religion openly. *Shari'ah* principles implemented in hospitals were able to have a good influence in the middle of the COVID epidemic, according to a poll done by MUKISI during the pandemic. The work environment is where the influence is felt the greatest. Human resources who work in hospitals are more resilient, calm, and patient as a result of the implementation of *shari'ah* ideals. One of the norms followed by *shari'ah* hospitals, the provision of regular instruction for all *shari'ah* hospital workers, is what has caused the favorable effect. Things that help with spiritual development become a crucial resource for navigating challenging times like the ones we're in presently.

Shari'ah Hospitals are essential to ensuring that medical treatments are provided in accordance with Islamic law. The implementation of a shari'ah hospital demands dedication and a strong will to face obstacles. The management of the *Shari'ah* Hospital constantly strives to make the patients and their families feel at ease and happy with the services offered. The therapy process includes not only services linked to the actual treatment but also services for the heart, mind, and pleasure-associated emotions. Patients have the right to know what they will get during treatment at a Shari'ah Hospital. This covers the price of care, the medications prescribed, and the medical professional treating them.

In order for the disease they experience to properly serve as atonement for their sins, patients who seek treatment at shari'ah hospitals are supposed to truly fall under the *sharia'ah* hospital's purview. If the patient is expected to recover from the sickness, it will be beneficial and strengthen his belief in and devotion to Allah SWT; however, if it results in death, his end of life experience will be in a state of *husnul-khatimah*. This is one of the added values of a Shari'ah hospital.

### **Shari'ah hospital certification assessment standards**

To assess conformity with shari'ah principles, the service and management aspects are used to determine whether I'ah is in compliance with shari'ah principles. The following six criteria are used to assess the conformity of the hospital services with shari'ah principles:

#### **a. Shari'ah Standards Access to Hospitals and Continuity of Services**

The hospital determined *shari'ah*-compliant standard operating procedures (SOP) for receiving, directing, and discharging patients as well as internal and external patient transfer protocols.

#### **b. Shari'ah Standards for Service Assessment**

The hospital establishes guidelines for the spiritual assessment of emergency, outpatient, and inpatient treatments, and it provides shari'ah-compliant laboratory and imaging services.

#### **c. Shari'ah Standards for Health Care Services**

For the treatment of patients at high risk and those who are nearing the end of their lives, the hospital determines rules and procedures. Patients are given access to halal assurance, hygiene, food safety, and nutritional treatment for patient meals. The hospital promises that attempts are made to preserve the patient's privacy, provide services tailored to each patient's gender, and preserve the element of *ikhtilath*. This standard also covers anesthesia and surgical services for pain management in mother and child health care and shari'ah-compliant reproduction.

#### **d. Shari'ah Standards for Drug Services**

In order to deliver medications to patients in accordance with Islamic principles, hospitals aim for drug formularies that do not contain forbidden substances and full accompanying paperwork. In addition, it also administers medication to patients while delivering religious teachings.

#### **e. Shari'ah Standards of Service and Spiritual Guidance**

Hospitals offer ruqyah shari'ah management services, mentorship services for patients with special needs, shari'ah-compliant services for corpses, and services for patients who are approaching the end of their lives.

#### **f. Shari'ah Standards of Educational Communication**

The hospital provides visitors with Islamic education as well as a library filled with Islamic literature, feedback for complaints, conflict, and disagreement resolution, education and training to promote patients' long-term Islamic health, and more.

Additionally, it informs patients' family about the Islamic stance on the treatment of illness.

There are six standards which are used to manage hospital operations in conformity with shari'ah principles:

a. Organizational Management Shari'ah Standards

The accuracy of the documentation helps demonstrate the hospital owner's accountability and obligations. The owner appoints the Shari'ah Supervisory Board to manage the hospital's operations and advises on any shari'ah-compliant bylaws. Establishing a shari'ah committee, a spiritual field structure in the organizational structure and work procedures of the hospital, and the mosque's takmir institution to carry out the function of da'wah and the prosperity of the mosque/mushala are just a few of the steps the hospital takes to ensure that its vision and mission explicitly include Islam. Additionally, it organizes shari'ah contracts and develops standards for the code of ethics for shari'ah hospitals.

b. Quality Management Shari'ah Standards

The hospital develops quality criteria and regulations that involve respecting one's religious convictions, devotional practices, and muamalah. By establishing a shari'ah patient safety event reporting system, it is possible to create a risk management system that complies with aqidah, worship, morals, and muamalah.

c. Islamic Human Capital Management Standards

The hospital uses shari'ah human capital governance for staff hiring, career development, and management. It also acts as a guide for the execution of general and targeted Islamic-values orientation programs. Human capital governance, the selection of key performance indicators, performance evaluation, and reward and punishment systems are all designed in accordance with

shari'ah. Staff competencies and careers are also developed. The hospital implements an Islamic hospital culture, a code of ethics for shari'ah hospital doctors, and behavioral standards for shari'ah hospital nurses.

d. Facility Management Shari'ah Standards

The hospital not only provides and manages facilities, but also adheres to shari'ah principles in the management of hospital laundry and environmental sanitation. It must also follow shari'ah-compliant guidelines for disposing of waste from human body tissue, obtain water sources in accordance with those guidelines, implement infection prevention and control programs based on current science in compliance with applicable laws and regulations, and uphold shari'ah-compliant sanitation and hygiene standards.

e. Marketing Management Shari'ah Standards

The hospital collaborates with third parties to provide health services using shari'ah contracts and has a policy that regulates hospital marketing in accordance with shari'ah principles.

f. Islamic Financial Accounting and Management Standards

The hospital uses Islamic accounting and financial control in collaboration with Islamic financial institutions. A shari'ah-compliant budget work plan must be implemented by hospitals. In addition to receiving and disbursing *Waqf* and grants, the hospital also arranges and collects *Zakat*, *Infaq*, and *Sadaqah* (ZIS).

### Process Implementation of Shari'ah Accreditation

- Hospitals with national accreditation can improve the impact of their good actions by applying for management accreditation and receiving



suggestions for shari'ah-compliant healthcare services by joining MUKISI. After enrolling, completing the willingness form, and receiving a declaration that meets the visiting requirements, the hospital can submit an application for a Shari'ah Hospital Certification Visitation to the National Shari'ah Council of the Indonesian Ulema Council (DSN-MUI).

- DSN MUI will verify all necessary conditions to see if the hospital is ready to submit an application for a shari'ah accreditation visitation.
- DSN-MUI sends the assessor's name and visitation schedule while the hospital gets everything ready in accordance with the shari'ah regulations for shari'ah hospitals. Three evaluators, including one from MUKISI and two from DSN-MUI, will conduct the visitation.
- The hospital director will provide an outline of the steps the facility has taken to obtain *shari'ah* accreditation as part of the visitation. The visit process abides by the rules and procedures that have been modified to meet *shari'ah* requirements. Following the visitation, a field inspection of the property evaluate the management and *shari'ah* services. It conducts interviews and reviews the implementation by speaking with hospital administrators, staff members, patients, doctors and nurses.
- The assessors submits their findings for correction within the time frame specified in the minutes that they both signed. The findings should be corrected and completed by hospital.
- A plenary meeting of DSN MUI's management will discuss the report when it is presented to DSN-MUI for a meeting where the hospital's

*shari'ah* accreditation will be discussed. The hospital will receive the results in the form of a *shari'ah* hospital accreditation certificate in a few days if all the findings have been addressed and fulfilled and the DSN-MUI determines that they have passed. The certificate is valid for three years.

## Conclusion

*Shari'ah* standards in management and health services are complete and comprehensive, covering all aspects of *maqasid shari'ah*, from the commitment to constructing hospital to patient care from the time they enter the hospital until they leave.

*Shari'ah* accreditation is conducted by DSN-MUI, an independent and credible institution, making it very objective and universal.

This *shari'ah* accreditation can be done for hospitals in other nations who wish to supplement *shari'ah* recognition on an independent worldwide level, in addition to Indonesia.

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## CHAPTER TEN

### THE CONCEPT OF EXCELLENCE AND HOLISTIC HEALTHCARE IN THE ISLAMIC FRAMEWORK

*Mohammad Iqbal Khan\**

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#### **Abstract**

Excellence (*Ihsan*) stands for exceptional and finest quality healthcare ecosystem, where the patient gets quality healthcare services in a safe and equitable manner with the available resources. In this article the concept of excellence is being elaborated with special reference to healthcare. The benchmarks and quality tools are described in systematic orders to relate theoretical aspects with practical facets of excellence. Holistic concept of excellence is explained with respect to divine guidelines and how it manifests in the lives of individuals, institutional milieu and ultimately how it benefits the entire system. The characteristics of the people of *Ihsan* are described with reference to health care and how they are developed at the individual and institutional level. Excelling in medical profession and achieving mastery of one's specialty requires specific tools and are described systematically. Benchmarks to achieve excellence which includes permissibility and impermissibility in the light of Islamic teachings, continuity of services, dedication and gratification concepts and people of excellence becoming useful members of the society, promoting fecundity and enticing *Barakah*, facilitation, cooperation, serving and benefiting humanity, evading from controversies, cheating, deceptions and prioritizing the pressing needs of humanity are described with references from the Quran and *Sunnah*. The importance and rewards of being grateful and tolerant have been explained with reference to the social responsibilities of health care workers within the divined framework. The concept of holistic healthcare and its implications are deliberated in relation to scientific inventions in medical sciences. Simultaneous development of ethical excellence viz-a-viz scientific innovation cultivates the culture of accountability, moral consciousness and social responsibility. Spiritual excellence is linked with professional excellence and the people of *Ihsan* remain dynamic in every aspect and provides services proactively and aims to excel in professional and personal matters. It is concluded that the Islamic code of life provides greater wellbeing, effectiveness, and productivity through integration of professional excellence with spiritual excellence. Spiritual excellence enhances the professional excellence through systematic reinforcement of crucial benchmarks like justice, elegance, distinction, nobility, equality, balanced and purposeful life to humanity. The concept of excellence brings very important attributes among the healthcare professionals including the commitment to the Islamic lifestyle, loving and total submission to Almighty Allah.

**Keywords:** Excellence, *Ihsan*, Profession, Healthcare, Benchmarks, Divine, Quran, Hadith, Humanity, Islamic perspective, Quality.

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## Introduction

As a result of complex technological advancements and lack of health care resources, contemporary health care ecosystem demands persistent and pursuant innovations. The patient's experience of health care facilities and expectation of high-quality care within affordable resources, raises pertinent questions about concepts of excellence like: safety, quality, patient-centered, timely, efficient and equitable care. At the same time, healthcare systems must assure about doing the right thing for the right patient, at the right time, in the right way to achieve the best possible outcomes. Making care safer and minimizing impending harms, sturdy engagement of patient's family through effective coordination and communication, promoting primary and secondary preventive measures in managing chronic diseases, working with communities in promoting healthy lifestyle and best practices and making everything affordable are the few benchmarks of quality care. Excellence in healthcare means provision of care when patients need it, in an affordable, safe and effective manner. Other important benchmarks are patient's engagement and ownership in prevention, diagnosis and management of a medical condition.

Fineness also stands out for consistent excellence, including distinguished physicians, top notch nursing care and state of the art technology. Everything is focused on the best patient's outcome with affordable resources. These benchmarks can only be achieved through strong organizational commitment, capacity building of staff, resource allocation, implementing quality improvement strategies, strong leadership, nurturing the culture of positive and sustainable change and supportive organizational culture.

Excellence in health care also defines the judicious use of sparse resources,

understanding the needs of the patients and delivering the care in the best possible way. The staff and leadership must be tuned to active listening, effective communication, individualized attention and apportioning resources according to the patient's need.

Excellence is the hallmark of the Islamic ethical framework. Islamic theology strongly expresses the 'purpose of human creation' is Allah satisfaction and every single action aims to bring the individual closer to The Creator. Thus, there is a fundamental philosophical difference between the Islamic and other systems of life while casting light on the magnitude and scope of excellence in health care. Excellence is a human reflection, a human attempt to achieve a high level in the areas covered by the revealed 99 beautiful names of Allah (SWT). The Arabic word *Ihsan* connotes various meanings which maybe internalized among others as excellence, perfection, beauty, balance, harmony, discipline, good character, softness, gentleness, improvement, drive, will-power, etc. A leading Arabic linguist Imam Raghīb Al Isfahani explained that *Ihsan* stands for "the creation of beauty in one's conduct, which is achieved through beauty in knowledge and beauty in action"<sup>1</sup>.

The spiritual guidance in Quran starts with faith followed by *Ihsan* or good work and being a religion of practical life, that is applicable everywhere and at all times. Professional excellence is achieved through a variety of benchmarks as described in the Quran and *sunnah*, which refers to the ways of the Prophet Muhammad (PBUH). The Quran also explicitly lauded the Prophet (PBUH) as the best role model for those who seek the pleasures of Allah:

"لَقَدْ كَانَ لَكُمْ فِي رَسُولِ اللَّهِ أُسْوَةٌ حَسَنَةٌ لِّمَن كَانَ يَرْجُو اللَّهَ  
وَالْيَوْمَ الْآخِرَ وَذَكَرَ اللَّهَ كَثِيرًا"

"Indeed, in the Messenger of Allah you have an excellent example for whoever has hope in Allah and the Last Day and remembers Allah often"<sup>2</sup>.

### Excellence in healthcare

Excellence is a term which means the quality of being outstanding or being truly best at something. Excellence is considered a talent or quality which is remarkably good and surpasses ordinary standards. The term excellence might be perceived by different individuals differently depending upon the prevailing situations. Organizational excellence also differs with the changes of situations, organization, profession, industry, market situation, history, context and domains<sup>3</sup>. Excelling contributes to superiority, surpassing goodness and merits. In the healthcare system excellence always means to ensure consistent standard care. The excellent healthcare model includes; professional enthusiasm, compassion, ethical practices, true involvement of patients and families in decision making, verbal and non-verbal communications. Healthcare service excellence means truly understanding the needs of the patients and delivering care in the best manner. In clinical services it means persistent and pursuant improvement in quality of care with the latest evidence-based healthcare intervention and listening carefully, thinking critically and being compassionate. Some authors have defined it in six 'C' s: care, compassion, competence, communication, courage and commitment<sup>4</sup>.

In the pursuit of excellence in healthcare, the patient's safety is the most important benchmark, where the occurrence of adverse outcomes and errors are minimized. Quality is always used to signify the excellence in health care consistent with the current professional knowledge. Excellence also signifies meeting a patient's expectations, which in turn depends upon various factors like; finest quality physicians and other services providers, infrastructure, working environments, facilities, procedures and overall systems placed in the healthcare

facility. The safety benchmarks are directed to design and implement measures to identify adverse incidents and errors and implementation of changes to avoid their recurrence<sup>5</sup>. Excellence is determined through a variety of quality benchmarks, like;

Accessibility and the ease with which users can obtain the care when they need it.

Appropriateness of care and the degree to which the correct medical care is provided, in line with the current knowledge and practices.

Continuity of care and the degree to which the care needed by patients in coordinated manners among practitioners, organizations and others.

Effectiveness of the care and the degree to which care given to the patient is provided correctly meeting the current knowledge and best practices.

Efficacy of a care and the degree to which a service or care has the potential to meet the need for which such a facility was planned under ideal conditions.

Patient's perspective is considered as a crucial component of quality care and described as the degree to which patients and their families are satisfied with the care provided and how effectively they are involved in the decision-making process. The caregivers must be highly sensitive to the patient's needs and expectations and must consider the personalized care and individual differences<sup>6</sup>.

Safety of the healthcare environment is considered as an important benchmark to achieve excellence and usually measured by the degree to which the environment is free from risks for care users and providers.

Timeline of the care is the degree to which care is provided to patients when needed.

Acceptability: The care must be acceptable and in conformity to the wishes, and expectations of patients and responsible members of their families.

Equity: Conformity to a principle that determines what is just and fair in distribution

of health care and its benefits among the members of a population.

Efficacy of care is a decisive benchmark which is defined as the relationship between the outcome and resources utilized in the delivery of care. The desirable effects are achieved with minimum possible efforts, expenses and waste<sup>7</sup>.

Rewards of excellence: Practicing health care excellence pays back and is rewarding and therefore, must be a permanent feature of any health care facility.

Continuous Quality Improvement (CQI) is a cyclical process involved in identification of areas requiring improvement followed by outlining the sequence of designed activities that should occur in order to resolve the issue through implementing them. Once the cycle is completed, it must be determined whether the problem has been solved. If the problem persists, the cycle should be repeated<sup>8</sup>.

Basics of excellence in healthcare are team management and rigorous group dynamics, always taking into consideration the patient's perspectives, mechanism of continuous improvement despite absence of problems or complaints. Excellence cannot be achieved without eagerness to change and measuring the work process. Continuous Quality Improvement (CQI) dictates to examine any evolving issue within the systematic context and identifying the reason for the failure of the system rather than individuals.

Feedback: The system needs continuous improvement thorough feedback and review the identified reasons for its failure and timely fixation. A dynamic system is an assembly of procedures, allocation of resources and chalking out a road map for action. Everyone in the system owns the responsibilities to perform being a stakeholder.

Based on systematic reviews, changes are suggested, owned and implemented for improvement and rectification of errors. The changes are aimed to achieve excellence and advancement of the systems expressed in

clear terms and measurable outcomes. While performance measures must be simple to understand, operate and act upon with clear outcome, process and structure indicators. The education system must be aligned with the vision of excellence and the system must attract, engage, retain and develop finest quality professionals. At the same time biomedical discoveries and innovations should be integrated with the existing operations and at the same time with social, spiritual and professional ethical codes. An ideal system must be financially sustainable and acceptable by all stakeholders<sup>9</sup>.

In the healthcare sector, formidable challenges like; increasing complexity of patients, aggressiveness of diseases and mounting costs are posing major encounters particularly in resource constrained environments. Excellence still can be achieved through timely access to the essential services. Despite challenges, many healthcare professionals and institutions exceed expectations, goes well beyond providing routine care for their patients. The system must be designed to support students and residents to be better prepared, more compassionate physicians who work tirelessly to discover a cure for disabling or lethal diseases. The healthcare institutions must attract the most skilled physicians who are given the resources to care the patients, develop innovative treatments and teach and inspire others<sup>10</sup>.

Clinical excellence means continuously improving the quality of care and ensuring provision of state-of-the-art evidence-based health interventions. Clinical excellence should be the priority for any health care system. However, the best healthcare systems combine professional (clinical) service excellence with outstanding personal service and more than adequate job and ever willing attitude to resolve emerging and impending issues<sup>11</sup>.

Clinical teachers must be the role models and ensure the true essence of academic medicine, not merely providing latest information and present treatment options to the students and residents but also go the extra mile. All teachers must be attentive to the individual's needs of learners, shared skills, knowledge and wisdom and pass on the thirst for excellence.

Research in medicine must also be designed to meet the upcoming challenges. Publishing articles in high impact factor journals and obtaining research grants will not lead to excellence until key articles are published that change practice and receive grants that foster innovation and new ideas. Newer agendas designed and implemented to work across many disciplines and programs reaching well beyond the comfort zone. Quality has its own cost but a carefully chosen investment in terms of time, monetary and other resources always pay back in several terms to the institutions and individuals. Regardless of all prohibitions and difficulties, one must strive for excellence. Adopting the pursuit of excellence in the healthcare system, health professional education and health research, ultimately generate innovations in care and better health outcomes<sup>12</sup>.

In summary, a rapid and open access to health care facilities, comprehensive care under one roof, culture of resilience and recovery, outcome-based care, high value and world class patient's services are basic parameters of excellence in health care. This can only be achieved if there is thorough staff engagement and every member of the staff is being looked after by the organization or system in which he is rendering his services.

### **Divine guidance on excellence in healthcare**

The rationale to discuss the subject of excellence from an Islamic perspective is to enlighten us with a consolidated and all-encompassing understanding and value of

performance as described in the Quran and exemplified in the *sunnah* of the Prophet Muhammad (PBUH). Work ethics and professionalism depicted in Islamic theology provides us with invaluable gold standards. Most importantly, all these instructions and guidelines carry not only very high spiritual values where the believer observes them due to his religious duties and expect better rewards but also provides better self-control, comprehensive and untainted strategies of actions. The authentic texts provides robust guidelines of actions not of idleness, incitement for good deeds and achieving excellence in every walks of life including the practice of medicine. The Islamic principles of actions as described in several parts of the Quran. invariably mentions "good deeds" following "faith" which immediately directs one to put faith into good actions. The word *amal* (action) is described in 360 places in the Quran and the word *Fh'il* (work) is mentioned 109 times.

The Islamic way of life comprises of three dimensions: Iman, Islam and Ihsan. Iman or faith must be mentioned as the first part of our deen because it serves as our roots. During many years of the Prophet hood of Muhammad (PBUH), Allah revealed nothing except the concept of taqwa (Allah consciousness), *ikhlas* (sincerity) and *Iman* (faith). It was not until the hearts of the first Muslims became strong with true *Iman* did Allah (SWT) began introducing the next concept - Islam, to the Muslims. After our roots are firmly in place within the rich soil of *Iman*, we can begin to understand the practice of Islam or submission to the will of Allah. This Islam, or submission, is like the trunk of the tree, sturdy, reaching up to heights. The "rules" of Islam come much easier to those who have prepared their hearts with *Iman* and it prepares them for the superlative of excellence, *ihsan*. *Ihsan* means to believe in Allah the Almighty without the slightest speck of doubt. *Ihsan* is the fruit that

blossoms from our planted trees of *iman* and Islam.

Islamic legacy is rich with *Ihsan*: All the achievements in art, science, architecture, literature, geography, politics, economics, social movement, philosophy, medicine and more came from the Muslims' desire to attain *Ihsan*(excellence) in their respective fields. *Ihsan* is our lost treasure that we must unearth and revive. *Ihsan* is a human reflection, a human attempt to achieve the highest high levels in human activities, manifesting the traits of excellence, perfection, beauty, balance, harmony, discipline, good character, softness, gentleness, improvement, drive and will power. Those who sincerely strive in Allah's Cause and attain *Ihsan* in both their worship and their everyday activities will be rewarded for this level of excellence and shall be blessed by Allah. They would have done *Ihsan* and in return, they will feel *Ihsan* in their hearts. Allah rewards this *Ihsan* with *Ihsan*- the excellence in their daily works that we read about - the amazing art, architecture, philosophy, medical sciences. The rewards of excellent performance in this world by being blessed by Almighty Allah with ultimate success, the ultimate *Ihsan*.

"هَلْ جَزَاءُ الْإِحْسَانِ إِلَّا الْإِحْسَانُ"

"Is the recompense of *Ihsan* (excellence) is other than *Ihsan* (excellence)"<sup>13</sup>.

The Quran explains the very reason for human creation in various verses of Quran is to obey Allah (SWT):

"وَمَا خَلَقْتُ الْجِنَّ وَالْإِنْسَ إِلَّا لِيَعْبُدُونِ"

"And I did not create the jinn and mankind except to worship Me".<sup>14</sup>

Allah (SWT) orders us to attain excellence in all deeds of worship, obedience, reverences including professional work and performances. And he will be rewarded with the fruits of his good deeds as Allah says in the Quran:

"وَأَنْ لَيْسَ لِلْإِنْسَانِ إِلَّا مَا سَعَى"

"Man gets whatever he strives for"<sup>15</sup>.

Human beings are tested by being delegated the powers of vicegerency and making them morally responsible for it. The moral trial of humans and their accountability to the Creator of the delegated powers, and the award of rewards and punishments are the basis of actions in Islamic theology.

"وَهُوَ الَّذِي خَلَقَ السَّمَاوَاتِ وَالْأَرْضَ فِي سِتَّةِ أَيَّامٍ وَكَانَ عَرْشُهُ عَلَى الْمَاءِ لِيَبْلُوَكُمْ أَيُّكُمْ أَحْسَنُ عَمَلًا وَلَئِنْ قُلْتُمْ إِنَّكُمْ مُعْتَدُونَ مِنْ بَعْدِ الْمَوْتِ لَيَقُولَنَّ الَّذِينَ كَفَرُوا إِنْ هَذَا إِلَّا سِحْرٌ مُبِينٌ"

"He is the One Who created the heavens and the earth in six Days and His Throne was upon the waters—in order to test which of you is best in deeds. And if you 'O Prophet' say, 'Surely you will 'all' be raised up after death,' the disbelievers will certainly say, 'That is nothing but pure magic!'"<sup>16</sup>.

Spiritual excellence is always linked with excellent performance which has been described as "the best deeds". Many Quranic verses describe excellence as promoting the best interest of humanity:

"إِنْ أَحْسَنْتُمْ أَحْسَنْتُمْ لِأَنْفُسِكُمْ..."

"If you do good, you do good to yourselves."<sup>17</sup>

"إِنَّ اللَّهَ يَأْمُرُ بِالْعَدْلِ وَالْإِحْسَانِ وَإِيتَاءِ ذِي الْقُرْبَىٰ وَيَنْهَىٰ عَنِ الْفَحْشَاءِ وَالْمُنْكَرِ وَالْبَغْيِ يَعِظُكُمْ لَعَلَّكُمْ تَذَكَّرُونَ"

"Indeed, Allah commands justice, grace (excellence, refinement, elegance) as well as courtesy to close relatives. He forbids indecency, wickedness, and aggression. He instructs you so perhaps you will be mindful"<sup>18</sup>.



The performance of humans is continuously monitored and tested as to who performs best and strives to achieve excellence in beliefs and actions:

”إِنَّا جَعَلْنَا مَا عَلَى الْأَرْضِ زِينَةً لَهَا لِنَبْلُوَهُمْ أَيُّهُمْ أَحْسَنُ  
عَمَلًا“

“We have indeed made whatever is on earth as an adornment for it, in order to test which of them is best in deeds”<sup>19</sup>.

Practicing excellence in every walk of life is beneficial for everyone and will be rewarded accordingly but the believer will also enjoy the rewards from Allah (SWT) in the hereafter:

”إِنَّ الَّذِينَ آمَنُوا وَعَمِلُوا الصَّالِحَاتِ إِنَّا لَا نُضِيعُ أَجْرَ مَنْ  
أَحْسَنَ عَمَلًا“

“Verily! As for those who believe and perform best, certainly! We shall not suffer to be lost the reward of anyone who does his (righteous) deeds in the most perfect manner”<sup>20</sup>.

A Muslim strongly believes and strives to please his Lord at all times and this is only possible if one knows the ways and means to achieve that task. Divinity provides harmony and balance in human life enjoining spirituality while persistently empowering the attainment of goodness and success in life:

”وَابْتَغِ فِيمَا آتَاكَ اللَّهُ الدَّارَ الْآخِرَةَ وَلَا تَنْسَ نَصِيبَكَ مِنَ الدُّنْيَا  
وَأَحْسِنْ كَمَا أَحْسَنَ اللَّهُ إِلَيْكَ وَلَا تَبْغِ الْفُسَادَ فِي الْأَرْضِ إِنَّ اللَّهَ  
لَا يُحِبُّ الْمُفْسِدِينَ“

“Rather, seek the ‘reward’ of the Hereafter by means of what Allah has granted you, without forgetting your share of this world. And be good ‘to others’ as Allah has been good to you. Do not seek to spread corruption in the land, for Allah certainly does not like the corruptors”<sup>21</sup>.

There are several hadiths of Prophet Mohammad (PBUH) emphasizing the need to

achieve excellence in every walk of life including professional practice of healthcare. The *Sunnah* of the Prophet (PBUH) is the direction of Almighty Allah and the life of the Prophet (PBUH) is exemplary. Allah guaranteed the authority and authenticity of *sunnah* at various places in the Quran:

”مَا آفَاءَ اللَّهُ عَلَى رَسُولِهِ مِنْ أَهْلِ الْقُرَى فَلِلَّهِ وَلِلرَّسُولِ وَلِذِي  
الْقُرْبَىٰ وَالْيَتَامَىٰ وَالْمَسَاكِينِ وَابْنِ السَّبِيلِ كَيْ لَا يَكُونَ دُولَةً  
بَيْنَ الْأَغْنِيَاءِ مِنْكُمْ وَمَا آتَاكُمُ الرَّسُولُ فَخُذُوهُ وَمَا نَهَاكُمْ عَنْهُ  
فَانْتَهُوا وَاتَّقُوا اللَّهَ إِنَّ اللَّهَ شَدِيدُ الْعِقَابِ“

“And whatever the Messenger has given you - take; and what he has forbidden you - refrain from. And fear Allah; indeed, Allah is severe in penalty”<sup>22</sup>.

One who does not venerate and internalize the life and model of the prophet (PBUH) in their beliefs and actions, will not be able to secure the benefits of divinity. One who is hopeful of Allah’s grace and His favors, and who is heedful of the Day of Judgment, all his deeds will depend on how closely his conduct resembled the demeanor and character of the Prophet (PBUH).

”لَقَدْ كَانَ لَكُمْ فِي رَسُولِ اللَّهِ أُسْوَةٌ حَسَنَةٌ لِمَنْ كَانَ يَرْجُو اللَّهَ  
وَالْيَوْمَ الْآخِرَ وَذَكَرَ اللَّهَ كَثِيرًا“

“Surely there was a good example for you in the Messenger of Allah, for all those who look forward to Allah and the Last Day and remember Allah much”<sup>23</sup>.

Spiritual excellence (*Ihsan*) for professionals requires striving for excellence in conduct, morals, and Allah’s awareness. This level entails the worship of Allah with full Allah-consciousness and awareness of the requirements of excellence.

In a Hadith, Jibrail quotes three facets of the Islamic faith called Islam, *Iman*, and *Ihsan*<sup>24</sup>.

In a reply to a question about excellence, the Prophet (PBUH) answered:

"إِنَّ الَّذِينَ آمَنُوا وَعَمِلُوا الصَّالِحَاتِ إِنَّا لَا نُضِيعُ أَجْرَ مَنْ أَحْسَنَ عَمَلًا"

"you should serve Allah as though you could see Him, for though you cannot see Him yet (know that) He sees you (...)"<sup>25</sup>.

"Certainly, We shall not make to be lost the reward of anyone who does his (righteous) job in the most perfect manner (ahsanal-amala)"<sup>30</sup>.

The life of the Prophet being the living example of Quranic teachings was emphasized by the Hadith: When a companion of the Prophet (RA) asked "Ayesha (RA), the wife of the Prophet (PBUH) about the character of the Prophet, she said:

The Prophet (PBUH) said in a hadith:

"Don't you read the Qur'an? I said: Yes. Upon this she said: The character of the Messenger of Allah was the Qur'an"<sup>26</sup>.

"And My servant does not draw near to Me with anything more loved to Me than the religious duties I have obligated upon him. And My servant continues to draw near to me with *nafil*(supererogatory) deeds until I Love him. When I Love him, I am his hearing with which he hears, and his sight with which he sees, and his hand with which he strikes, and his foot with which he walks. Were he to ask (something) of Me, I would surely give it to him; and were he to seek refuge with Me, I would surely grant him refuge?"<sup>31</sup>.

### Manifestations of Excellence:

1. The foremost exhibition of excellence is spirituality:

".. وَأَحْسِنُوا إِنَّ اللَّهَ يُحِبُّ الْمُحْسِنِينَ "

"... And do good; indeed, Allah loves the doers of good (*Al-Ihsan*)"<sup>27</sup>.

Attaining excellence in spiritual life incites excellence in professional work:

"Allah is good and only accepts that which is good."<sup>32</sup>.

And in a Hadith it is further stressed:

"Verily Allah has prescribed *Ihsan* (perfection) in all things. Thus, if you kill, kill well; and if you slaughter, slaughter well. Let each one of you sharpen his knife and let him spare suffering to the animal he slaughters"<sup>28</sup>.

2. Excellence promotes safety and wellbeing: Some people asked The Prophet (PBUH):

"Whose Islam is the best? i.e. (Who is a very good Muslim)?" He replied, "One who avoids harming the Muslims with his tongue and hands"<sup>33</sup>.

Furthermore, Allah ordains to remain graceful, to be dutiful and to perform all acts of worship with perfection:

"Verily, Allah is Graceful, and He loves Grace. Pride is disdain for the truth (out of self-conceit) and contempt for the people"<sup>29</sup>.

Islamic jurisprudence stands for justice, mercy, wisdom and excellence in performance. The Islamic religion is universal, and its teachings are for the whole of humanity irrespective of beliefs. Anyone who follows these guidelines will attain benefit in this world but if someone believes in the Islamic divinity then he will have dual rewards; here and the hereafter. Islamic guidelines provides a unique opportunity to its followers, where professional work

Spiritual excellence is the base of all actions and is being rewarded here and in the hereafter:

becomes a part of worship and every single action is counted for obedience and rewards. The unique Islamic provision is wholehearted performance which actually tantamounts to excellence in the real world in the best interest of fellows human as mentioned in the Hadith:

“The most beloved people to Allah are those who are most beneficial to people. The most beloved deed to Allah is to make a Muslim happy, or to remove one of his troubles, or to forgive his debt, or to feed his hunger”<sup>34</sup>.

Best results are only expected if one has done his job with full zeal, interest and hard work as described in the Quran:

”وَأَنْ لَّيْسَ لِلْإِنْسَانِ إِلَّا مَا سَعَى”

“And that a man shall not deserve but (the reward of) his own effort”<sup>35</sup>

Therefore, Islam views good efforts as means to sustain social prestige, to advance societal welfare and reaffirm faith. *Shari’ah* guidelines address all the people and the Prophet (PBUH) was sent to humanity:

”قُلْ إِنْ رَبِّي يَبْسُطُ الرِّزْقَ لِمَنْ يَشَاءُ مِنْ عِبَادِهِ وَيَقْدِرُ لَهُ وَمَا أَنْتُمْ مِنْ شَيْءٍ فَهَوٍ يُخَلِّفُهُ وَهُوَ خَيْرُ الرَّازِقِينَ”

“We have sent you “O Prophet” only as a deliverer of good news and a warner to all of humanity, but most people do not know”<sup>36</sup>.

The prophet Mohammad (PBUH) brings mercy, and heralds good news for everyone. Allah (SWT) declares the follower of the Prophet Mohammad as the best of communities since it has been deputed towards all humanity, bringing all kinds of benefits to humanity as this *Ummah* (Community) is bestowed the duty of conveying God’s guidance to them and living with Quranic ethics:

”كُنْتُمْ خَيْرَ أُمَّةٍ أُخْرِجَتْ لِلنَّاسِ تَأْمُرُونَ بِالْمَعْرُوفِ وَتَنْهَوْنَ عَنِ الْمُنْكَرِ وَتُؤْمِنُونَ بِاللَّهِ وَلَوْ آمَنَ أَهْلُ الْكِتَابِ لَكَانَ خَيْرًا لَهُمْ مِنْهُمُ الْمُؤْمِنُونَ وَأَكْثَرُهُمُ الْفَاسِقُونَ”

“You are the best community ever raised for humanity—you encourage good, forbid evil, and believe in Allah. Had the People of the Book believed, it would have been better for them. Some of them are faithful, but most are rebellious”<sup>37</sup>.

The most significant outcome of practicing excellence in the healthcare profession is it brings justice, magnanimity, and egalitarianism in the fraternity. This will bring harmony and attain joy in this world while attaining ultimate felicity and the pleasure of Allah (SWT) in the hereafter. A Muslim’s medical professional strives to achieve excellence in their profession to please the Lord and this behavioral change will translate into his practice with ultimate benefits to the patients. Being a standard bearer of Quranic morality leads to human development, felicity and spiritual productivity. These qualities not only significantly facilitate his professional performance, provide psychological support to patients and engender the moral intent to act ethically especially with stronger moral incentive in all endeavors.

3. With the rapid advancement in science and technology, there is a dire need to develop ethical excellence to advance constructive thoughts and practice through normative legal guidelines provided in the Quran and *Sunnah*. The Quran and traditions of the Prophet (PBUH) perfectly embodied the spiritual excellence loved by Allah (SWT). A Muslim medical professional believes that by practicing excellence in spiritual and professional actions will transform him into a useful member of the society as an active and dynamic person, contributing to the development of the profession, institutions, societies, *ummah* and the entire humanity.

Those who strive to attain excellence (*Ihsan*) in spiritual and professional deeds will be rewarded by being blessed by Allah (SWT)<sup>38</sup>.

This phenomenon was established in history when Muslim scientists and scholars attained excellence in their spiritual and professional deeds, and achieved amazing successes in medicine, chemistry, mathematics, art philosophy, astronomy and other fields. The worth of excellence can still be achieved, if a medical professional strives to surpass and work hard to attain the level of excellence, in return will get rewards of distinctive professional growth and achieve highest spiritual gains in the form of winning the pleasures of Allah (SWT).

### **Achieving Excellence and being a person of *Ihsan*.**

In order to attain the level of excellence, a Muslim health care professional should be sincere and have positive intention, must possess adequate knowledge, must develop a vision of meaningful research and innovation, must always do justice to professional performance, should develop mastery in professional outlook, must develop a support system for social and spiritual wellbeing of the people. A Muslim healthcare professional should attain a simple but highly productive lifestyle to attract the blessings of Allah (SWT).

1. *Ihsan* (Excellence) directs sincerity and truthful intentions in the health care professional. "The (reward of) deeds, depend upon the intentions and every person will get the reward according to what he has intended<sup>39</sup>.

"It is narrated on the authority of Jarir that he observed: I owed allegiance to the Apostle of Allah (may peace and blessings be upon him) on hearing (his commands) and obeying (them) and the Prophet instructed me (to act) as lay

in my power, and sincerity and goodwill for every Muslim<sup>40</sup>.

As we strive to excel in spiritual matters, our faith dictates us to achieve excellence as a religious duty. The Prophet (PBUH) said:

"If a slave serves his Saiyid (i.e. master) sincerely and worships his Lord (Allah) perfectly, he will get double reward"<sup>41</sup>.

Therefore, every Muslim healthcare professional must perform his duty with the zeal and interest as a part of his religious duty:

"*... وَأَحْسِنَ كَمَا أَحْسَنَ اللَّهُ إِلَيْكَ ...*"

"And be good 'to others' as Allah has been good to you"<sup>42</sup>.

The real rewards of serving humanity is not monetary benefits or appreciation by the people but a Muslim healthcare professional sincerely serve the people because he expects the perfect rewards from the Lord and therefore, his performance in every deed is based upon his eternal beliefs.

The foremost characteristic of a healthcare professional is 'sound ethics'. The Prophet (PBUH) said:

"I was sent to perfect good character"<sup>43</sup>.

"The best of you in Islam are those with the best character, if they have religious understanding"<sup>44</sup>.

Excellence (*Ihsan*) cannot be achieved without an appropriate knowledge of healthcare specialties and systems: They must acquire the knowledge and required professional competencies along with behavior of patience, perseverance, preservation and deliberations. Prophet (PBUH) said to Ashajj, of the tribe of 'Abdul-Qais:

"You possess two qualities which are liked by Allah: forbearance (Al- Hilm) and deliberateness (Al- Anāh)"<sup>45</sup>.

Healthcare professionals must persistently care with passion with the sole intention to

please Allah, and relies on Allah in all his constituencies.

"إِنَّ اللَّهَ يُحِبُّ الْمُتَوَكِّلِينَ"

"Certainly, Allah loves those who put their trust (in Him)<sup>46</sup>.

He is assured of success for his sincere deeds:

"If you were to rely upon Allah with the required reliance, then He would provide for you just as a bird is provided for, it goes out in the morning empty, and returns full"<sup>47</sup>.

Extreme ideas in religion as well as in professional life are not appreciated in the Islamic theology as said in the Quran:

"وَكَذَلِكَ جَعَلْنَاكُمْ أُمَّةً وَسَطًا لِتَكُونُوا شُهَدَاءَ عَلَى النَّاسِ وَيَكُونَ الرَّسُولُ عَلَيْكُمْ شَهِيدًا وَمَا جَعَلْنَا الْقِبْلَةَ الَّتِي كُنْتَ عَلَيْهَا إِلَّا لِنَعْلَمَ مَنْ يَتَّبِعِ الرَّسُولَ مِمَّنْ يَنْقَلِبُ عَلَى عَقْبَيْهِ وَإِنْ كَانَتْ لَكَبِيرَةً إِلَّا عَلَى الَّذِينَ هَدَى اللَّهُ وَمَا كَانَ اللَّهُ لِيُضَيِّعَ إِيمَانَكُمْ إِنَّ اللَّهَ بِالنَّاسِ لَرُؤُوفٌ رَحِيمٌ"

"And thus We have made you a middle nation [just] that you will be witnesses over the people and the Messenger will be a witness over you.."<sup>48</sup>

Moderate and just decisions are spiritually guided and blessed as said in the hadith:

"A group of three men came to the houses of the wives of the Prophet (PBUH) asking how the Prophet (PBUH) worshipped (Allah), and when they were informed about that, they considered their worship insufficient and said, "Where are we from the Prophet (PBUH) as his past and future sins have been forgiven." Then one of them said, "I will offer the prayer throughout the night forever." The other said, "I will fast throughout the year and will not break my fast." The third said, "I will keep away from the women and will not marry forever." Allah's Messenger (PBUH) came to them and said, "Are you the same people who said so-and-so? By Allah, I am more submissive to Allah and more afraid of Him than you; yet I fast and break my fast, I do

sleep, and I also marry women. So, he who does not follow my tradition in religion, is not from me (not one of my followers)<sup>49</sup>.

Healthcare professionals seeking excellence (*Ihsan*) are in pursuit of knowledge and wisdom because they believe that this leads them to true success:

"يُؤْتِي الْحِكْمَةَ مَنْ يَشَاءُ وَمَنْ يُؤْتَ الْحِكْمَةَ فَقَدْ أُوتِيَ خَيْرًا كَثِيرًا وَمَا يَذَّكَّرُ إِلَّا أُولُو الْأَلْبَابِ"

"He gives wisdom to whoever he wills and he who has been given wisdom has been given a good in abundance. But no one pays heed but the people of understanding"<sup>50</sup>.

Wisdom is a very wide understanding encompassing every aspect of professional, public and private life.

"Wisdom is the lost property of the believer. Wherever he finds it, he is most deserving of it"<sup>51</sup>.

A healthcare professional should be optimistic, not despairing in times of failure and have a firm belief in Allah.

"The affair of the believer is amazing! The whole of his life is beneficial, and that is only in the case of the believer. When good times come to him, he is thankful and it is good for him, and when bad times befall him, he is patient and it is also good for him"<sup>52</sup>.

The positive thoughts provide hope and courage to continually perform in the pursuit of solutions in medical professions particularly in research and innovations.

2. Excellence (*Ihsan*) develop visions of meaningful research and innovation. Healthcare necessitates extraordinary devotion towards the profession, which in turn requires continuous improvement through meaningful research and well thought of innovations. Only the purposeful and thorough innovations can leave a durable legacy. The Prophet (PBUH) said:

“When a person dies, his deeds are cut off except through three: continual flowing charity, knowledge which others benefit, and a pious offspring that supplicates for him”<sup>53</sup>.

“He who introduced some good practice in Islam which was followed after him (by people) he would be assured of reward like one who followed it, without their rewards being diminished in any respect”<sup>54</sup>.

“The most beloved people to Allah are those who are most beneficial to people”<sup>55</sup>.

It is very important that one should always be benefiting others through his knowledge, expertise and other resources bestowed to him. Excellence demands that one must always be contributing to society to the best of one’s ability and available resources. The prophet (PBUH) said:

“The upper hand is better than the lower hand. The upper hand is one that gives, and the lower hand is one that takes”<sup>56</sup>.

3. *Ihsan*(Excellence) demands trustworthiness, great fortitude and high steadfastness. The love for truthfulness and steadfastness are excellent human qualities:

”إِنَّا عَرَضْنَا الْأَمَانَةَ عَلَى السَّمَاوَاتِ وَالْأَرْضِ وَالْجِبَالِ فَأَبَيْنَ أَنْ يَحْمِلْنَهَا وَأَشْفَقْنَ مِنْهَا وَحَمَلَهَا الْإِنْسَانُ إِنَّهُ كَانَ ظَلُومًا جَهُولًا“

“Indeed, We offered the trust to the heavens and the earth and the mountains, but they ‘all’ declined to bear it, being fearful of it. But humanity assumed it, ‘for’ they are truly wrongful ‘to themselves’ and ignorant ‘of the consequences’<sup>57</sup>.

One of the daughters of Prophet Shua’ib (AS) said:

”قَالَتْ إِحْدَاهُمَا يَا أَبَتِ اسْتَأْجِرْهُ إِنَّ خَيْرَ مَنْ اسْتَأْجَرْتَ الْقَوِيُّ الْأَمِينُ“

”O my father, hire him. Indeed, the best one you can hire is the strong and the trustworthy”<sup>58</sup>.

Islam inculcate great leadership qualities among its followers and commands for justice with the responsibilities conferred upon humans: The Prophet (PBUH) said:

“Every one of you is a shepherd and is responsible for his flock. The leader of people is a guardian and is responsible for his subjects. A man is the guardian of his family and he is responsible for them. A woman is the guardian of her husband’s home and his children and she is responsible for them. The servant of a man is a guardian of the property of his master and he is responsible for it. No doubt, every one of you is a shepherd and is responsible for his flock”<sup>59</sup>.

Honesty and trustworthiness rise to the highest level of professional values, colours his excellent personality and promises great rewards.

“The honest and trustworthy merchant will be with the prophets, the truthful, and the martyrs”<sup>60</sup>.

The highest level of determination is required to achieve the finest quality of results and this is only possible if one strives for that sincerely and honestly.

”وَأَنْ لَيْسَ لِلْإِنْسَانِ إِلَّا مَا سَعَى“

“And that there is not for man except that [good] for which he strives”<sup>61</sup>.

Therefore, one must endure with full force zeal and interest to alleviate the sufferings of humanity using all available resources.

4. Excellence (*Ihsan*) requires hard work and adroitness in health care. Nothing can be achieved without determination and acquiring required knowledge, skills and desirable standards. Islamic theology stresses upon

steady and decisive efforts, without which achieving excellence is not possible:

"وَلَا تَقْفُ مَا لَيْسَ لَكَ بِهِ عِلْمٌ إِنَّ السَّمْعَ وَالْبَصَرَ وَالْفُؤَادَ كُلُّ أُولَئِكَ كَانَ عَنْهُ مَسْئُولًا"

"And do not pursue that of which you have no knowledge. Indeed, the hearing, the sight and the heart - about all those [one] will be questioned"<sup>62</sup>.

And the Prophet (PBUH) said:

"Nobody has ever eaten a better meal than that which one has earned by working with one's own hands. The Prophet (PBUH) of Allah, Prophet David (PBUH) used to eat from the earnings of his manual labor"<sup>63</sup>.

5. Excellence (*Ihsan*) demands entrepreneurship, respect for resources, time and avoid indolence. Healthcare professionals must be precise in cognitive and psychomotor skills. The distinction between leadership and entrepreneurship is blurred as successful entrepreneurs are leaders whose vision leads to highest success. Whereas spiritual theology provides a framework for excellence in every field of life including health care services. Islam provides perspective to respect the resources and avoid wastage at all cost both in public and private life.

"يَا بَنِي آدَمَ خُذُوا زِينَتَكُمْ عِنْدَ كُلِّ مَسْجِدٍ وَكُلُوا وَاشْرَبُوا وَلَا تُسْرِفُوا إِنَّهُ لَا يُحِبُّ الْمُسْرِفِينَ"

"O children of Adam, take your adornment at every masjid, and eat and drink, but be not excessive. Indeed, He does not like those who commit excess"<sup>64</sup>.

Islam gives perspective of excellence and quality of work with no scope for negligent behavior.

".. صُنِعَ اللَّهُ الَّذِي أَنْقَنَ كُلَّ شَيْءٍ إِنَّهُ خَبِيرٌ بِمَا تَفْعَلُونَ"

"Who disposes of all things in perfect order. Indeed, He is acquainted with that which you do"<sup>65</sup>.

And the hadith of the prophet further emphasizes:

"Verily, Allah has prescribed excellence in everything..."<sup>66</sup>.

All resources including time and efforts must be channeled in appropriate way without being wasted or misused .

"الَّذِينَ ضَلَّ سَعْيُهُمْ فِي الْحَيَاةِ الدُّنْيَا وَهُمْ يَحْسَبُونَ أَنََّّهُمْ يُحْسِنُونَ صُنْعًا"

"They are` those whose efforts are in vain in this worldly life, while they think they are doing good!"<sup>67</sup>.

By directing all resources and energies to seek the pleasure of Allah and performing the professional work with passion, one is privileged in this world and hereafter.

"مَنْ كَانَ يُرِيدُ حَرْثَ الْآخِرَةِ نَزِدْ لَهُ فِي حَرْثِهِ وَمَنْ كَانَ يُرِيدُ حَرْثَ الدُّنْيَا نُؤْتِهِ مِنْهَا وَمَا لَهُ فِي الْآخِرَةِ مِنْ نَصِيبٍ"

"Whoever desires the harvest of the Hereafter – We increase for him in his harvest. And whoever desires the harvest of this world – We give him thereof, but there is not for him in the Hereafter any share"<sup>68</sup>.

6. Excellence (*Ihsan*) demands one to remain active, biased for action and shun from laziness. An excellent physician never remains idle. By managing resources and respecting time a physician gains respect and becomes popular in the professional fraternity. He realizes the importance of helping others, relieving sufferings and excelling in professional work.

"وَلِكُلِّ وُجْهَةٍ هُوَ مُؤَلِّيهَا فَاسْتَبِقُوا الْخَيْرَاتِ أَيْنَ مَا تَكُونُوا يَأْتِ بِكُمْ اللَّهُ جَمِيعًا إِنَّ اللَّهَ عَلَىٰ كُلِّ شَيْءٍ قَدِيرٌ"

*“For every nation, there is a direction to which they face, so hasten towards all that is good”<sup>69</sup>.*

The Prophet (PBUH) said:

*“Take advantage of five before five: your youth before your old age, your health before your illness, your riches before your poverty, your free time before your work, and your life before your death”<sup>70</sup>.*

Slackness and laziness is never appreciated in Islamic teachings. Excellence demands an ever readiness to help others and not becoming lethargic. The Prophet (PBUH) said:

*“O Allah, I take refuge in You from anxiety and sorrow, weakness and laziness, miserliness and cowardice, the burden of debts and from being over powered by men”<sup>71</sup>.*

*“إِنَّ الْمُنَافِقِينَ يُخَادِعُونَ اللَّهَ وَهُوَ خَادِعُهُمْ وَإِذَا قَامُوا إِلَى الصَّلَاةِ قَامُوا كُسَالَى يُزَاوُونَ النَّاسَ وَلَا يَذْكُرُونَ اللَّهَ إِلَّا قَلِيلًا”*

*“The people of excellence are not lazy as this is a sign of hypocrites”<sup>72</sup>.*

### **Excelling in the medical profession and achieving mastery of one’s specialty.**

The people of excellence (*Ihsan*) strive to excel in their professional work and are always meticulous in fulfilling the rights of the people, particularly their patients, and doing justice to their job specifications. Medical professionals have numerous delegated and elective roles and it is necessary to satisfy certain minimum performance levels. It is undesirable that one attains excellence in some roles by remaining deficient in other essential roles.

*“يَا أَيُّهَا الَّذِينَ آمَنُوا كُونُوا قَوَّامِينَ بِالْقِسْطِ شُهَدَاءَ لِلَّهِ وَلَوْ عَلَىٰ أَنفُسِكُمْ أَوِ الْوَالِدِينَ وَالْأَقْرَبِينَ إِن يَكُنْ غَنِيًّا أَوْ فَقِيرًا فَاللَّهُ أَوْلَىٰ بِهِمَا فَلَا تَتَّبِعُوا الْهَوَىٰ أَن تَعْدِلُوا وَإِن تَلَوُّوا أَوْ تَعْرِضُوا فَإِنَّ اللَّهَ كَانُ بِمَا تَعْمَلُونَ خَبِيرًا”*

*“O believers! Stand firmly for justice, giving witness for Allah, may be therein your own loss, or of your parents or of your relations. Against whom you be a witness, he be a rich or be a poor, in any case Allah has more power than anyone over them, therefore follow not passion lest you may be far away from justice; and if you distort or turn your face, then Allah is aware of your doings”<sup>73</sup>.*

The fulfillment of rights is emphasized highly the Prophet (PBUH):

*“The best among people are those who are best in fulfilling [rights]”<sup>74</sup>. One has to fulfill all obligations with full professional competence:*

*“وَأَوْفُوا الْكَيْلَ إِذَا كَلَّمْتُمْ وَزِنُوا بِالْقِسْطِ الْمُسْتَقِيمِ ذَلِكَ خَيْرٌ وَأَحْسَنُ تَأْوِيلًا”*

*“And give full measure when you measure, and weigh with an even balance. That is the best [way] and best in result”<sup>75</sup>.*

*“Every traitor will have a banner on the Day of Resurrection, and it will be said: This is the betrayer of so-and-so”<sup>76</sup>.*

Doing justice to one’s specialty entails acquiring the highest professional knowledge and skills which are emphasized in the Quran:

*“وَالَّذِينَ جَاهَلُوا فِينَا لَنَهْدِيَنَّهُمْ سُبُلَنَا وَإِنَّ اللَّهَ لَمَعَ الْمُحْسِنِينَ”*  
*“As for those who strive in Our cause, We shall surely guide them to Our Ways. Indeed, Allah is with those who best in their deeds”<sup>77</sup>.*

Allah bestows His bounties upon those who sincerely strive in His way and perform well. Allah helps and guides the people according to their sincerity and how they excel in their deeds. Islamic teaching prohibits indulging in a job or professional undertaking where the knowledge and expertise are mandatory:

*“وَلَا تَقْفُ مَا لَيْسَ لَكَ بِهِ عِلْمٌ إِنَّ السَّمْعَ وَالْبَصَرَ وَالْفُؤَادَ كُلُّ أُولَٰئِكَ كَانَ عَنْهُ مَسْئُولًا”*



*“And do not pursue that of which you have no knowledge. Indeed, the hearing, the sight and the heart – about all those [one] will be questioned”<sup>78</sup>.*

Acquiring the required professional knowledge and cutting-edge expertise determines the degree of excellence of a professional. Half-hearted, outdated professional performance is not acceptable in the context of excellence. In the healthcare profession such an attitude is detrimental. The highest standards of care within ethical boundaries and avoidance of deception of all kinds remains a prerequisite of excellence.

“The best among you in Islam are those with the best manners, so long as they develop a sense of understanding.”

The Prophet (PBUH), was asked about doing good and evil. He replied:

“Doing good is having good manners. Doing evil is what troubles you inside and what you would not like others to know about”<sup>80</sup>.

### **Permissibility and impermissibility in the light of Islamic teachings.**

In the Islamic injunctions, permissibility of a matter is very important, However, impermissibility become permissible in case of dire necessity to the extent of need and must not be extended beyond:

*“إِنَّمَا حَرَّمَ عَلَيْكُمُ الْمَيْتَةَ وَالدَّمَ وَلَحْمَ الْخِنْزِيرِ وَمَا أُهْلَ بِهِ لِغَيْرِ اللَّهِ فَمَنْ اضْطُرَّ غَيْرَ بَاغٍ وَلَا عَادٍ فَلَا إِثْمَ عَلَيْهِ إِنَّ اللَّهَ غَفُورٌ رَحِيمٌ”*

*“He has only forbidden to you dead animals, I blood, the flesh of swine, and that which has been dedicated to other than Allah. But whoever is forced [by necessity], neither desiring [it] nor transgressing [its limit], there is no sin upon him. Indeed, Allah is Forgiving and Merciful”<sup>81</sup>.*

Similarly, achieving excellence does not mean creating difficulties for the professionals.

*“يُرِيدُ اللَّهُ بِكُمُ الْيُسْرَ وَلَا يُرِيدُ بِكُمُ الْعُسْرَ وَلِتُكْمِلُوا الْعِدَّةَ وَلِتُكْتَبِرُوا اللَّهَ عَلَىٰ مَا هَدَاكُمْ وَلَعَلَّكُمْ تَشْكُرُونَ”*

*“... Allah intends for you ease and does not intend for your hardship and [wants] for you to complete the period and to glorify Allah for that [to] which He has guided you; and perhaps you will be grateful”<sup>82</sup>.*

*“.مَا يُرِيدُ اللَّهُ لِيَجْعَلَ عَلَيْكُم مِّنْ حَرَجٍ..”*

*“Allah does not want to place you in difficulty”<sup>83</sup>.*

The prophet said:

“ ... Allah did not send me to be harsh, or cause harm, but He sent me to teach and make things easy”<sup>84</sup>.

At the same time all healthcare workers should strive to find alternatives to the prohibitions (Haram) which are permissible (Halal):

“A time will come when people will no longer care about whether their wealth has been lawfully or unlawfully acquired”<sup>85</sup>.

### **Continuity of services to achieve *Ihsan***

The quest for excellent services and care must be persistent and pursuant. A healthcare worker cannot leave patients without proper clinical attention and must hand to their colleagues with complete information and clinical plans. The Prophet (PBUH) said:

“Take up good deeds only as much as you are able, for the best deeds are those done regularly even if they are few”<sup>86</sup>.

Similarly, the availability of healthcare services must be affordable, sustainable and persistent.

*“لَا يُكَلِّفُ اللَّهُ نَفْسًا إِذًا وُسْعَهَا لَهَا مَا كَسَبَتْ وَعَلَيْهَا مَا اكْتَسَبَتْ رَبَّنَا لَا تُؤَاخِذْنَا إِن نَّسِينَا أَوْ أَخْطَأْنَا رَبَّنَا وَلَا تَحْمِلْ عَلَيْنَا إصْرًا كَمَا حَمَلْتَهُ عَلَى الَّذِينَ مِن قَبْلِنَا رَبَّنَا وَلَا تُحَمِّلْنَا مَا لَا*

طَائِفَةٌ لَنَا بِهِ وَعَافُوا عَنَّا وَعَافُوا لَنَا وَارْحَمْنَا أَنْتَ مَوْلَانَا  
فَانصُرْنَا عَلَى الْقَوْمِ الْكَافِرِينَ"  
"Allah does not burden a soul beyond that it  
can bear..."<sup>87</sup>.

Therefore, *Ihsan* requires, that the patients should not be over-burdened and they are provided with continuous required care. The Prophet (PBUH) said:

"Do good deeds properly, sincerely and moderately and know that your deeds will not make you enter Paradise, and that the most beloved deed to Allah is the most regular and constant even if it were little"<sup>88</sup>.

Continuity of services is crucial and if for some reason one is unable to continue, one must arrange a similar if not better alternate. One must take all responsible and desirable steps to provide relief to the patients The Holy Prophet said:

"Any man whom Allah has given the authority of ruling some people, and he does not look after them in an honest manner, will never feel even the smell of Paradise"<sup>89</sup>.

One should never be satisfied with his performance rather continuously strive for improvements; The Prophet (PBUH) said:

"A believer is never satisfied at doing good until he reaches Jannah"<sup>90</sup>.

The people of *Ihsan* complete and continue their actions that they start and do not become dabblers in matters in which they start an affair and then lose steam and leave the action. The Prophet (PBUH) said:

"Take on only as much as you can do of good deeds, for the best of deeds is that which is done consistently, even if it is little"<sup>91</sup>.

A faithful remains hopeful for the rewards of his excellent work here and hereafter.

"وَالَّذِينَ جَاهَدُوا فِينَا لَنَهْدِيَنَّهُمْ سُبُلَنَا وَإِنَّ اللَّهَ لَمَعَ الْمُحْسِنِينَ"

"As for those who struggle in Our cause, We will surely guide them along Our Way. And Allah is certainly with the good-doers"<sup>92</sup>.

## Dedication and Gratification make *Ihsan* seamless

Commitment to excellence makes the professionals competent, efficient and periodically review their performances. Self-accountability is an intrinsic urge to promote and maintain excellence in professional life and productivity; The Prophet (PBUH) said:

"The example of the person who knows the Qur'an by heart is like the owner of tied camels. If he keeps them tied, he will control them, but if he releases them, they will run away"<sup>93</sup>.

Doing the things in proper professional manners is appreciated over the undertaking of many things without proper organization.

"أَلِهَاتِكُمُ التَّكَاثُرُ"

"Competition for more 'gains' diverts you from Allah"<sup>94</sup>.

"He whose life is long, and his deeds are good." He said: "Then which of the people is the worst?" He said: "He whose life is long, and his deeds are bad"<sup>95</sup>.

Quality and excellence in a job is much appreciated over quantity. In several hadiths the Prophet (PBUH) said:

"What deeds are loved most by Allah?" He said, "The most regular constant deeds even though they may be few." He added, 'Don't take upon yourselves, except the deeds which are within your ability"<sup>96</sup>. Moreover, the development of upright, respectable and trustworthy human beings are valued in Islamic injunctions as described in several hadiths of the prophet:

"People are just like camels, out of one hundred, one can hardly find a single camel suitable to ride"<sup>97</sup>. "The People are like mines of gold and silver; those who were excellent in Jahiliya (during the days of ignorance) are excellent In Islam, when they have, an

understanding, and the souls are troops collected together and those who had a mutual familiarity amongst themselves in the store of prenatal existence would have affinity amongst them, (in this world also) and those who opposed one of them, would be at variance with one another”<sup>98</sup>.

### **The people of Excellence are useful members of the society**

The performance of a healthcare professional contributes significantly to the societal economy and wellbeing of the community. The prime purposes of *shari’ah* described by Al-Gazali and Shattibi are: protection of religion, life, intellect, posterity and wealth of the person, society and community. All these injunctions have underlying salutary benefits, which exists even if we are unable to fully comprehend. Islamic theology emphasizes on everyone to be a useful member of the society providing benefits to the people and being a healthcare professional, providing relief to the patients and contributing in building a healthy society, body, mind and soul.

### **Avoidance of harm and benefiting others**

A healthcare professional strives to prevent medical errors and avoid impending harm to the patient. It is the duty of every physician to make the practice safe. The Prophet (PBUH) said:

“The Muslim is the one from whose tongue and hand the Muslims are safe”<sup>99</sup>.

“Do not cause harm or return harm. Whoever harms others, Allah will harm him. Whoever is harsh with others, Allah will be harsh with him”<sup>100</sup>.

If unavoidable, a major harm; can be repelled by a minor harm.

The prophet (PBUH) allowed the Bedouin to urinate in the Masjid rather than scaring him and causing him pain as well as making the urine splash everywhere<sup>101</sup>.

Meanwhile, harm should not be reciprocated; The Prophet (PBUH) said:

“Do not cause harm or return harm”<sup>102</sup>.

This principle is further emphasized in a hadith where the Prophet (PBUH) said:

“The best of you are those from whom goodness is expected and people are safe from their evil. The worst of you are those from whom goodness is not expected and people are not safe from their evil”<sup>103</sup>.

### **Promoting Fecund Life and Enticing Barakah**

One can achieve (*Ihsan*) excellence only if his intentions are pure, following the Islamic teachings in public and private, seeking the blessings of Allah (SWT) every time and seeking Islamic solutions of emerging issues. Divine concept of productivity differs from others due to its belief system as the Prophet (PBUH) used to frequently pray:

“O Allah, I seek refuge in Thee from incapacity, from sloth, from cowardice, from miserliness, decrepitude and from torment of the grave. O Allah grant to my soul the sense of righteousness and purify it, for Thou art the Best Purifier thereof. Thou art the Protecting Friend thereof, and Guardian thereof. O Allah, I seek refuge in Thee from the knowledge which does not benefit, from the heart that does not entertain the fear (of Allah), from the soul that does not feel contented and the supplication that is not responded”<sup>104</sup>.

Islam consider the most useful work as that which benefits others. The Prophet (PBUH) said:

“The believer is friendly and befriended, for there is no goodness in one who is neither friendly, nor befriended. The best of people are those who are most beneficial to people”<sup>105</sup>.

Moreover, achieving desirable professional ethical competencies are mandatory for health care professional. The prophet (PBUH) said:

“Nothing is heavier upon the scale of a believer on the Day of Resurrection than his good character. Verily, Allah hates the vulgar and obscene”<sup>106</sup>.

“And what is most likely to send people to Paradise? Being conscious of Allah and good manners”<sup>107</sup>.

The blessings of Allah (*Barakah*) can be attained through serving humanity with sincerity and matching it with best practices, to do good actions consistently and regularly and affording regular charity. The Prophet (PBUH) reported that:

“While a person was in the wilderness, he heard a voice from the cloud (commanding it thus): Irrigate the garden of so and so. After that the clouds slinked aside and poured water on the stony ground. It filled a channel amongst the channels of that land and that person followed that water and he found a person standing in the garden busy in changing the course of water with the help of a hatchet. He said to him: Servant of Allah, what is your name? he said: so, and so. And it was that very name which he had heard from the clouds and he said to him: Servant of Allah, why do you ask me my name? He said: I heard a voice from the clouds of which is the downpour, saying: Water the garden of so and so, like your name. What do you do (for the favor) shown to you by Allah in this matter? He said: Now as you state so. I look at what yield I get from it, and I give one-third as charity out of it and I and my children eat one-third of it and one-third I return to it as investment”<sup>108</sup>.

Taking care of one’s earned livelihood, how it is disbursed, avoiding the unlawful, having Allah-consciousness (*Taqwa*), guarding oneself from Allah’s displeasure and seeking the pleasure of Almighty in all matters would invite the blessings of Allah and the expansion of sustenance (*Rizk*).

”وَمَا أَرْسَلْنَا فِي قَرْيَةٍ مِّن نَّبِيٍّ إِلَّا أَخَذْنَا أَهْلَهَا بِالْبَأْسَاءِ  
وَالصَّرَاءِ لَعَلَّهُمْ يَضُرَّغُونَ”

“And if only the people of the cities had believed and feared Allah, We would have opened upon them blessings from the heaven and the earth; but they denied [the messengers], so We seized them for what they were earning”<sup>109</sup>.

This state of mind determines the overall professional behavior of healthcare workers. Thereafter, his professional life is not only blessed but guided as well.

”فَإِذَا بَلَغْنَا الْأَجْلُنَّ فَأَمْسِكُوهُمْ بِمَعْرُوفٍ أَوْ فَارِقُوهُمْ بِمَعْرُوفٍ  
وَأَشْهَدُوا ذُوِي عَدْلٍ مِّنكُمْ وَأَقِيمُوا الشَّهَادَةَ لِلَّهِ ذَلِكَمُ يُرَعِّظُ بِهِ  
مَنْ كَانَ يُؤْمِنُ بِاللَّهِ وَالْيَوْمِ الْآخِرِ وَمَنْ يَتَّقِ اللَّهَ يَجْعَلْ لَهُ  
مَخْرَجًا”

”وَيُزِدْهُ مِنْ حَيْثُ لَا يَحْتَسِبُ وَمَنْ يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ  
إِنَّ اللَّهَ بَالِغُ أَمْرِهِ قَدْ جَعَلَ اللَّهُ لِكُلِّ شَيْءٍ قَدْرًا”

“And whoever fears Allah - He will make for him a way out. And will provide for him from where he does not expect. And whoever relies upon Allah - then He is enough for him. Indeed, Allah will accomplish His purpose. Allah has already set for everything a [decreed] extent”<sup>110</sup>.

Keeping good relations with others particularly obedience to parents, cordial relationships with relatives and others is mandatory. The Prophet (PBUH) said:

“He who is desirous that his means of sustenance should be expanded for him or his age may be lengthened, should join the tie of relationship (should keep good relations with his Kith and kin)”<sup>111</sup>.

“The believers in their mutual kindness, compassion and sympathy are just like one body. When one of the limbs suffers, the whole body responds to it with wakefulness and fever.” (Agreed Upon)

**Excellence demands facilitation, cooperation, serving the community and bringing benefits to humanity.**

The people of *Ihsan* (excellence) strive to provide relief to humanity, remain associated with each other making a harmonious society so that they strive to fulfill each other's needs and requirements. Islam provides guidance for the nature of cooperation:

"يَا أَيُّهَا الَّذِينَ آمَنُوا لَا تَجْلُوا شَعَائِرَ اللَّهِ وَلَا الشَّهْرَ الْحَرَامَ وَلَا الْهَدْيَ وَلَا الْقَلَائِدَ وَلَا آمِينَ النَّبِيِّ الْحَرَامَ يَتَّبِعُونَ فَضلاً مِّن رَّبِّهِمْ وَرِضْوَاناً وَإِذَا حَلَلْتُمْ فَاصْطَادُوا وَلَا يَجْرِمَنَّكُمْ شَنَاَنُ قَوْمٍ أَن صَدُّوكُمْ عَنِ الْمَسْجِدِ الْحَرَامِ أَن تَعْتَدُوا وَتَعَاوَنُوا عَلَى الْبِرِّ وَالتَّقْوَىٰ وَلَا تَعَاوَنُوا عَلَى الْإِثْمِ وَالْعُدْوَانِ وَاتَّقُوا اللَّهَ إِنَّ اللَّهَ شَدِيدُ الْعِقَابِ"

*"Help one another in acts of piety and righteousness. And do not assist each other in acts of sinfulness and transgression. And be aware of Allah. Verily, Allah is severe in punishment"*<sup>112</sup>.

Provision of assistance and relief to others is also counseled by the Prophet (PBUH):

"Whoever relieves the hardship of a believer in this world, Allah will relieve his hardship on the Day of Resurrection. Whoever helps ease one in difficulty, Allah will make it easy for him in this world and the Hereafter. Whoever conceals the faults of a Muslim, Allah will conceal his faults in this world and the Hereafter. Allah helps the servant as long as he helps his brother. Whoever travels a path in search of knowledge, Allah will make easy for him a path to Paradise. People do not gather in the houses of Allah, reciting the Book of Allah and studying it together, but that tranquility will descend upon them, mercy will cover them, angels will surround them, and Allah will mention them to those near Him. Whoever is slow to good deeds will not be hastened by his lineage"<sup>113</sup>.

Making things easy for others are important aspects of excellence, where possible difficulties are to be removed.

"شَهْرَ رَمَضَانَ الَّذِي أُنزِلَ فِيهِ الْقُرْآنُ هُدًى لِّلنَّاسِ وَبَيِّنَاتٍ مِّنَ الْهُدَىٰ وَالْفُرْقَانِ فَمَنْ شَهِدَ مِنْكُمُ الشَّهْرَ فَلْيَصُمْهُ وَمَنْ كَانَ مَرِيضًا أَوْ عَلَىٰ سَفَرٍ فَعِدَّةٌ مِّنْ أَيَّامٍ أُخَرَ يُرِيدُ اللَّهُ بِكُمُ الْيُسْرَ وَلَا يُرِيدُ بِكُمُ الْعُسْرَ وَلِتُكْمِلُوا الْعِدَّةَ وَلِتُكَبِّرُوا اللَّهَ عَلَىٰ مَا هَدَاكُمْ وَلَعَلَّكُمْ تَشْكُرُونَ"

*"Allah intends for you ease and does not intend for you hardship"*<sup>114</sup>.

The Prophet (PBUH) said:

"Make things easy for the people, and do not make it difficult for them, and make them calm (with glad tidings) and do not repulse (them)"<sup>115</sup>.

Prophet Muhammad (PBUH) said to his companion Mu'adh bin Jabal (RA) on deputing him towards Yemen:

"Facilitate things for the people (treat the people in the most agreeable way), and do not make things difficult for them, and give them glad tidings, and let them not have aversion (i.e. to make the people hate good deeds)"<sup>116</sup>.

In delivering health care services all efforts should be made to make the services easy accessible, user friendly and comfortable for the patients and attendants. The Prophet (PBUH) said:

"Make things easy for the people, and do not make it difficult for them, and make them calm (with glad tidings) and do not repulse (them)"<sup>117</sup>.

Excellence demands quickly addressing the patient's pressing needs. The Prophet (PBUH) said:

"Whoever fulfilled the needs of his brother, Allah will fulfill his needs; whoever brought his (Muslim) brother out of a discomfort, Allah will bring him out of the discomforts of the Day of Resurrection, and whoever screened a Muslim, Allah will screen him on the Day of Resurrection"<sup>118</sup>.

Excellence (*Ihsan*) demands; kindness, gentleness and avoidance of rough behavior; The Prophet (PBUH) said:

“O Aisha, Allah is gentle, and He loves gentleness. He rewards for gentleness what is not granted for harshness and He does not reward anything else like it”<sup>119</sup>.

“He who is deprived of kindness is deprived of goodness”<sup>120</sup>.

“Whoever is given his portion of kindness has been given his portion of goodness, and whoever is deprived of his portion of kindness has been deprived of his portion of goodness”<sup>121</sup>.

Excellence (*Ihsan*) requires community service and generosity for the society.

“أَنْزَلَ مِنَ السَّمَاءِ مَاءً فَسَالَتْ أَوْدِيَهُ بِقَدَرِهَا فَاحْتَمَلَ السَّيْلُ زَبَدًا رَابِيًا وَمِمَّا يُوقِدُونَ عَلَيْهِ فِي النَّارِ ابْتِغَاءَ حُلْيَةٍ أَوْ مَتَاعٍ زَبَدٌ مِثْلَهُ كَذَلِكَ يَضْرِبُ اللَّهُ الْحَقَّ وَالْبَاطِلَ فَأَمَّا الزَّبَدُ فَيَذْهَبُ جُفَاءً وَأَمَّا مَا يَنْفَعُ النَّاسَ فَيَمْكُثُ فِي الْأَرْضِ كَذَلِكَ يَضْرِبُ اللَّهُ الْأَمْثَالَ”

“... that which benefits people remains on the earth ...”<sup>122</sup>.

The Prophet (PBUH) said:

“There is none amongst the Muslims who plants a tree or sows seeds, and then a bird, or a person or an animal eats from it, but is regarded as a charitable gift for him”<sup>123</sup>.

**Excellence (*Ihsan*) necessitates evading from controversies, cheating, deceptions and prioritizing the pressing needs.**

It is the prime responsibility of the people of *Ihsan* to be straight forward in deals.

“يَا أَيُّهَا الَّذِينَ آمَنُوا اتَّقُوا اللَّهَ وَفُؤَلُوا قَوْلًا سَدِيدًا”

“O believers! Be mindful of Allah and say what is right”<sup>124</sup>.

The health care facilities which are claimed must be provided and false claims are contrary to Islamic teachings.

“يَا أَيُّهَا الَّذِينَ آمَنُوا لِمَ تَقُولُونَ مَا لَا تَفْعَلُونَ”

“O you who have believed, why do you say what you do not do?”<sup>125</sup>.

The prophet (PBUH) said:

“He who took up arms against us is not from us and he who acted dishonestly towards us is not from us”<sup>126</sup>.

Meanwhile, deception is not only unlawful but anyone who deceive will be subjected to severe punishment.

“يَا أَيُّهَا الَّذِينَ آمَنُوا لَا تَأْكُلُوا أَمْوَالَكُم بَيْنَكُم بِالْبَاطِلِ إِلَّا أَنْ تَكُونَ تِجَارَةً عَنْ تَرَاضٍ مِّنْكُمْ وَلَا تَقْتُلُوا أَنْفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا”

“O you who have believed, do not consume one another’s wealth unjustly but rather trade by mutual consent”<sup>127</sup>.

One must not claim for the services which are either not available or not being provided by him. Excessive claims must be avoided and always strive to do as much as possible. The prophet (PBUH) kept standing in prayer (for such long hours) that his feet were swollen.

“Ayesha (RA) asked the Prophet (PBUH) Why do you undergo so much hardship despite the fact that Allah has pardoned for you your earlier and later sins?” He (PBUH) responded, “Should I not prove myself to be a thankful servant?”<sup>128</sup>.

Engendering magnanimity in one’s person and to not envy what people have is another important characteristic of the people of *Ihsan*.

“A man came to the Prophet (PBUH) and said, “O Messenger of Allah, direct me to an act which, if I do it, [will cause] Allah to love me and the people to love me.” So, He (PBUH) said, “Renounce the world and Allah will love you, and renounce what the people possess, and the people will love you”<sup>129</sup>.

To remain composed, truthful composed and ever upright are exemplary qualities of the people of *Ihsan*. Wasting time and

involvement in useless activities are detrimental, respect of time and health is stressed by the Prophet (PBUH).

"There are two blessings that many people are deceived into losing: health and free time"<sup>130</sup>.

### **The people of *Ihsan* (excellence) are grateful and tolerant**

The crucial characteristic of the people of *Ihsan* are that they are thankful to Almighty Allah in all situations and remain patient during difficulties. Many Quranic verses urges the believer to cooperate and offer services to others for free and without a reward. Scientists in the field of human psychology discovered that the best help is selfless and ever willing to help without any expectation of rewards in return and realize it a duty.

"وَيُطْعَمُونَ الطَّعَامَ عَلَىٰ حُبِّهِ مِسْكِينًا وَيَتِيمًا وَأَسِيرًا"

"إِنَّمَا نُطْعِمُكُمْ لِوَجْهِ اللَّهِ لَا نُرِيدُ مِنْكُمْ جَزَاءً وَلَا شُكْرًا"

"And they feed, for the love of Allah, the indigent, the orphan, and the captive, (Saying), "We feed you for the sake of Allah alone: no reward do we desire from you, nor thanks"<sup>131</sup>.

"وَإِذْ تَأَذَّنَ رَبُّكُمْ لَئِن شَكَرْتُمْ لَأَزِيدَنَّكُمْ وَلَئِن كَفَرْتُمْ إِنَّ عَذَابِي لَشَدِيدٌ"

"Also call to mind when your Lord proclaims, "If you are thankful, I will certainly grant you more; but if you are ungrateful for My favours, my chastisement is terrible"<sup>132</sup>.

".. وَإِن تَشْكُرُوا يَرْضَهُ لَكُمْ..."

"if you are grateful, He is pleased with you."<sup>133</sup>.

The Prophet (PBUH) said:

"The best wealth is a tongue that remembers Allah, a grateful heart, and a believing wife to help one in his faith"<sup>134</sup>.

"The Prophet (PBUH), if he received good news or something pleasing, he would fall down in prostration from gratitude to Allah"<sup>135</sup>.

"Whoever does not thank people has not thanked Allah"<sup>136</sup>.

### **Holistic Healthcare and it's prerequisite**

Excellence in health care cannot be achieved without providing holistic or all-inclusive health care. Holistic health care is a comprehensive model of care that combines all aspects of a person's health. It includes physical, mental, emotional and spiritual aspects of health care. When we intend to provide holistic health care, we cannot ignore the roles that diet, lifestyle, sleep, environmental exposures, exercises, lectures and more importantly spiritual (*Ibadah*) needs of an ailing population. Holistic philosophy is the integration of a complete working system operating in a context rather than focusing on an organ of the body under consideration. The philosophy behind holistic care is based on the idea of holism which emphasizes that for human beings the whole is greater than the sum of its parts and that mind and spirit affect the body<sup>137</sup>. There is a wide range of approaches to healthcare including, medical, surgical, other modalities of care, education, communication, self-help, complementary treatment and caring for the patient's spiritual needs.

Important prerequisites to provide such care necessities that a health care provider must be educated, trained and professionally remain abreast with the current requirements of his specialty. The health care worker must be educated and trained in such a system of education, where he acquires specific academic qualification which is accredited

and recognized. Such healthcare providers are not only skillful but critical thinkers, active listeners, able to solve complex problems, aware about team dynamics, spiritually motivated, able to use new technologies (artificial intelligence in medical sciences, software ) and are familiar with human-machine interfaces.

Islam strongly vouch for a holistic approach to health and does not allow segregation of the spiritual from professional aspects. Excellence in health care can only be achieved, if it is holistically integrated and meeting the needs of individuals and society.

"وَمَا خَلَقْتُ الْجِنَّ وَالْإِنْسَ إِلَّا لِيَعْبُدُونِ"

*"And I (Allah) created not the jinn and mankind, except to worship Me"*<sup>138</sup>.

The prophet (PBUH) emphasized about the conduct of the faithful in this world and hereafter.

"Indeed amazing are the affairs of a believer! They are all for his benefit. If he is granted ease then he is thankful, and this is good for him. And if he is afflicted with hardship, he perseveres, and this is good for him"<sup>139</sup>.

Illness and injuries can happen for various reasons, nevertheless, we strongly believe nothing happens in this world without the permission of Allah.

"قُلْ لَنْ يُصِيبَنَا إِلَّا مَا كَتَبَ اللَّهُ لَنَا هُوَ مَوْلَانَا وَعَلَى اللَّهِ فَلْيَتَوَكَّلِ الْمُؤْمِنُونَ"

*"Say, nothing will ever befall us except what Allah has destined for us. He is our Protector." So, in Allah let the believers put their trust"*<sup>140</sup>.

A true believer perceives pain or suffering differently. The Prophet (PBUH) said:

"Whenever a Muslim is afflicted by harm from sickness or other matters, Allah will

expiate his sins, like leaves drop from a tree"<sup>141</sup>.

Physical and mental health are as important as spiritual health. Islamic guidelines on health matters are not merely beneficial for physical and mental health but a source of spiritual satisfaction and healing.

"يَا أَيُّهَا النَّاسُ قَدْ جَاءَكُمْ مَوْعِظَةٌ مِنْ رَبِّكُمْ وَشِفَاءٌ لِمَا فِي الصُّدُورِ وَهُدًى وَرَحْمَةٌ لِلْمُؤْمِنِينَ"

*"O mankind! There has come to you a good advice from your lord (i.e. The Quran), and a healing for the in your heart"*<sup>142</sup>.

"وَنُنزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِلْمُؤْمِنِينَ وَلَا يَزِيدُ الظَّالِمِينَ إِلَّا خَسَارًا"

*"And We send down from the Quran that which is a healing and mercy to those who believe..."*<sup>143</sup>.

There is no doubt that there is healing in the Quran for mankind's woes and sickness. The companions of the prophet used to recite the Quran for healing beside providing physical treatment<sup>144</sup>. It is also important to seek and apply treatment and so-called untreatable diseases have remedy unless we find and apply it; The Prophet (PBUH) said:

"Allah did not send down any disease but that he also sent its cure."

"One who has knowledge of it knows it, and one ignorant of it is ignorant"<sup>145</sup>.

Holistic care starts from primary and secondary prevention of illnesses and their complications. Recent interests in scientific discoveries recognize the significant role of belief systems in preventing diseases and complications, enhancing immune systems which promote recovery, self-motivations<sup>146</sup>, the role of Islamic lifestyle and diet<sup>147</sup>.

Islamic teaching vouches for a balanced diet, physical exercise, healthy working, family and gender ethics, and treating our bodies with respect.



"يَا أَيُّهَا الَّذِينَ آمَنُوا كُلُوا مِن طَيِّبَاتِ مَا رَزَقْنَاكُمْ وَاشْكُرُوا لِلَّهِ  
إِن كُنْتُمْ إِيَّاهُ تَعْبُدُونَ"

*"O believers! Eat from the good things We have provided for you. And give thanks to Allah if you truly worship Him alone"*<sup>148</sup>.

"يَا أَيُّهَا النَّاسُ كُلُوا مِمَّا فِي الْأَرْضِ حَلَالًا طَيِّبًا وَلَا تَتَّبِعُوا  
حُطُوتِ الشَّيْطَانِ إِنَّهُ لَكُمْ عَدُوٌّ مُّبِينٌ"

*"O humanity! Eat from what is lawful and good on the earth and do not follow Satan's footsteps. He is truly your sworn enemy"*<sup>149</sup>.

Deviating from such advises leads to physical and spiritual weakness and a balance between the spiritual and physical wellbeing is also advocated<sup>150</sup>.

"حُرِّمَتْ عَلَيْكُمُ الْمَيْتَةُ وَالدَّمُ وَلَحْمُ الْخَنزِيرِ وَمَا أُهْلِكَ لغيرِ اللَّهِ  
بِهِ وَالْمُنْحَقَّةُ وَالْمَوْقُوذَةُ وَالْمُتَرَدِّيَةُ وَالنَّطِيحَةُ وَمَا أَكَلَ السَّبُعُ  
إِلَّا مَا ذَكَّيْتُمْ وَمَا ذُبِحَ عَلَى النُّصُبِ وَأَنْ تَسْتَقْسِمُوا بِالْأَزْلَامِ  
ذَلِكُمْ فِسْقٌ الْيَوْمَ بَيِّنَ الَّذِينَ كَفَرُوا مِنْ دِينِكُمْ فَلَا تَحْسَبُوهُمْ  
وَإِحْسُونِ الْيَوْمَ أَكْمَلْتُ لَكُمْ دِينَكُمْ وَأَتِمَمْتُ عَلَيْكُمْ نِعْمَتِي  
وَرَضِيْتُ لَكُمْ الْإِسْلَامَ دِينًا فَمَنْ اضْطُرَّ فِي مَخْمَصَةٍ غَيْرِ  
مُتَجَانِفٍ لِإِيمَانِهِ فَإِنَّ اللَّهَ غَفُورٌ رَحِيمٌ"

*"Forbidden to you (for food) are: dead animals – cattle-beast not slaughtered, blood, the flesh of swine, and the meat of that which has been slaughtered as a sacrifice for other than God..."*<sup>151</sup>.

"إِنَّمَا يُرِيدُ الشَّيْطَانُ أَنْ يُوقِعَ بَيْنَكُمُ الْعَدَاوَةَ وَالْبَغْضَاءَ فِي  
الْخَمْرِ وَالْمَيْسِرِ وَيَصُدَّكُمْ عَنْ ذِكْرِ اللَّهِ وَعَنِ الصَّلَاةِ فَهَلْ أَنْتُمْ  
مُنْتَهُونَ"

"وَأَطِيعُوا اللَّهَ وَأَطِيعُوا الرَّسُولَ وَاحذَرُوا فَإِن تَوَلَّيْتُمْ فَأَعْلَمُوا  
أَنَّمَا عَلَى رَسُولِنَا الْبَلَاغُ الْمُبِينُ"

*"By intoxicants and games of chance Satan only desires to create enmity and hatred between you, and to turn you away from the remembrance of Allah and from Prayer. Will you, then, desist?"*<sup>152</sup>.

Many of the common chronic illnesses, like coronary heart disease, hypertension, diabetes, obesity and depression have been linked to unhealthy eating habits.. The Quran and Sunnah stress the need to strike a balance between the extremes.

"يَا بَنِي آدَمَ خُذُوا زِينَتَكُمْ عِندَ كُلِّ مَسْجِدٍ وَكُلُوا وَاشْرَبُوا وَلَا  
تُسْرِفُوا إِنَّهُ لَا يُحِبُّ الْمُسْرِفِينَ"

*"O children of Adam, take your adornment at every masjid, and eat and drink, but be not excessive. Indeed, He does not like those who commit excess"*<sup>153</sup>.

Islamic teachings promotes exercise and fitness.

"A strong believer is better and is more lovable to Allah than a weak believer, and there is good in everyone, (but) cherish that which gives you benefit (in the Hereafter) and seek help from Allah and do not lose heart, and if anything (in the form of trouble) comes to you, don't say: If I had not done that, it would not have happened so and so, but say: Allah did that what He had ordained to do and your" if" opens the (gate) for the Satan"<sup>154</sup>.

"The best of my followers are those living in my generation (i.e. my contemporaries) and then those who will follow the latter" Imran added, "I do not remember whether he mentioned two or three generations after his generation, then the Prophet (PBUH) added, "There will come after you, people who will bear witness without being asked to do so, and will be treacherous and untrustworthy, and they will vow and never fulfill their vows, and fatness will appear among them"<sup>155</sup>.

The Prophet censured certain spiritual diseases and obesity which is considered as an impending pandemic of the 21<sup>st</sup> century. Islamic teachings promote physical and spiritual fitness and physical exercise. Aisha, UmmulMu'minin: narrated:

"While she was on a journey along with the Messenger of Allah (PBUH): I had a race

with him (the Prophet) and I outstripped him on my feet. When I became fleshy, (again) I had a race with him (the Prophet) and he outstripped me. He said: This is for that outstripping”<sup>156</sup>.

Holistic approach to life is balanced and everything should be done in moderation.

“وَالَّذِينَ إِذَا أَنْفَقُوا لَمْ يُسْرِفُوا وَلَمْ يَقْتُرُوا وَكَانَ بَيْنَ ذَلِكَ قَوَامًا”

“They are those who spend neither wastefully nor stingily, but moderately in between”<sup>157</sup>.

There is no allowance for extreme behaviors and a true faithful recognize the wonder of the human body and be grateful to the Creator and respect His abundances and favors.

## Conclusions

The concept of (*Ihsan*) excellence in Islamic theology and practice has been intensely elaborated and demonstrated with practical examples. The alienation of the human mind from moral judgment and accountability has framed contemporary ethical crises resulting in patients’ loss of confidence in the healthcare delivery system. Self-accountability based on Allah consciousness is one of the major factors which can drive one towards a higher purpose and attain excellence.

Spirituality in the Islamic belief system cultivates a culture of innate motivation among faithfuls to develop higher levels of personal accountability, moral consciousness and social responsibility. Spiritual excellence is linked with professional excellence which is loved by Allah (SWT). A Muslim keeping the quality of *Ihsan* remains dynamic in every aspect and provides services proactively and aims to excel in professional and personal matters.

Obedying Islamic teachings and its codes of life, leads humanity towards greater wellbeing, effectiveness, and productivity. Islamic teachings do not segregate professional excellence from spiritual excellence. Rather spiritual excellence is a driving force to bring upon and reinforce a system of justice, beauty, excellence, nobility, and equality to provide humanity, a balanced and purposeful life which is beneficial here and endearing with the pleasure of Allah (SWT) in the hereafter.

“.. وَأَحْسِنُوا إِنَّ اللَّهَ يُحِبُّ الْمُحْسِنِينَ”

“..And do good, for Allah certainly loves the good-doers”<sup>158</sup>.

“هَلْ جَزَاءُ الْإِحْسَانِ إِلَّا الْإِحْسَانُ”

“To qualify for the pleasure of Allah one must always strive for the best”<sup>159</sup>.

Spiritual productivity (*barakah*) cannot be achieved without moral excellence. The people of *Ihsan* love meticulous professional actions, perfection of their job, enjoying their work, regulating their actions, keeping them away from all sorts of cheating, dishonesty and short charging.. Total submission to Almighty Allah with love and affection will fashion the attributes to achieve the true essence of excellence.

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## CHAPTER ELEVEN

## THE ROLE OF THE HOSPITAL REVIEW BOARD AND ETHICS COMMITTEE

Mohammad Iqbal Khan\*

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**Abstract**

Institutional Review Boards (IRB) and Ethical Committees (EC) are designated watchdogs to regulate and monitor health care practice and research. In emerging circumstances, ethical encounters are required to be dealt with due care without jeopardizing the research premeditated to resolve the unsolved issues in healthcare. Besides the above, IRB and EC are established and designated to safeguard human subjects from the deleterious effects of the research processes and its clinical inferences. The constitution and workings of the IRB and EC are prudently framed to meet the regional, national, international and spiritual guidelines. Research and innovations aimed to refine the health care of humanity are profoundly accentuated in Islamic theology. Islamic Jurisprudence (*Shari'ah*) focuses on meaningful research aiming to resolve the health-related preventive, diagnostic, therapeutic issues and to take measures in improving the quality of life of human beings in the light of the Quran and traditions of the Prophet (PBUH). As compared to IRB functions designed by the international bodies, spiritual guidelines are much more effective, advantageous and are decisive in attaining purity of intent, objectivity, sound planning, education, training, implementation, record keeping, confidentiality with an engrained system of accountability and rewards.

The types of IRB review and its dynamics are described by eliciting the need of specific reviews and their implications. The conflict of interest must not only be declared, but also, where it endangers ethical guidelines, should be avoided. Islamic guidelines on overall structure and functions of IRB with regards to the universal ethical principles have been fittingly strengthened to accomplish the spiritual needs of the community and medical fraternity. The rigorous discipline in health practice and research has been particularly enforced to maximize benefits, prevent harm, refrain from deliberate injury of others, and minimize inevitable injury. IRB's both advanced and periodic reviews, are designed to take appropriate measures to protect the rights and welfare of humans participating as subjects in the research. Nevertheless, researchers may find the IRB process overwhelming and overbearing, however, it is necessary to ensure that researchers are informed and educated on issues related to the ethical principles in their quest for the discovery of new knowledge.

It is concluded that spiritual guidelines on IRB functions are robust and holistic which always responded responsibly and objectively to the emerging ethical issues related to medical practice and research. Ethical guidelines meeting the *Maqasid Shari'ah* (prime purposes of Islamic Jurisprudence) are holistic, dynamic, flexible which provide an innate mechanism of self-accountability, conscious demeanor and sound moral values.

**Keywords:** Institutional Review Board, Ethical Committee, Research, Rights, Islamic perspectives, Guidelines, Review process, Conflict of interest and Human subjects.

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## Introduction

Institutional Review Boards (IRB), Ethical Review Committees (ERC) or Independent Ethical Committees (IEC) are designated boards or committees at any health care institutions or hospitals particularly at Academic Medical Centers (AMC). Such boards are formulated to facilitate, monitor, approve, periodically review and provide ethical consultation at the institution, where human subjects are under consideration<sup>1</sup>. In academic medical centers, IRB is responsible for ethical policy making, governance and hearing of appeals. These committees take care of the rights and privileges of human subjects. Whenever, human beings are involved in any intervention whether physical, emotional, psychological, spiritual or even monitory intervention by the investigators, physicians or other health care workers. They conduct risk-benefit analysis to determine whether the intervention should be carried out or otherwise. These committees look into institutional, regional, national and international best practices, norms, regulations and codes regarding human involvement and protect human subjects from physical, psychological or spiritual maltreatment by reviewing presented documents, proposals and protocols and related material. After conducting detailed ethical analysis of the proposals and determining whether they should be approved, direct the investigators to provide more information, amend proposals or reject straightway without further consideration<sup>2</sup>. IRBs also decide on individual matters of health care, patient's and family's ethical concerns. Physicians and other health care professionals often face grey areas and potentially life changing situations raising ethical questions. These questions are referred to the IRB for critical analysis and to aid in addressing issues related to patient care and facilitate decisions which respect participant's

concerns, values, interests and belief systems<sup>3</sup>.

## The Institutional Review Board (IRB) as Gatekeepers and the Emergence of Ethical Conundrums

The responsibility of IRB is to conduct rigorous and timely review of the research applications/proposals/protocols or questions regarding clinical practice sent to them by the health care professionals. Clinical research has not been always grounded on ethical foundations, therefore, examination of all research protocols needs to be analyzed and decided on ethical foundations. A universally recognized standard is the establishment of ethical review board to evaluate transitional research and to safeguard the ethical boundaries of protocol. The universal ethical standards described in the Nuremberg Code are volunteer consent, competency to consent, free of intimidation, understanding of the research's risks and benefits, minimizing risks and harms etc. The Helsinki declaration first by the World Medical Association adopted in 1964<sup>4</sup>. Followed by a number of several declarations including Taipei declaration adopted in 2002 and revised in 2016; elaborating on some of the contemporary issues like benefits of the research to the society, respecting dignity, privacy and autonomy of the individuals, volunteer consent to access intellectual property rights, issues related to biobank, professional contributions, accountability, data protection and prevention of emotional stress etc. Contemporary biomedical research and its clinical implications mandate dynamic, powerful, comprehensive and well represented (balance of academia and non-academia members) IRBs and Ethical Committees. IRBs are commonly used for studies in the field of health and medical sciences and social sciences and humanities particularly in psychology and mental health.

The studies may be in the form of clinical trials of new intervention, drugs, devices, studies of personnel and social behavior, opinion, attitudes, studies on health care delivery system, preventive and palliative aspects and clinical outcomes<sup>5</sup>.

The Islamic bioethics are not only holistic and comprehensive but essentially derived from the primary sources: Quran and *sunnah* of the Prophet (PBUH) and secondary sources; *Ijma* or consensus; agreement of the Islamic community opinions of the Prophet's companions, *Qiyas* or analogy applied in the interpretation of points of Islamic law not clearly covered in the Quran and *sunnah* (*istidlal* or inference, or deduction a process of seeking guidance from the source or), Juristic preference, *Urf*- prevailing customs if lawful; *Istislah* or public interest or welfare etc<sup>6</sup>. Thus, Islamic medical ethics is not only flexible within shari'ah domains but have the depth to adjust as the situation emerges in different times and space. The absolute non- permissible (Haram) becomes permissible in case of dire needs without being a transgressor. The basic rule of permissibility if otherwise not permitted as said:

”حَرَمَتْ عَلَيْكُمُ الْمَيْتَةَ وَالْدَّمَ وَالْحُمَّ الْخَنْزِيرِ وَمَا أُهْلَ لِغَيْرِ اللَّهِ بِهِ وَالْمُنْخَنِقَةَ وَالْمَوْقُوذَةَ وَالْمُتَرَدِّيَةَ وَالنَّطِيحَةَ وَمَا أَكَلَ السَّبُعُ إِلَّا مَا ذَكَّيْتُمْ وَمَا ذُبِحَ عَلَى النَّصَبِ وَأَنْ تَسْتَقْسِمُوا بِالْأَزْلَامِ ذَلِكُمْ فَسُقُ الْيَوْمَ بِئْسَ الَّذِينَ كَفَرُوا مِنْ دِينِكُمْ فَلَا تَحْسَبُوهُمْ وَآخِشُونَ الْيَوْمَ أَكْمَلْتُ لَكُمْ دِينَكُمْ وَأَتَمَمْتُ عَلَيْكُمْ نِعْمَتِي وَرَضِيْتُ لَكُمُ الْإِسْلَامَ دِينًا فَمَنْ اضْطُرَّ فِي مَخْمَصَةٍ غَيْرِ مُتَجَانِفٍ لِإِثْمٍ فَإِنَّ اللَّهَ غَفُورٌ رَحِيمٌ”

“Forbidden to you are carrion, blood, and swine; what is slaughtered in the name of any other than Allah; what is killed by strangling, beating, a fall, or by being gored to death; what is partly eaten by a predator unless you slaughter it; and what is sacrificed on altars. You are also forbidden to draw lots for decisions.<sup>1</sup> This is all evil. Today the disbelievers have given up all hope of

*undermining your faith. So do not fear them; fear Me! Today I have perfected your faith for you, completed My favour upon you, and chosen Islam as your way. But whoever is compelled (in dire need like nothing else to eat), not intending to sin (without being a transgressor), then surely Allah is All-Forgiving, Most Merciful”<sup>7</sup>.*

Moreover, maximums or lessor harm is to be taken into consideration if compelled to choose between the two harms or evils<sup>8</sup>. Harm must be removed at all cost and should not be reciprocated; “Do not cause harm or return harm. Whoever harms others, Allah will harm him. Whoever is harsh with others, Allah will be harsh with him”<sup>9</sup>.

### Importance of Research in medical sciences

Research and innovation in medical sciences is never stressed in any other theology than the Islamic divinity. Islamic teachings strongly emphasize that there is cure of all diseases and the doctors must search for its appropriate cure: The Prophet said, "There is no disease that Allah has created, except that He also has created its treatment"<sup>10</sup>. This hadith aims to persuade believers that there is a cure, treatment for every illness. Moreover, finding suitable diagnostic and therapeutic modalities are emphasized: The Prophet (PBUH) said “There is a cure for every disease. If the cure for a disease is met, the person will be saved from that disease with the permission of Allah”<sup>11</sup>. This and other Islamic teachings clearly recognize the need of research to find the solution of unsolved issues in medical and health sciences. Moreover, the research is highly appreciated and venerated in Islamic teachings:

”الَّذِينَ يَذْكُرُونَ اللَّهَ قِيَامًا وَقُعُودًا وَعَلَىٰ جُنُوبِهِمْ وَيَتَفَكَّرُونَ فِي خَلْقِ السَّمَاوَاتِ وَالْأَرْضِ رَبَّنَا مَا خَلَقْتَ هَذَا بَطْلًا تُسَبِّحَاتِكَ فَعِنَّا عَذَابُ النَّارِ”

“Those who remember Allah while standing, sitting or (reclining) on their backs, and

reflect in the creation of the heavens and the earth: 'Our Lord! You have not created this in vain. Glory to You! Save us, then, from the chastisement of the Fire'<sup>12</sup>.

A focused research aiming at the solution of health related preventive, diagnostic, therapeutic and measures related to improve the quality of life of human being is stressed in several verses of Quran:

“يَا أَيُّهَا الَّذِينَ آمَنُوا إِن جَاءَكُمْ فَاسِقٌ بِنَبَأٍ فَتَبَيَّنُوا أَن تُصِيبُوا قَوْمًا بِجَهَالَةٍ فَتُصْحَبُوا عَلَىٰ مَا فَعَلْتُمْ نَادِمِينَ”

“O you who have believed, if there comes to you a disobedient one with information, investigate, lest you harm a people out of ignorance and become, over what you have done, regretful”<sup>13</sup>.

Islamic teachings also guide us about research, thinking and wisdom. Many verses of the Holy Quran lead us to research and its significance.

“وَالَّذِينَ اهْتَدَوْا زَادَهُمْ هُدًى وَآتَاهُمْ تَقْوَاهُمْ”

“As for those who are rightly guided, He increases them in guidance and blesses them with righteousness”<sup>14</sup>.

Muslim contribution in medical research and innovation is also emphasized in hadith as without having knowledge and expertise of the subject, one is not allowed to proceed:

“وَلَا تَقْفُ مَا لَيْسَ لَكَ بِهِ عِلْمٌ إِنَّ السَّمْعَ وَالْبَصَرَ وَالْفُؤَادَ كُلُّ أُولَئِكَ كَانَ عَنْهُ مَسْئُولًا”

“And do not pursue that of which you have no knowledge. Indeed, the hearing, the sight and the heart - about all those [one] will be questioned”<sup>15</sup>.

The Prophet (PBUH) said, “Whoever practices medicine without any prior knowledge of medicine will be held liable<sup>16</sup>.” Those who are knowledgeable are ever appreciated:

“أَمَّنْ هُوَ قَانِتٌ آنَاءَ اللَّيْلِ سَاجِدًا وَقَائِمًا يَحْذَرُ الْأَخْرَةَ وَيَذْرُوعُ رَحْمَةَ رَبِّهِ قُلْ هَلْ يَسْتَوِي الَّذِينَ يَعْلَمُونَ وَالَّذِينَ لَا يَعْلَمُونَ إِنَّمَا يَتَذَكَّرُ أُولُو الْأَلْبَابِ”

“Are those who know equal to those who do not know?” Only they will remember [who are] people of understanding<sup>17</sup>”.

While those who strive and acquire and create knowledge are highly valued;

“يَا أَيُّهَا الَّذِينَ آمَنُوا إِذَا قِيلَ لَكُمْ تَفَسَّحُوا فِي الْمَجَالِسِ فَافْسَحُوا يَفْسَحِ اللَّهُ لَكُمْ وَإِذَا قِيلَ انشُرُوا فَانشُرُوا بَرِّفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ وَاللَّهُ بِمَا تَعْمَلُونَ خَبِيرٌ”

“God will rise, to (suitable) ranks (and degrees), those of you who believe and who have been granted (mystic) Knowledge”<sup>18</sup>.

“وَقَالَ الَّذِينَ أُوتُوا الْعِلْمَ وَالْإِيمَانَ لَقَدْ لَبِثْتُمْ فِي كِتَابِ اللَّهِ إِلَىٰ يَوْمِ الْبَعْثِ فَهَذَا يَوْمُ الْبَعْثِ وَلَكِنَّكُمْ كُنْتُمْ لَا تَعْلَمُونَ”

When one does not value knowledge and necessity for humanity, Allah will take away the knowledge, consequently the people will mislead themselves as well as the common folk. Only research and investigation can save you from being astray. The Prophet (PBUH) said: “ Allah does not take away the knowledge, by taking it away from (the hearts of) the people, but takes it away by the death of the religious learned men till when none of them (religious learned men) remains, people will take as their leaders ignorant persons who when consulted will give their verdict without knowledge. So, they will go astray and will lead the people astray<sup>19</sup>.” Muslim theologians after thorough investigations, in the light of Quran and Sunnah, devise general principles for conducting bio medical research which includes, intention of research, certainty and doubts which may arise out of the methodology, risks or injury while conducting research, hardship and how it could be mitigated, and custom, or precedent and how evidence support such research and its justifications<sup>20</sup>. Whereas, the purposes and



principles of medical research are guided by the higher objectives of the *Shari'ah* (*Maqasid Shari'ah*): Preservation of religion and morality; Preservation of life and health; Preservation of progeny; Preservation of intellect; Preservation of wealth. Accountability and audit in research are established by the Muslim medical scientist through a system of Inspection (*hisba*) and establish the practice of licensure to physicians<sup>21</sup>. Establishment and terms of references of such committees are duly supported and mandated by Islamic jurisprudence.

### Formation and Composition of IRB

All medical and health care institutions must constitute a powerful and well represented Institutional Review Board (IRB). IRB conducts systematic review aiming at protection of human subjects of biomedical and behavioral research and safeguard the ethical standard in health care practice. Any research protocol designed by the faculty of the institution must be reviewed, approved, and monitored by the IRB. IRB is constituted at the local level by the board of the directors of the institution, regional, provincial, and national by the relevant health care authorities or ministries where appropriate. The IRB assesses the ethics of research proposals, methods and protect the participants from all potential harms, ensures their informed and volunteer participation on prospective subjects capable of making such decisions, or informed consent given by a suitable proxy to protect the safety of individuals and the community. IRB also regulates issues related to medical and healthcare practice. The composition of the IRB should meet the institutional, regional, provincial, national, international and spiritual guidelines pertaining to medical practice and biomedical (basic, transitional, behavioral and clinical) research. The members on IRB should not be

less than five, selected from the diverse backgrounds and experiences like institutional affiliation, gender, cultural background, clinical experience, members of clergy. Voting members should be selected from the scientific community, non-scientific, clergy and social sciences disciplines. Other category of the members are coopted members as dictated by the situation, non-voting members and associate members selected among the scientific, non-scientific, religious, social, economic and other groups to conveniently conduct review for institutional, multicentric studies. The chairperson of the IRB is usually a scientist or physician of premier repute having wide experience of conducting research on human subjects, is elected among the members or appointed by the board of directors<sup>22</sup>. While bestowing any responsibility as member of chairman Islamic teachings lay down criteria for such appointment: "Indeed, Allah commands you to render trusts to whom they are due and when you judge between people, judge them with justice. Excellent is that which Allah instructs you. Indeed, Allah is ever Hearing and Seeing<sup>23</sup>". Here explicitly explained the qualifications and basis of selection of a member, it is further elaborated in Hadith: The Prophet (PBUH), said,

"Verily, the leader is only a shield behind whom they fight, and he protects them. If he commands the fear of Allah the Exalted and justice, then he will have a reward. If he commands something else, then it will be against him<sup>24</sup>."

The regular members are responsible to seek additional experts whenever mandated as non-affiliated members of the relevant fields of interest who should not feel to be intimidated by the professionals on the IRB.

## IRB Functions

The quorum of the meeting should be more than 50%, but at least one member having primary concerns in the non-scientific areas, must be present during the meeting. Minutes including attendance of the participants shall be officially recorded. Apart from safeguarding human subjects and the community, the IRB also trains and educates the researchers on safety, ethical principles and review process, equilibrating the potential risks to the human subjects with the benefits to society. "Risk" is used to express probabilities, whereas "benefit" is used to express a fact. The IRB requires both in expressing a risk/benefit ratio. IRB also provides certain administrative assurances through internal audits and record-keeping<sup>25</sup>. It is also the responsibility of the members to resolve conflicts, confusions and determine probabilities, whereas "benefit" is used to express a fact. It is also the responsibility of IRB to provide relevant information to the participants about findings, change of research protocols and methods. IRB is mandated to educate and train researchers, best practices and how to conduct review and from time to time educate the clinicians on ethical values and consequences of breach. In most of the institutions IRB replaces, combines or duplicates Ethical committees. One of the important functions of these committees is to guide and resolve ethical concerns regarding clinical practice like issues related to reproductive health, end of life, withdrawing support, gender-reassignment procedure etc. and issues related to breach of ethical standards. Islamic guidelines on IRB/Ethical committees are based on trust, responsibility, discipline, flexibility, cooperation, proficiency and justice. Spiritual strategies are not only forthright and easy to implement but also solve some of the tedious problem of medical

ethics related to research as well as clinical practice:

"مَنْ جَاءَ بِالْحَسَنَةِ فَلَهُ عَشْرُ أَمْثَالِهَا وَمَنْ جَاءَ بِالسَّيِّئَةِ فَلَا يُجْزَى إِلَّا مِثْلَهَا وَهُمْ لَا يُظْلَمُونَ"

*"Whoever comes [on the Day of Judgement] with a good deed will have ten times the like thereof [to his credit], and whoever comes with an evil deed will not be recompensed except the like thereof; and they will not be wronged"*<sup>26</sup>.

At the same time, it is also based on the principle of:

"يَا أَيُّهَا الَّذِينَ آمَنُوا لَا تَحْلُوا شَعَائِرَ اللَّهِ وَلَا الشَّهْرَ الْحَرَامَ وَلَا الْهَدْيَ وَلَا الْقَلَائِدَ وَلَا آمِينَ النَّبِيِّ الْحَرَامَ بَيْنَعُونَ فَضْلاً مِّن رَّبِّهِمْ وَرِضْوَاناً وَإِذَا حَلَلْتُمْ فَاصْطَادُوا وَلَا يَجْرِمَنَّكُمْ شَنَاَنُ قَوْمٍ أَن صَادُواكُمْ عَنِ الْمَسْجِدِ الْحَرَامِ أَن تَعْتَدُوا وَتَعَاوَنُوا عَلَى الْبِرِّ وَالتَّقْوَىٰ وَلَا تَعَاوَنُوا عَلَى الْإِثْمِ وَالْعُدْوَانِ وَاتَّقُوا اللَّهَ إِنَّ اللَّهَ شَدِيدُ الْعِقَابِ"

*"And cooperate in righteousness and piety, but do not cooperate in sin and aggression. And fear Allah; indeed, Allah is severe in penalty"*<sup>27</sup>.

IRB must have an internal accountability mechanism:

"فَمَنْ يَعْمَلْ مِثْقَالَ ذَرَّةٍ خَيْرًا يَرَهُ" "وَمَنْ يَعْمَلْ مِثْقَالَ ذَرَّةٍ شَرًّا يَرَهُ"

*"So whoever does an atom's weight of good will see it, and whoever does an atom's weight of evil will see it"*<sup>28</sup>.

Islamic paradigm pledge the expended rewards for doing good and outlay resources in the best interest of humanity:

"مَنْ جَاءَ بِالْحَسَنَةِ فَلَهُ عَشْرُ أَمْثَالِهَا وَمَنْ جَاءَ بِالسَّيِّئَةِ فَلَا يُجْزَى إِلَّا مِثْلَهَا وَهُمْ لَا يُظْلَمُونَ"

*"Whoever comes [on the Day of Judgment] with a good deed will have ten times the like thereof [to his credit], and whoever comes*

*with an evil deed will not be recompensed except the like thereof; and they will not be wronged<sup>29</sup>”.*

Muslim jurists have identified several characteristics related to work place ethics described in the Quran and *sunnah*, which helps to eliminate ethical dilemmas in health care system and mainly occur due to the individual's character or system failure. By introducing Muslim workforce ethics like; Allah consciousness, sincerity, honesty, justice, accountability, equality, responsibility, cooperation, kindness, consultation, equitability and fair system of rewards derived from the Quran and practices of Prophet Muhammad (PBUH), provides solutions for several ethical predicaments arising out of current challenges of research in medical sciences. It is also recommended that IRB gets the opinion of Islamic jurisprudence on a regular basis and where possible a member from *shari'ah* scholars should be included in the IRB. Independence of IRB must be ensured;

”إِنَّ اللَّهَ يَأْمُرُ بِالْعَدْلِ وَالْإِحْسَانِ وَإِيتَاءِ ذِي الْقُرْبَىٰ وَيَنْهَىٰ عَنِ الْفَحْشَاءِ وَالْمُنْكَرِ وَالْبَغْيِ يَعِظُكُمْ لَعَلَّكُمْ تَذَكَّرُونَ”

*“Indeed, Allah orders justice and good conduct and giving [help] to relatives and forbids immorality and bad conduct and oppression. He admonishes you that perhaps you will be reminded<sup>30</sup>”.*

And “Because of that, you O Prophet’ will invite all. Be steadfast as you are commanded, and do not follow their desires. And say,

”فَإِذْ لَكَ فَادْحٌ وَاسْتَقِيمَ كَمَا أَمَرْتُ وَلَا تَتَّبِعْ أَهْوَاءَهُمْ وَقُلْ آمَنْتُ بِمَا أَنْزَلَ اللَّهُ مِنْ كِتَابٍ وَأُمرْتُ لِأَعْبُدَ اللَّهَ رَبَّنَا وَرَبُّكُمْ أَنَا أَعْمَالُنَا وَأَعْمَالُكُمْ لَا حِجَّةَ بَيْنَنَا وَبَيْنَكُمْ اللَّهُ يَجْمَعُ بَيْنَنَا وَاللَّهُ أَعْلَمُ بِالصَّيْرِ”

*“I believe in every Scripture Allah has revealed. And I am commanded to judge fairly among you. Allah is our Lord and your*

*Lord. We will be accountable for our deeds and you for yours. There is no need for contention between us. Allah will gather us together for judgment. And to Him is the final return<sup>31</sup>”.*

The IRB must also play a role in the regulation of medical practice according to Islamic guidelines and educate the health care workers on their ethical competencies. The IRB must promote faculty development to meet the requirements of the hospital on ethical lines.

Islamic epistemology encourages acquiring skills and technology for excellence and continuous improvement in performance standards of the health care system. Islam strongly vouch for **purity of intent** (but seeking the pleasure of their Lord, the Highest<sup>32</sup>, and “And whatever good you [believers] spend is for yourselves, and you do not spend except seeking the face [i.e., approval] of Allah. And whatever you spend of good - it will be fully repaid to you, and you will not be wronged<sup>33</sup>”, **objectivity**, (And [mention, O Muhammad], when your Lord said to the angels, "Indeed, I will make upon the earth a successive authority." They said, "Will You place upon it one who causes corruption therein and sheds blood, while we exalt You with praise and declare Your perfection?" He [Allah] said, "Indeed, I know that which you do not know<sup>34</sup>, **sound planning** (Ali RA once said that plan your work daily, because every day comes with new concerns (Alam, 1983). About planned activity, Abdullah Ibn Umar Faruq (RA) said that you should do the earthly activities in such a way that you will remain alive for ever and at the same time work for the hereafter in such a way that you will die soon (Jabnoun, 1994), **implementation** (“They planned, but Allah also planned. And Allah is the best of planners<sup>35</sup>. **Educate, train**, (“It is out of Allah’s mercy that you O Prophet have been lenient with them. Had you been cruel or

hard-hearted, they would have certainly abandoned you. So, pardon them, ask Allah's forgiveness for them, and consult with them in conducting matters. Once you decide, put your trust in Allah. Surely Allah loves those who trust in Him"<sup>36</sup>, **Record keeping** (And indeed, [appointed] over you are keepers, noble and recording; They know whatever you do"<sup>37</sup>). (Similar references are; Quran, 99:6–8; Quran, 50:17–18; Quran, 3:181; Quran, 4:81; Quran, 10:21,61; Quran, 11:16; Quran, 17:14,58,71).

**Rewards and accountability:** Manmade rewards and accountability methods historically failed to serve the purpose. Divine methods of accountability and rewards are perfectly designed to inculcate a system of accountability; Islamic paradigm of team "He that doeth good shall have ten times as much to his credit, but he that doeth evil shall only be recompensed according to his evil: no wrong shall be done unto (any of) them"<sup>38</sup>. The Islamic paradigm multiplies rewards of good performance and recognizes the contribution of every IRB member. Strong accountability tools are designed as well; "Then shall anyone who has done an atom's weight of good, see it! And anyone who has done an atom's weight of evil, shall see it also"<sup>28</sup>. Accountability is the icon of good performance of the IRB both in the public and private sectors. "No soul burdened with sin will bear the burden of another. And if a sin-burdened soul cries for help with its burden, none of it will be carried—even by a close relative. You O Prophet can only warn those who stand in awe of their Lord without seeing Him<sup>1</sup> and establish prayer. Whoever purifies themselves, they only do so for their own good. And to Allah is the final return"<sup>39</sup>. Accountability is not for punishment, rather to positively enhance the efficiency of the IRB. Good IRB performance is dedicated and consistent in its work and in performance, maintaining standards and pursuing sustained

improvement in health care services and research.

*"Peace unto those who persevered in patience! Now how excellent is the final Home!"<sup>40</sup>.*

The Islamic paradigm promotes consistent excellence in meeting performance standards both in personal and collective efforts and encourages continual improvement in all related fields:

*"those who patiently persevere will truly receive a reward without measure!"<sup>41</sup>.*

### **IRB/Ethical Committee Review Dynamics**

The IRB must review all research projects that involve human subjects in any form and manifestation prior to any data collection to determine the appropriate level of review, and, as appropriate, approve them. The IRB provides guidelines on emerging ethical issues related to clinical practice and health care in general. Ethical consultations and education on ethical competencies of health care workers are also being provided by the IRB. Generally, there are three major types of review: Exempt, Expedited, and Full. Regardless of the review type, the submission requirements remain the same. The IRB reviews all phases and types of research including, drugs, devices, biologics, social/behavioral.

#### **1.Exempt Review**

It is done by a single IRB member, in consultation with another available member or chairperson. Exempt review is conducted for research activity which has minimal risk. A "minimal risk" study is one in which the probability of harm or discomfort is not greater than that ordinarily experienced in daily life or during the performance of routine

psychological or physical examinations or tests.

The following research proposal may fall in this category; research using anonymous or no-risk surveys, interviews or observations and research conducted in established or accepted educational settings which involve normal educational practice like: Research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods etc. Exempt review applies on research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:

- a) While recording information, identity of the human subject cannot be readily ascertained.
- b) Absolutely no harm of any sort to the subject's financial standing, employability, educational advancement, or reputation, or social status.
- c) Should not cause any criminal or civil liability to the subject.

Exempt review is also required for secondary research uses of identifiable private information or identifiable biospecimens, meeting the criteria of exempt review, taste and food quality evaluation and storage related reviews. Consumer acceptance related studies and studies related to procedural matters and standing procedures. Usually, exempt review proposals have a slightly higher risk, do not include intention deception, do not employ sensitive population or topics, and require an appropriate informed consent procedure. Apart from this, it

includes studies which were previously approved by an expedited review and are being resubmitted with minor revisions. Examples include the collection of physical data, through non-invasive procedures like height and weight, ECG, MRI, ultrasound, moderate exercise, blood or other bodily fluids<sup>42</sup>. For exempt review informed consent is required, signed consent is not required. Most of the exempt reviews are completed within two weeks of the submission of the proposal to the IRB.

## **2.Expedited review**

Expedited review is conducted by the IRB chairperson or one or more experienced members of the IRB and does not require a full committee review. Usually, these research proposals have a slightly higher risk, do not include intention deception, do not employ sensitive population or topics, and require an appropriate informed consent procedure. Apart from this, it includes studies which were previously approved by a full review and are being resubmitted with minor revisions. Examples include the collection of physical data, through non-invasive procedures like height and weight, ECG, MRI, ultrasound, moderate exercise, blood or other bodily fluids. The expedited review proposals do not involve vulnerable populations (i.e., children, prisoners, individuals with impaired decision-making capacity, and/or economically or educationally disadvantaged persons). Usually the studies involving collection of data from voice, video, digital, or image recordings made for research purposes, research employing survey, interviews program evaluation, quality assurance surveys, or interview, oral history, focus group and research involving data, documents, medical record, specimens etc. may be included in expedited review. Studies involving sample collection by simple means

from healthy and non-vulnerable populations and collection of biological specimens for research purposes by noninvasive means<sup>43</sup>. Three weeks should be enough to complete an expedited review process.

### 3.Full IRB Review

All proposals require a full IRB review pending ‘exempt’ or ‘expedited’ review as defined above. The full IRB review requires all or most of the IRB members to be present to review and approve the research proposal. Additionally, if the research proposal involves any of the following, it requires a full review.

- a) Vulnerable population like children, prisoners, economically and educationally disadvantaged persons and subjects with impaired decision-making capacity.
- b) Proposal involving individuals with cognitive disabilities
- c) Intervention/ procedures which might cause physical and or psychological harm to the subjects.
- d) Collection of information that could seriously harm the participant legally, socially, financially etc.
- e) Research related to highly sensitive topics and illegal behavior.
- f) Any other research not falling into the category of exempted or expedited reviews

Notification of the IRB decision must be given to the investigator in writing. If the IRB rejects the proposal, the notification must include the reasons for the disapproval<sup>42</sup>.

### IRB Review Procedure

Any institution can establish more than one IRBs or ethical committee and designate other IRBs from different institutions to conduct and review its research proposal. One research proposal can be reviewed by more than one IRB. The IRB is administered and

managed by a single individual responsible for the oversight of research and IRB functioning.

The IRB review process begins after submission of the research protocol, on the IRB prescribed proforma, including the documents namely, informed consent forms, completed informed consent form checklists, evidence of approval by cooperative IRBs at other sites (if applicable), data collection instruments and certified translation for consents or instruments to be used with the local/national language. If the study is funded, a copy of the memorandum must be submitted by the principal investigator to the IRB.

Upon receipt of all the required documents, the IRB secretariat logs the IRB submission, assigns a protocol number, reviews it for completeness, forwards all copies to IRB members, and places the protocol on the agenda for the scheduled IRB meeting. Once IRB approval is granted, the IRB secretariat notifies the principal investigator, and in the case of funded research, the funding agency as well<sup>44</sup>.

### Conflict of interest

Members of the IRB, including substitute members, invited experts/consultants participating in the review of a protocol, regardless of voting privilege, should not have, or appear to have, a conflict of interest. Among others, this includes him/her or his/her immediate family, listed as the investigator on the study, or his role as supervisor of the research under consideration. They are expected to inform the IRB Chair of any conflict of interest. IRB members with a conflict of interest cannot participate in the review process except when they are asked by the committee to provide required information and must leave the room during the IRB deliberations and vote. In case a potential conflicting relationship with the research sponsor or investigator exists, this

must be immediately addressed by the IRB chair on merits<sup>43-44</sup>.

### **Islamic Guidelines for overall IRB/Ethical Committees Operations**

Every effort is made to caution, discipline and streamline the healthcare practice, research and innovations. The key to success in this world is discipline and if this chastisement is in line with Islamic guidelines stressed in Quran and *sunnah* of the Prophet (PBUH) it will become worship (*Ibadah*). Muslims are expected to behave with self-discipline and noble conduct in every situation. Discipline differentiates humans from beasts. It is a sign of Allah's care when a person tries to change himself and develop. A discipline behavior had been shown by every Muslim's role model in life. Allah says: One day he inspected the birds, and wondered, "*Why is it that I cannot see the hoopoe? Or could he be absent? I will surely subject him to a severe punishment, or even slaughter him, unless he brings me a compelling excuse*<sup>45</sup>". The extreme value of discipline and its applications are discussed elsewhere as well; "*Obey the call of your Lord before coming from Allah. One day that cannot be denied*<sup>46</sup>". The Prophet (PBUH) had led his life with utmost discipline and adherence to regulations. The Prophet (PBUH) is perceived by his followers as an exemplified leader. Allah said; "*Indeed in the Messenger of Allah you have a good example to follow for him who hopes in (the Meeting with) Allah and the Last Day and remembers Allah much*<sup>47</sup>". The Prophet (PBUH) led an extremely disciplined life in accordance with Allah's commandments. Conceptually, the terms ethics and moral share a similar definition in which both terms describe the behavior and conduct of men from a moral perspective; The Prophet (PBUH) said, "That I was only sent to complete noble character<sup>48</sup>". Research is considered as a religious duty, to recognize

the unlimited powers of the Almighty Allah; Verily! In the creation of the heavens and the earth, and in the alternation of night and day, there are indeed signs for men of understanding<sup>49</sup>. It is the responsibility of the IRB to regulate the research, making it purposeful. Safe and useful for the society: The Prophet prays for refuge from learning that brings no benefit. "I seek refuge with Allah from learning that benefits not, a heart that humbles not itself, a soul that is never full, and a prayer that is not answered<sup>50</sup>". Undoubtedly, Islamic teaching strongly vouch for research and innovations in the best human interest without any potential pitfalls leading to human tragedy. Therefore, strong discipline is incorporated in clinical and research facilities through an empowering IRB. A Muslim scientist, therefore, considers it as a trust and obligation to discover the cures and treatments of diseases, to beseech Allah's pleasure and does so within the parameters of the Maqasid Shari'ah. He would also observe the ethical principles outlined by global research authorities and refrain from conducting research, which is prohibited, wasteful or harmful. Allah commends this upright conduct when He says; "*He gives wisdom to whom He wills, and whoever has been given wisdom has certainly been given much good. And none will remember except those of understanding*<sup>51</sup>". The IRB ensures that the basic ethical principles, namely respect for persons; And We have certainly honored the children of Adam<sup>52</sup>, beneficence, non-maleficence "every action that leads to harm or that prevents a benefit is forbidden"<sup>53</sup> and justice is preserved and protected in all forms of research involving human subjects; Indeed, Allah orders justice and good conduct<sup>54</sup>. It has the fiduciary duty as the regulator of biomedical research and works closely with researchers to establish sound ethical research for the enhancement of health care of the individual and the larger community. It undertakes a thorough and

rigorous evaluation of the possible risks and benefits of the research proposal with a view to protect the rights and welfare of human subjects involved in research and ensures that they are not placed at unreasonable physical, mental and emotional risk<sup>55</sup>. The respect for persons, the first principle which must be guarded jealously by the IRB represents a basic rule in the Islamic *Shari'ah* and entails the dignity and autonomy of a human being which must be upheld. The IRB undertakes to ensure that the research activity protects the autonomy of a fully competent person to participate in a research activity voluntarily without any forms of coercion, deceit or exploitation. In the case of the non-competent person, the Islamic *Shari'ah* stipulates that; "A statement of a person unable to act properly cannot be admitted." And the IRB must see to it that the selected guardian undertakes the fiduciary duty to safeguard his interest and protect him from exploitation in the research process<sup>56</sup>.

The second principle, beneficence, which the IRB aims to protect and preserve in its review process, represents the very foundation of the *Maqasid Shari'ah* which refers to the aims, higher intents, objectives, purposes, goals and principles of the *Shari'ah*. These have been classified into two broad categories namely, the promotion and preservation of the common good and benefit (*maslahah*) - *jalb al-masalih* and the avoidance and protection from harm (*mafsada*) - *dar' al-mafasid* (not infrequently described as the ethical principle of nonmaleficence)<sup>57</sup>. "A purpose (*maqсад*) is not valid unless it leads to the fulfillment of some good (*maslahah*) or avoidance of some mischief (*mafsada*)" In other words, the *Maqasid* of *Shari'ah* are the fulfillment of *maslahah* and the avoidance of *mafsada*<sup>54</sup>. Justice and equity for all people is the basis of the message of Islam and all divine religions and is the third ethical principle which must be protected by the IRB in its review process.

”أَفْعَدْنَا رُسُلَنَا بِالْبَيِّنَاتِ وَأَنْزَلْنَا مَعَهُمُ الْكِتَابَ وَالْمِيزَانَ لِيَقُومَ النَّاسُ بِالْقِسْطِ وَأَنْزَلْنَا الْحَدِيدَ فِيهِ بَأْسٌ شَدِيدٌ وَمَنَافِعُ لِلنَّاسِ وَلِيَعْلَمَ اللَّهُ مَن يَنْصُرُهُ وَرُسُلَهُ بِالْغَيْبِ إِنَّ اللَّهَ قَوِيٌّ عَزِيزٌ”

"We have sent Our messengers with explicit signs and sent down with them the Book and the Scale, that people may stand in justice<sup>58</sup>".

"The principles and the basis of the *Shari'ah* concerning the rulings and human interest in this life and the hereafter are all founded on justice, grace, human good, wisdom. Every situation which moves from justice to tyranny, from grace to hardship, from goodness to corruption, from wisdom to absurdity, has nothing to do with the *Shari'ah* even if this is presented through allegorical interpretation" (*Ibn al-Qayyim al-Jawziyyah*).

## Conclusions

Our healthcare system needs continued revamping to meet emerging challenges. Healthcare practice, research and innovation requires rigorous discipline to safeguard the interest of humanity. There is always a marriage of convenience among healthcare researchers, practitioners and industry. The IRB provides ethical guidelines to all these groups, educates the medics and other health care workers on ethics and offers ethical consultations. Ethical competencies are developed, maintained and promoted by the IRB to maximize benefits, prevent harm, refrain from the deliberate injury of others, and minimize inevitable injury. The IRB reviews, both advanced and periodic, are designed to take appropriate measures to protect the rights and welfare of humans participating as subjects in research. Nevertheless, researchers may find the IRB process overwhelming and overbearing, it is necessary to ensure that researchers are informed and educated on issues related to ethical principles in their quest for the



discovery of new knowledge. One must not forget that each violation lowers the confidence of patients looking for the best care, and damages public faith in the scientific fraternity. Islamic teachings and guidelines encompasses all areas of healthcare and research. This includes professionalism, professional relations, health care professional character, conduct and accountability, as well as opinions related to contemporary issues in medical practice and research”<sup>59</sup>. Islamic guidelines on IRB functions are robust and holistic and always respond responsibly and objectively to the emerging ethical issues related to medical practice, research and its implications. Islamic medical ethics founded on the tenets of the *MaqasidShari'ah* is not only holistic, dynamic, flexible and provides internalization of the concept of innate mechanism of self-accountability.

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## CHAPTER TWELVE

### CHILD-FRIENDLY HOSPITAL

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#### Abstract

Creating a child-friendly hospital environment is essential to provide children with a receptive and welcoming experience. It consists of a physical environment, healing and therapeutic environments and safe environments. A child-friendly hospital would also include facilities for play and learning areas in their setting. Play could be part of therapeutic activities, while education is a fundamental right for all children. In addition, all children who were admitted to the hospital should be screened for evidence of maltreatment. Preparation before a procedure is vital to reduce their pain and anxiety. Above all, verbal and non-verbal communication ensured the patient's compliance with treatment.

Keywords: Child-friendly, hospital, environment, communication, play and learning.

#### Introduction

Children are important to the nation's present and its future. Healthy children are more likely to become healthy adults who will contribute as productive citizens and contribute to the country's socioeconomic status. In earlier eras, disease and death in children were primarily due to infections. The improvement of healthcare facilities reduced the mortality and morbidity rate among children. A child-friendly environment in a healthcare facility is essential as children interact with their environments differently from adults. Their body size and behaviours make them more susceptible to certain environmental influences. Additionally, a conducive and friendly hospital environment catering specifically to children and adolescent needs and recruitment is a crucial element in ensuring a more receptive and welcoming experience for them, who are the dedicated clients of this healthcare services.

#### Child-Friendly Hospital Environment

According to the World Health Organisation, hospital infrastructures and amenities should have a child-friendly physical environment with adequate water and sanitation, good hygiene with good fire and waste management, adequate energy supply, and adequate stock of essential medical supplies and equipment for routine care and management of common childhood illnesses<sup>1</sup>. A child-friendly hospital would also include facilities for play and learning areas in their setting.<sup>2</sup> It will also include a place where children and adolescents view it as a necessary part of their good health and general well-being.

Components of child-friendly hospital environments were as follows<sup>3</sup>:

##### 1. Physical environment

A child-friendly health facility should have outpatient and inpatient care areas for children and young adolescents. It should be separated from adult patients.

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These areas, which include indoor and outdoor facilities, should be appropriately equipped, suited to the age of patients from new-born to adolescence and allow caregivers to be with their kids. The facilities should also assure privacy for older children and adolescents using curtains or different rooms. The wall and floor of the ward should be decorated with colourful pictures or cartoon characters to attract and engage children during procedures. The facilities should have designated areas for playing, entertainment and education.

## 2. Healing and therapeutic environment

A healing and therapeutic environment would help with a child's healing process and recovery. Factors contributing to a healing environment are good lighting sources, soothing colours, well-ventilated, visual components such as gardens and pictures and auditory components such as relaxing music and natural sounds. Exposure to gardens had a beneficial effect on emotional states and reduced feelings of anxiety. Installing sound-absorbing ceiling tiles reduced noise levels and the echoing of

### Playing, entertainment and education in hospital

It is crucial to design hospitals with environments where the children can play. Playing would help children to become familiar with the environment, and it would also help them to express their feelings. Children would use toys such as teddy bears to accompany them for different medical procedures. There should be age-appropriate toys, games, books and facilities for playing and entertaining children in the ward<sup>7</sup>. Having a playground in the hospital area would also create a positive and engaging atmosphere for children.

Playing could be part of therapeutic activities. For a hospital with a play therapist, an individualised plan for play

sounds. Having an outdoor children's playground could also contribute to the healing environment<sup>4</sup>.

## 3. Safe environment

*Patient safety* is defined as preventing patient harm<sup>5</sup>. Children who stayed in the hospital were exposed to various potential injury hazards. Examples of injury were falls, choking, strangulation and electrocution. These hazards could be avoided by proactively incorporating basic child safety principles in hospital settings<sup>6</sup>. The play area should ensure safety by using appropriate toys and having adult supervisors. The following are general safety practices to promote a safe environment for children<sup>3</sup>:

- Covered electrical outlets
- Appropriate window locks and door handles
- Functioning fire extinguishers for each area
- Padding for all sharp edges
- Ensure railing for cribs and beds
- Non-slip floor coverings.

therapy could be done for a child who is preparing for surgery or painful procedures. Besides that, abused children who were admitted would also benefit from play therapy as they could express their feelings and cope with difficulties. For paediatric cancer patients facing a terminal disease, play therapy would help them develop a sense of control of the situation and help them express their frustrations, fears, and feelings<sup>7</sup>.

Education is a fundamental right for all children, including paediatric patients who were admitted to the ward, especially those with extended hospital stays. In paediatric hospitals, there will be teachers who will provide one-to-one teaching either in a hospital classroom or at the bedside of children. In Malaysia, we have an education

system for patients named Sekolah Dalam Hospital (SDH). It is a collaboration between the Ministry of Health and the Ministry of Education Malaysia to provide continuous learning for patients. There are several chosen hospitals in Malaysia with these facilities. The role of the teachers may include subject selection or rearranging timetables, assisting in completing tasks or work and proctoring during tests or major examinations<sup>8</sup>. We have children in hospitals sitting for Malaysian major exams like Sijil Pelajaran Malaysia (SPM). With these facilities, we hope that children remain in contact with regular academic activities, thus helping to reduce difficulties during school re-entry.

### **Child Protection**

Child protection includes safeguarding children from maltreatment, including physical abuse, sexual abuse, neglect, fictitious or false illness, domestic violence, and the effects of parental drug abuse or parents with poor mental health. Identifying and managing vulnerable children requires special skills and collaboration with a multidisciplinary team. According to WHO, all children who were admitted to the hospital should be screened for evidence of maltreatment. All staff who care for children should be attentive in detecting harmful carer-child interactions<sup>1</sup>.

A guideline for managing suspected child abuse and neglect cases should be available for all hospitals. It is to ensure that all hospital staff involved in the care of abused children are guided in their management. There should be a reporting mechanism to legal and welfare agencies. This agency would provide legal instruments to prevent further abuse and provide services for the child and family. A multidisciplinary approach in an organised manner is necessary to provide assessment and treatment for a physical and mental condition, providing social services, physical separation from the abuser,

counselling services and community support<sup>9</sup>.

### **Hospital Admission and Psychological Trauma Among Children**

Hospital admission could be a stressful situation for a child. Children are often subject to psychological trauma in which they experience anxiety, aggression and anger. It occurs because of their lack of control over the environment. In a cross-sectional study by V. Vejsovic et al., two-thirds of children and adolescents expressed that they had experienced pain during the hospital stay<sup>10</sup>. The sense of helplessness, pain and fear cause children to feel afraid in healthcare settings. These emotional responses would delay necessary medical treatment and reduce patient satisfaction<sup>11</sup>.

Examples of stressful events during hospital admission among children were seeing the white gown nurses and doctors who will give them injections, forcing them to open their mouths to inspect the throat or for oral medication. Thus, to decrease their fear and to ensure a better child-friendly atmosphere, the hospital environment needs to be adjusted to the children's intellectual capabilities and to meet their requirements<sup>3</sup>. Besides that, the common public perceptions that hospitals are a "place for ill and dying people" and a "sterile place" further create a wrong impression among our younger clients.

These stressful environments could be reduced by having an adjusted environment that suits the child. Nurses could wear colourful gowns with cartoons, bears on a child's cannula plaster, a penguin on a child's oxygen mask or a giraffe on a child's CPAP mask.

### **Reducing Child Anxiety and Pain during Medical Procedure**

Many modalities have been used to reduce children's anxiety and pain due to medical

procedures. Personal healthcare should communicate and acknowledge the procedure with the child. Children should be allowed to face their anxiety and have enough time to pass their anxiety and build coping strategies. Explanation of the procedure should be done using a language level appropriate for the child's developmental age. For more invasive medical procedures like a lumbar puncture or specific surgical procedures, this would need written consent from parents. It is crucial to explain the procedure to the parents and ask about their concerns. Clinicians should build a rapport with the child prior to the procedure. For example, a clinician could explain and demonstrate auscultation using a stethoscope on a child's teddy bear.

Appropriate analgesia is essential prior to procedures that cause pain and distress. For instance, topical analgesia such as Emla cream containing lidocaine and prilocaine is usually applied on the skin before intravenous cannulation. Intravenous medication for sedation and analgesia is used for more invasive procedures such as lumbar punctures and bone marrow aspirations or an imaging procedure which requires a child to be immobilised for a longer time<sup>12</sup>.

During the procedure, distraction could provide patients with an alternative focus that would help reduce perceptions of pain. A distraction method should be engaging, interactive and suit the child's developmental age. Examples of usual distraction methods used were bubbles, singing or listening to a favourite song, toys, books with noisy buttons, or technology such as phones, tablets or virtual reality<sup>13</sup>.

Virtual reality (VR) is among the new technologies being used in distraction therapy. It has been hypothesised to be a non-pharmacological form of analgesia that influences the body's pain modulation system during painful medical

procedures<sup>14</sup>. VR was used to reduce pain in many procedures in children, for example, vaso-occlusive pain episodes for children with sickle cell disease, inferior alveolar nerve block (IAN), immunisation, pulp therapy, phlebotomy, dressing changes, burn wound care, intravenous placements, and venepunctures<sup>15</sup>. Using the VR headset during immunisation procedures reduces pain scores by 77%<sup>16</sup>. Some of the kids might require physical restraints during the procedure. Nevertheless, VR usage reduces the need for physical restraints<sup>17</sup>.

### Communication with Children

Communication with children and parents is essential to ensure their understanding of illness and compliance with treatment. Clinicians may face challenges when communicating with children due to their potential inability to understand and adapt to the situation. Understanding the cognitive development of children of different ages would help clinicians better understand them. There are four stages of a child's cognitive development according to Piaget's theory (Table 1)<sup>18</sup>.

Clinicians should effectively communicate and give information about a child's illness to all children and their carers so that they understand and cope with the condition and comply with treatment. All children and their carers should receive appropriate counselling and health education about the current illness and promote the child's health and well-being.<sup>1</sup> Avoid medical jargon during communication as it can be meaningless to laypersons and would create fear, irritation and confusion for children and their families<sup>19</sup>. Children might use non-verbal communication, for instance, facial expressions to express their emotions; thus, clinician need to be sensitive and able to react appropriately. Providing more training and resources regarding effective paediatric communication techniques could enrich the level of care provided to children<sup>20</sup>.

Stage	Age	Description of cognitive development
Sensorimotor	Birth -2 years	Understand world through sense and action
Pre- operational	2 - 7 years	Understand world through language and mental images
Concrete operational	7 - 12 years	Understand world through logical thinking and categories
Formal operational	12 years onward	Understand world through hypothetical thinking and scientific reasoning

Table 1: Piaget's theory of cognitive development

### Conclusion

The hospital environment and infrastructure should be adjusted to children's needs. In reality, not all discussed aspects are available in all hospitals due to limited resources and financial constraints. All countries should endeavour to establish a uniform health infrastructure where children's physical and mental health will be focused. Emphasising other components such as education, entertainment, child protection, and communication with children would provide a more holistic approach to managing them. These would enhance their health status and, at the same time, protect children's rights.

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## CHAPTER THIRTEEN

### ZIYARA SPIRITUAL CARE: INTERNATIONAL EFFORT FOR SPIRITUAL SUPPORT AND HUMAN CONNECTION\*

*Kamal Abu-Shamsieh\*\**

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#### Background

In spring 1972, I wandered through the dark-covered sūq (market) in Hebron, also known as Al-Khalil, named after Prophet Ibrāhīm. I was only five years old and trying to find my way to the Haram Ibrāhīmi (Mosque of the Tomb of the Patriarch). "On your mark! Get set..." I said as I calmed myself while wiping my tears. Why wouldn't I cry? I was the youngest of seven siblings, and today was the funeral of my eldest sister, Najah. All I wanted was to see her and say goodbye. The alleys became darker, and I felt lost. I traced my footsteps back and decided to walk to the cemetery, hoping to have a glimpse of my sister before the burial. There were two adjacent cemeteries, 500 feet apart, and my luck led me to the wrong cemetery on that heavy day. I walked between the graves, looking for my sister. Eventually, I returned to my grandfather's home, where no one had even noticed I was gone. My family lived in Ramallah, and instead of the original plan of attending my uncle's wedding today, we had a funeral.

Najah was like a second mother to me. She would often bring me treats on her way back from school or give me money and ask me to go to the nearby store to buy treats for both of us. However, in the weeks and months since her death, no one talked to me about what happened. I heard she died of food poisoning, so I thought I bought the expired food that ultimately killed her. I carried the pain and guilt for 44 years until I was trained as an end-of-life chaplain and dared to talk about it to my mother. I attended a Federation of Islamic Medical Associations (FIMA) conference in South Africa in the fall of 2013 when my brother, Hani, called and informed me that our mother had suffered a stroke.

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I changed my itinerary, flew to Jordan, crossed the West Bank borders, and visited my parents. My recovering mother and I sat on the veranda, enjoying the warmth of a sunny autumn day while sipping tea with sage. I finally gathered the courage to ask the question brewing inside me for decades: "Tell me about Najah." My mother was visibly uncomfortable and tried to deflect the question. Eventually, she started sharing how she lost her teenage daughter. Then she said, "On the day before she died, you and I traveled to Hebron. Your sister and father were supposed to follow us the next day." I interrupted and said I was with my sister in Ramallah, but my mother insisted I had been with her.

This assurance from my mother lifted the burden of a false memory I had carried for decades. I broke down in tears and shared with my mother my experience of going to the wrong cemetery on the day of the funeral. My grief-stricken mother blamed herself for neglecting to care for her youngest. She sobbed, and we hugged.

The personal and painful experience I experienced was not unique. Families rarely talk about death, especially with children. People grieve alone and silently! The compound impact of losing my sister and carrying the pain alone for so long prompted me to create space for families to talk about end-of-life. This gave birth to the establishment of Ziyara Spiritual Care, a non-profit organization that provides spiritual care and trains professionals in end-of-life care worldwide.

Models of Islamic spiritual care have existed throughout history as both professional services and as part of our community over generations. During the reign of Caliph' Umar ibn Al-Khattāb, a *Waqf* (endowment) was created to offer spiritual care to patients and the wayfarer. The services of *Mo'nes Al Mardha* offered solace to patients through "chaplain" visits to chant *Zikr* and recite Quran; having a melodic voice was a requirement for these spiritual providers. Also, the two night-shift "chaplains"

would stand behind a curtain where a patient could hear but not see them and spread words of motivation and news that this patient was recovering well and would go home soon. My goal for Ziyara Spiritual Care involved continuing this Islamic tradition of visiting the sick, focusing on specialty training in formal assessment and intentional intervention.

### The Global Journey

In January 2013, the Federation of Islamic Medical Association (*FIMA*) organized an international conference on spiritual care in Riyadh, Saudi Arabia. Muslim chaplains from England, Africa, and the United States and FIMA physicians from more than forty-two countries, including the United States, joined hundreds of Saudi *murshids* (religious guides) in discussion, unearthing a lack of knowledge and some tension among physicians regarding the role and function of chaplains. I met with physicians from Malaysia, Pakistan, and South Africa, among others, who were eager to learn from a US-trained chaplain to introduce professional spiritual care to their communities. Little did I realize that I would return to Saudi Arabia under the banner of Ziyara two years later to train their *murshids*. Two weeks after this conference, Dr. Ishak Masud invited me to visit Malaysia for a spiritual care conference in June 2013. This invitation ignited an international interest that was unmatched.

Ziyara's international presence began with several annual and semi-annual visits to Malaysia and Indonesia between 2013 and 2020. Invitations to organize spiritual care training globally took Ziyara to Pakistan (2014 and 2018), South Africa (2013), Oman (2017), Saudi Arabia (2013, 2014, 2015, 2019), Jordan (2016 and 2017), Germany (2017), Abu-Dhabi (2015 and 2017), and Turkey (2018 and 2019). The spiritual care training ranged from offering a few presentations on connecting spiritual care and chaplaincy to Islamic normative texts, and introducing spiritual care concepts such as

mercy, empathy, compassion, and service leadership, to holding intensive several-day seminars and clinical practice.

### Ziyara in Malaysia

Malaysian healthcare providers welcomed spiritual care as they understand well the interconnectivity of the mind, body, and soul in healing; spiritual soul care was the missing piece in patient care. Dr. Ishak, a physician trained in Australia and England, was aware of the work of chaplains in western healthcare contexts. He launched a campaign for *Hospital Mesra Ibadah*, a worship-friendly initiative. He encouraged the Malaysian Ministry of Health to hire dozens of *ustādhs* (religious guides) to offer spiritual care in Malaysian hospitals. However, the *ustādhs* were not trained in clinical settings and limited the scope of spiritual care services to teaching patients how to pray or offering supplications. In fact, nurses were required to wake patients up to perform the daily prayers on time, especially *Fajr* (morning) prayer, record in the medical records, and notify the *ustādhif* someone wasn't waking up. Dr. Ishak felt combining Ziyara's Islamic foundation of care with the North American approach to spiritual care would offer a more skillful and intentional patient-centered presence at the bedside. He offered Ziyara a ten-minute slot at a national healthcare conference to speak on spiritual care. Those ten minutes led to twenty, then thirty, and eventually opened the door for more invitations to speak at different hospitals across Kuala Lumpur in the following years. Ziyara engaged with physicians, nurses, counselors, *ustādhs* and Imams, hospital administrators, and the Ministry of Health representatives.

Ziyara considered its efforts in Malaysia a pilot for introducing spiritual care globally. In 2015, Ziyara introduced spiritual care clinical rounds where Malaysian *ustādhs* visited patients in different clinical settings. Hospital Sungai Buloh hosted Ziyara for a two-day intensive

seminar. In 2016, University Malaya Medical Center hosted a three-day intensive seminar that included twenty-four-hour on-call chaplaincy training over the seminar, the first of its kind in any Muslim-majority country.

Students were taught to chart spiritual care notes and work alongside other interdisciplinary care team members. In clinical rounds, four groups of students consisting of two men *ustādhs* and two women *ustādhahs* participated in supervised visits to patients. In the initial stages of training, *ustādhs* stood in the middle of the room and talked to patients while standing, somewhat awkwardly. They offered generic prayers while the visit lacked the intimacy of deep listening, compassionate comforting, or active presence. Ziyara demonstrated how to visit and where to sit, use of physical touch appropriate for their cultural context, questions to ask or not to ask, spiritual assessment, and responding to spiritual care needs. The deeper connection resonated for both the patients and the student-chaplains. However, after several follow-up visits to Malaysia, I realized the *ustādhs* were inconsistent in applying the given skills. Ziyara needed a paradigm shift! One idea was to recruit qualified Malaysian chaplains to come to the US to study and train. Another idea was unprecedented -- to offer a complete Clinical Pastoral Education (CPE) course in Malaysia.

Ziyara achieved its first goal in March 2018 by recruiting Sakinah Alhabshi. Sakinah understood the Malaysian context, a multicultural country with a diverse ethnic and religious population, of which approximately 60 percent are Muslim, 20 percent Buddhist, 10 percent Christian, and 6 percent Hindu. Sakinah, a former corporate oil and gas consultant, had left her career to focus on her formal Islamic education, volunteer work with disaster relief and hospice, as well as to spend more time with her parents, especially following her father's dementia diagnosis. The more she connected spiritual care to her personal life, it became clear that professional

chaplaincy was the perfect path that aligned with her passion and interest. Sakinah proved instrumental in setting up Ziyara's engagement with the Malaysian Ministry of Health, alongside the National Palliative Care Taskforce, as well as multiple universities and teaching hospitals in Malaysia. Her father and grandfather's unfortunate death in mid to late 2018 led her to apply to CPE residency programs in the United States. Sakinah eventually chose Stanford Health Care in California, where she continued beyond her residency into a fellowship, alongside her graduate studies at the Graduate Theological Union in Berkeley.

### Clinical Pastoral Education in Malaysia

In parallel, the next significant phase for Ziyara was the Malaysian Minister of Health acknowledging the need to step up professional training and certification of spiritual care providers in healthcare institutions. Through a mini-grant from the Association for Clinical Pastoral Education (ACPE), Ziyara partnered with the Clinical Pastoral Education of Central California (CPECC), Universiti Teknologi Mara in Kuala Lumpur, and the International Islamic University Malaysia, to launch the first international ACPE accredited spiritual care training in Malaysia.

Dr. Diana Katiman, a palliative care physician in Malaysia, assembled a task force and started reaching out to medical institutions to train their staff. In California, Ziyara recruited Rev. Rod Seeger, a retired chaplain supervisor, to lead a half-unit of intensive CPE. The six-week program brought together six men and six women physicians, nurses, chaplains, and counselors from six hospitals. The half-unit CPE ran from February through April 2020, just about when the Covid-19 global pandemic began. The CPE students and supervisor met in person for the first half of the program and

conducted the reflection sessions virtually for the remaining half of the program.

The Ziyara program was the first clinical chaplaincy training in a Muslim-majority country and the second of its kind in the Asia Pacific region. Malaysian Christian faith leaders historically received clinical training through the Association of Hong Kong Hospital Christian Chaplaincy Ministry. The limited number of ACPE educators who are competent in Islam, culturally and religiously, the limited financial resources, and the nuances of navigating religious diversity in Malaysia were among the several challenges that Ziyara encountered in this half-unit CPE program, yet the intention to continue has remained.

The involvement of Ziyara in Malaysia included a simultaneous engagement in neighboring Indonesia. With the help of Dr. Ishak, Ziyara connected with the Indonesian Muslim Medical Association. Ziyara traveled to Makassar, Bandung, Jakarta, and Banda Aceh to introduce spiritual care in healthcare settings. In a workshop on end-of-life in Jakarta, the audience were asked, "Would you consider the experience of a practicing Muslim who was incommunicative and unable to recite *Shahādah* (attestation of faith)<sup>1</sup> prior to dying, a good death?" The audience's unanimous response that it couldn't be a good death was astonishing. Imagine the disappointment of the bereaved family to learn that not only did their loved one die but that the experience wasn't a good ending. It became apparent there was a need to partner with religious clerics to reexamine some religious texts that lead to widespread misunderstanding on how to achieve *Hosn Al-khātimah* (a good ending). Ziyara turned to the National Shariah Board of Indonesia and the

<sup>1</sup> Muslims encourage the actively dying to recite part of the *shahādah* ("There is only one God"), if alert and oriented. If they are unable, the family may recite the *shahādah* for them.

National Fatwa Commission to endorse its end-of-life model.

In Indonesia, Ziyara needed local links to bridge cultural and linguistic gaps. In 2018, Ziyara recruited Chaplain Taqwa Surapati to its board. Born and educated in Indonesia, Taqwa, who lives in California, began her spiritual care journey as a volunteer and co-coordinator for the Muslim Spiritual Care group at Stanford Health Care, before becoming a professional chaplain in 2012. The training of professional chaplains in the United States consists of completing a graduate degree in chaplaincy and a master's degree in religious studies. Taqwa earned an Islamic chaplaincy certificate from Hartford Seminary and completed a master's degree in Islamic studies at the Graduate Theological Union, in addition to five units of CPE. In December 2018, Taqwa, Sakinah, and I traveled to Indonesia to introduce the Ziyara vision for spiritual care and end-of-life care to the Shariah Board of Indonesia and Majelis Ulama Indonesia. In the end, Indonesia's highest clerical body issued a letter of endorsement certifying Ziyara to train Indonesian in Islamic hospitals across the country. This tremendous step gave Ziyara the long-awaited national and international recognition to lead global Islamic chaplaincy.

### **Bridging the Gap in Indonesia**

The visit to Indonesia by the Ziyara team helped create a local advisory committee that consisted of chaplains and physicians. Indonesia is the fourth most populous country, with 272 million people, 87 percent of whom identify as Sunni Muslims. There is a lot of emphasis on studying, living, and practicing Islam in Indonesia. Yet, for specialized care for patients, the focus of spiritual care was on legal-physical-practical matters. How does one perform ablution and pray while sick? What does one say when supplicating in Arabic? There was less emphasis on the heart's

emotional and spiritual issues, such as how one connects with God in times of hardship. Caring for the heart was needed with as much local nuance as possible.

The challenge of teaching Muslims in Indonesia spiritual care is both familiar and foreign. Its familiarity stems from being part of the Indonesian Islamic tradition of visiting the sick; however, when spiritual care encompasses one's heart to care for others' hearts and process difficult emotions like grief, shame, and anger, it suddenly becomes foreign. Culturally, loss and grief remain private and unspoken. The introduction of spiritual care skills to care for self and others complemented traditional Islamic roles that teach how to perform ablution, prayers, or supplicate when hospitalized.

In December 2018, Ziyara and Indonesia Islamic Medical Association organized two seminars in hospitals in Jakarta. The Ziyara team delivered three-day seminars, each with a full schedule of lectures, role-plays, and active interactions giving an overview of providing spiritual care, patient visits, and integrating with the hospital's operational structures. Taqwa, Sakinah, and I accompanied chaplains, demonstrated real-time visits to patients in their hospital rooms, and invited patients to share their feedback with participants.

Taqwa finally had the opportunity to lead workshops in her native language, Bahasa Indonesia. Following the lecture part of the workshops, pediatric and adult patients were brought into the lecture hall (with their consent), and Taqwa conducted spiritual care visits onstage with them. She demonstrated care dynamics to the patients and their loved ones in front of hospital administrations, doctors, nursing staff, and chaplains. In all conversations, she provided presence, asked guided questions, demonstrated spiritual care assessment methods on what is essential for the

patients, and explored their worries and hopes. Caring for Indonesian patients in a way she never did before was very touching. The encounters also touched most of them, shedding tears as they told Taqwa their stories.

On the last day, one of the seminar participants asked Taqwa a question, which made her heart jump with both surprise and fear. He asked if she used some aspects of "black magic" in doing spiritual care, seeing how everybody who entered the conversation was moved to tears. She brushed off the comment while emphasizing that she "*mengerahkan seluruh jiwa raga saya* – utilized all my being and spirit for presence"- during those encounters. Bringing this into context, the word "spiritual" has multiple connotations that extend to matters beyond the "seen" world into the realm of the "unseen." There are shamans (*dukun, orang pintar*) who may extort money from unsuspecting people facing illness and desperation. This misunderstanding was a critical example to the Ziyara team that all training outside of the American context needs to be even more attentive to the local cultural context and engage with chaplains who speak the language, know the cultural background, and can establish trust and connection.

### Ziyara in Saudi Arabia

Spiritual care in Saudi Arabia is in its infancy stages. There are hundreds of men and women who work as *murshids* (religious guides) in different chaplaincy settings, with religious knowledge being the only requirement. None of the *murshids* had chaplaincy training in clinical settings prior to their encounter with Ziyara. The Saudi Ministries of Health and Defense invited Ziyara to three international conferences to lead spiritual care workshops in Saudi Arabia in Jazan, Riyadh, and Jeddah. Ziyara conducted three-day seminars and accompanied a small group of chaplains into practical clinical visits in Jazan, Jeddah, Taif, and Riyadh. The

Saudi context meant Ziyara needed to conduct the workshops and training in Arabic. Hundreds of Saudi chaplain *murshids* attended these seminars. Ziyara called on the conference organizers to include female Saudi *murshids* in the program and clinical rounds. The request was approved and led to having separate rounds for men and women, but it was the first of its kind for female *murshids* in Saudi Arabia. Each visit included coordination with nurses as gatekeepers of patients and debriefing following each encounter. Like Malaysia and Indonesia, Saudi Arabia's future success depends on a follow-up to support *murshids* as they seek to deepen and apply the chaplaincy skills they acquired.

### Ziyara's Model for Spiritual Care

Ziyara prioritizes developing partnerships with palliative care teams in the countries we venture into, as both the patients and clinicians are receptive to this pioneering work. Currently, Ziyara is working with the palliative care physicians affiliated with the Eastern Mediterranean Regional Office of the World Health Organization to advance spiritual care among the palliative care teams in Arab countries.

Ziyara bases its spiritual care model after the example of Prophet Muhammad ﷺ, and specifically his end-of-life experience. Ziyara understands that Prophet Muhammad's mission was mercy for all creations, all humankind, regardless of their faith or practice. The creation of Allah deserves spiritual care that is respectful of religious and ethnic diversity and honors their dignity and unique needs. As such, we look forward to continuing this long journey in supporting healthcare institutions to develop trained chaplains in support of this fundamental human-soul right.

Chaplaincy helped me recognize that every death experience is different. I am grateful I was able to help my family in Palestine make end-of-life decisions. My communication with

my siblings led to arranging palliative care for our mother at home until her death in August 2017. Also, I listened as my youngest brother, Raed, who was battling an aggressive form of B-cell lymphoma, shared his wishes not to have additional surgeries or intrusive interventions in the last weeks of his life. On the day he died, our family honored his wishes and didn't transfer him to the intensive care unit. Instead, my family gathered around his bed, prayed, and comforted each other. This personal and professional journey of vulnerable souls that meet in the comfort of God's closeness and bountiful mercy creates human love connections among caregivers and patients alike.

## CHAPTER FOURTEEN

### SHARI'AH HOSPITAL STANDARDS OF QUALITY MANAGEMENT IN INDONESIA

Hajar Fatma Sari\*

#### Abstract

*Shari'ah* Hospital Standards in Indonesia was issued by the National *Shari'ah* Council of the Indonesian Ulema Council (DSN MUI – *Dewan Syariah Nasional Majelis Ulama Indonesia*) in 2016. The standards includes hospital *shari'ah* standards of quality management (SSMP – *Standard Syariah Manajemen Mutu*). The main principle of the *shari'ah* hospital standards of quality management is to protect and preserve the Muslim patient's rights of faith (*aqidah*), worship, morals and human relationship (*muamalah*). The standard consists of three main themes, namely: *shari'ah* quality indicators, *shari'ah* patient safety incidents and *shari'ah* risk management.

*Shari'ah* quality indicators consist of Mandatory Indicators of *Shari'ah* Hospital and Minimal Service Standards. Mandatory Indicators of *Shari'ah* Hospitals consist of 3 (three) standards, namely: near-death (*sakaratul maut*) patients are accompanied by *talqin* (witness of the oneness of God); reminding prayer time; and urinary catheter application according to patient's gender. Minimal Service Standards of *Shari'ah* Hospitals (SPM RS Syariah) consist of 8 (eight) standards.

*Shari'ah* patient safety incidents consist of but not limited to the unavailability of worship equipment in the prayer room; patients who are fitted with urinary catheter by officers of different gender; unavailability of the patient's hijab; unavailability of breastfeed hijab stock; disruption of water supply for *wudhu*; the patient does not perform the obligatory prayers (*shalat*) due to surgery that has passed the prayer time; the patient brings in a shaman/does treatment that involves *syirik* in the hospital; Muslim patients are not given *talqin* (witness of the oneness of God) at the time of death.

*Shari'ah* risk management is a process to identify risks and make gradual comprehensive improvements to prevent failure to implement *Shari'ah* principles in hospitals.

Keywords: *shari'ah*, hospital, mandatory indicators, minimal service indicators, patient safety incidents, risk management

#### *Shari'ah* Quality Indicators

In order to support efforts to maintain faith (*aqidah*), worship, morals and human relationship (*muamalah*), hospitals need to set *shari'ah* quality indicators. There are 5 assessment elements related to quality indicators, namely:

1. The hospital has regulations on improving the quality and safety of patients in accordance with *shari'ah* principles in terms of maintaining faith (*aqidah*), worship, morals and human relationships (*muamalah*).
2. Hospitals apply Quality Indicators for *Shari'ah* Hospital Minimum Service Standards.
3. Hospitals enforce *Shari'ah* Mandatory Quality Indicators

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4. There is evidence of recording and reporting *shari'ah* quality indicators
5. There is evidence that the reported data is distorted from continuous analysis and improvement until effective improvement is achieved.

The five elements have a range of values of 0, 5 and 10, respectively. A value of 0 if the Hospital cannot meet the standards of the element in question; value 5 if partially met and value 10 if fulfilled. So that the highest value of the standard related to this Sharia quality indicator is 50.

Mandatory Indicators of *Shari'ah* Hospitals consist of 3 (three) standards, namely:

1. *near-death (sakaratulmaut)* patients are accompanied by *talqin* (witness of the oneness of God);
2. reminding prayer time at 5 mandatory prayer times;
3. urinary catheter application according to patient's gender.

The target achievement of the mandatory *Shari'ah* indicator is 100%.

Minimal Service Standards of *Shari'ah* Hospitals (SPM RS Syariah) consist of 8 (eight) standards, namely:

1. reading *basmallah* (in the name of God) before drug administration and actions;
2. hijab for patients;
3. staff mandatory training of *fiqh* of prayer for patients; provision of prayer books to patients;
4. ECG placement according to patient's gender;
5. the use of hijab for breastfeeding mothers;
6. the use of hijab in the operating room;
7. scheduling of elective surgery does not conflict with prayer times;
8. and the implementation of *Shari'ah* contracts for non-cash transactions.

The target achievement of the minimum *Shari'ah* standard indicator is 70%.

Both mandatory *Shari'ah* indicators and minimum *Shari'ah* service standard indicators must be monitored daily and reported monthly to the Hospital Director through the Hospital Quality Committee. Any achievement of indicators that are less than the target needs active improvement strategies in order to achieve the expected standards.

### ***Shari'ah* Patient Safety Incident (SPSI)**

*Shari'ah* Patient Safety Incident is the second standard of *shari'ah* quality management standard. *Shari'ah* Patient Safety Incident is an event of failure or an event that has the potential to cause the failure of the patient/family to carry out *Shari'ah* standards at the *Shari'ah* Hospital. There are 3 assessment elements related to *Shari'ah* patient safety incidents, namely:

1. The hospital has regulations on the type and reporting system of SPSI which includes: maintenance of faith (*aqidah*), implementation of worship and worship facilities
2. The hospital followed up the SPSI report with an analysis that was in accordance with the SPSI grading.
3. The hospital carried out a design and redesign process based on recommendations from the SPSI analysis until effective improvements were achieved.

The three elements have a range of values of 0, 5 and 10. A value of 0 if the RS cannot meet the standards of the element; value 5 if partially met and value 10 if fulfilled. So that the highest value of this standard related to Sharia Patient Safety Incidents is 30.

Hospitals must have processes and systems related to *Shari'ah* Patient Safety Incidents, which are reported to the Quality Committee and the Hospital's *Shari'ah* Committee. Any reported *Shari'ah* Patient Safety Incidents must be graded to assess the weight of the problem. The grading is

assessed by the severity or lightness of the impact caused on a scale of 1-5 (1 = very light; 5 = very severe), as well as from the frequency of events on a scale of 1-5 (1 = very seldom; 5 = almost always happened). *Shari'ah* patient safety incidents will be followed up with a simple investigation for the blue and green grades; or the root cause analysis for the yellow or red grades. *Shari'ah* Patient Safety Incident consists of 9 incidents, namely:

1. the unavailability of worship equipment in the prayer room;
2. patients who is fitted with urinary catheter by officers of different gender;
3. unavailability of the patient's hijab;
4. unavailability of breastfeed hijab stock;
5. disruption of water supply for *wudhu*;
6. the patient does not perform the obligatory prayers (*shalat*) due to surgery that has passed the prayer time;
7. the patient brings in a shaman/does treatment that involves *syirik* in the hospital;
8. Muslim patients are not given *talqin* (witness of the oneness of God) at the time of death

### ***Shari'ah* Risk Management**

The third standard of the *Shari'ah* Quality Management Standard is *Shari'ah* risk management. There are 2 assessment elements of this standard, namely:

1. The hospital has a risk management program that includes faith (*aqidah*), worship, morals and human relationships (*muamalah*).
2. The hospital conducts a study of the Islamization program according to risk priorities with the FMEA (Failure Modes and Effect Analysis) method at least 1x / year.

The two elements have a range of values of 0, 5 and 10, respectively. A value of 0 if the RS cannot meet the standards of the element in question; value 5 if partially met and value 10 if fulfilled in full. So that the highest value of the standard related to Sharia risk management is 20. In order to find the priorities risk, sharia hospital need to make a sharia risk register<sup>1</sup>.

### **Conclusions**

The *shari'ah* hospital standards of quality management was initiated in 2016 in Indonesia in order to protect and preserve the Muslim patient's rights of faith (*aqidah*), worship, morals and human relationship (*muamalah*). It presently prioritizes 3 main areas namely, *shari'ah* quality indicator, *shari'ah* patient safety incident and *shari'ah* risk management.

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## CHAPTER FIFTEEN

### SHARI'AH NURSING PRINCIPLES: DEVELOPMENT OF A NURSING MODEL PIONEERED BY RUFAIDAH AL ASLAMIYYAH (RA)

*Budhi Mulyadi\* and Jathu Dwi Wahyuni\*\**

#### Abstract

Rufaidah Al Aslamiyyah (RA) is a follower and companion of the Prophet Muhammad (SAW) from the Ansar group. She was the first nurse to treat war victims, following the hijrah (migration) of the Prophet Muhammad (SAW) from Makkah to Medina in 622 AD. The principles of *shari'ah* nursing developed from the practice of Rufaidah included the in the domains of faith, worship, morals, humanity, environment, health, and nursing. The *shari'ah* nursing principles can be a model for Muslim nursing services and education

Keywords: Nurse, *shari'ah* nursing, faith, worship, morals

#### A. Background

Indonesia is one of the most populous countries in the world. The Ministry of Home Affairs through the Directorate General of the Directorate General of Population and Civil Registration (2021) released the Population Data for the Second Semester of 2021 on December 30, 2022. It reported the total population of Indonesia as 273,879,750 people. Of the total 274 million population, 138,303,472 people are men (50.5%), while the other 135,576,278 are women (49.5%). Meanwhile, the total Muslim population in Indonesia is 237.53 million as of December 31, 2021, which is equivalent to 86.9% of the population<sup>1</sup>.

The Central Statistics Agency (BPS) (2021) noted that the number of hospitals (RS) in Indonesia was 3,112 units in 2021. This value increased by 5.17% from the previous year which was 2,959 units. 500 of these are Islamic hospitals (Mukisi, 2020). From the data above, it can be seen that the Indonesian population, who are mostly Muslims, do not enjoy *shari'ah* hospital healthcare services. One of the contributing factors is the very small number of Islamic hospitals that provide *shari'ah* healthcare services to patients. Of the 500 Islamic hospitals, it turns out that very few have received certification from the Indonesian Ulema Council. The Indonesian Islamic Health Effort Council (MUKISI) reported in 2021, that 22 hospitals have received *shari'ah* certification, consisting of 18 Islamic hospitals and four government-owned hospitals. There is a challenge for Islamic hospitals in implementing certified *shari'ah* compliant healthcare services<sup>2,3</sup>.

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*Shari'ah*-based services do not impose a burden on the hospitals, but confers added value for the hospitals so that patients are satisfied, happy, and blessed. Practicing Islamic principles such as *Rahmatan Lil Alamin* (mercy upon mankind) is a value of satisfaction and blessing for hospital owners, hospital managers and patients. The implementation of *shari'ah* services in hospitals is also expected to provide satisfaction for both the health care providers and patients. As in the Islamic principle that work is worship, the application of Islamic *shari'ah* is expected to have an impact on job satisfaction. Research shows that there is a relationship between *shari'ah* behavior and job satisfaction for employees or college staff in Pakistan<sup>4</sup> Research on the effect of services with *shari'ah* principles shows a positive correlation with better patient satisfaction<sup>5</sup>. The impact of *shari'ah* influence on nursing practices have infrequently been studied, but one study has demonstrated a favourable impact of *shari'ah* nursing services on patient satisfaction<sup>6</sup>.

Nurses are the largest healthcare workers in hospitals who provide 24-hour operating services to patients, thus it is very important to understand the impact of incorporating *shari'ah* healthcare services. *Shari'ah* additional services are not just performance or lips services, but is designed to shape the intrinsic and extrinsic character and best practices of the Muslim nurses. Muslim nurses who have noble characteristics, understand the *maqasid shari'ah* and embrace best nursing practices will provide highly satisfying healthcare services to their patients and their families. Therefore, it is necessary to

look up the *shari'ah* nursing philosophy and work ethics that was first exemplified by the companion of the Prophet Muhammad (SAW), namely Rufaidah Al Asamiyyah(RA) in Medina since 622 AD.

## **B. The Nursing Model of Rufaidah Al Asamiyyah (RA)**

Muhammad Hamid Muhammad in his *Shuwar min Hayat al-Shahabiyyat* mentioned the name Shahabiyah Rufaidah bint Sa'ad Bani Aslam al-Khazraj, better known as Rufaidah al-Aslamiyyah. Al-Aslamiyyah is attributed to her clan, Aslam, a clan of the Khazraj tribe in Medina. Rufaidah was born in Medina in 570 AD and died at the age of 62 years<sup>7</sup>. Rufaidah is known to be good at reading, writing, and she belonged to an affluent family. She belonged to the Ansars, the first group of adherents of Islam in Medina.

Rufaidah Al-Aslamiyyah or Siti Rufaidah was among the first to practice nursing, preceding the often acclaimed pioneers of modern nursing. Rufaidah's father was a doctor and Rufaidah studied nursing when she worked to help her father. As the city of Medina grew, she devoted himself to caring for sick Muslims. During peaceful times, Rufaidah would set a tent outside the Prophet's Mosque to care for sick Muslims and those with mental disorders. Rufaidah prioritized promotive and preventive efforts. Rufaidah gave education to other sahabiyah (lady companions) on how to care the sick.

During the wars of Khandak, Uhud and Khaibar, Rufaidah set up a tent near the battlefield, tending to the wounded troops. It was reported that

during one of the wars, a friend of Sa'ad (RA) was injured by an arrow. Rufaidah stopped the blood first to save his life, and did not pull out the arrow, which would otherwise cause the blood to continue to flow and result in death. According to the book *Al ishomatu fi Tamiyizi*, written by IbnHajar, the Prophet Muhammad (SAW) gave a necklace to Rufaidah as a tribute for her services.

Rufaidah's nursing model can be applied to shari'ah nursing services in hospitals, health centers, clinics, nursing homes, etc. As one of the sahabiyah who met the Prophet Muhammad (SAW), Rufaidah had a true understanding of the philosophy of the *shari'ah*. Rufaidah in providing nursing services to the people of Medina, based her practices according to the Islamic rules and responsibilities as taught to her by the Prophet Muhammad (SAW).

Rufaidah is also claimed to be the first person to establish the world's first nursing school for women. Every year, the Royal College of Surgeons of Ireland at the University of Bahrain selects a student to receive an award in the field of nursing named the Rufaida al-Aslamia Prize in Nursing<sup>8</sup>.

The *shari'ah* principles in nursing services which we can learn from Rufaidah's model include the areas of faith, worship, morals, humanity, environment, health, and nursing.

### C. *Shari'ah* Nursing Principles from the Rufaidah Nursing Model

#### a) Faith

The faith of a Muslim must be entirely based on the belief only in Allah (SWT), in accordance with the word of Allah (SWT) in the Qur'an, Surah An-Nisa' verse 136, which means,

*"O you who believe, keep believing in Allah, His Messenger and in the book (Al Quran) which Allah has sent down to His Messenger and the book that Allah sent down before. Whoever disbelieves in Allah, His angels, His books, His messengers, and the Last Day, then indeed that person has strayed far away..."*

In any condition, the faith of a Muslim must be maintained, whether in good health or in sickness, in war or in peace, in both good and poor circumstances.

In the hadith, the Prophet Muhammad (SAW) said:

"Faith means that you believe in Allah, His angels, His books, His messengers, the Last Day, and you believe in good and bad destiny." (HR. Muslim).

This principle is embraced and operationalised by Rufaidah in providing her nursing services.

#### b) Worship

Worship is proof of our faith only in Allah (SWT). This is in accordance with the word of Allah (SWT):

*"And I did not create the jinn and humans except that they worship Me. I don't want any sustenance from them and I don't want them to feed me. Truly, Allah is the Giver of sustenance, who has strength and is very strong." (Adz-Dzaariyaat/51: 56-58).*

Allah (AzzawaJalla) informs that the wisdom of the creation of the jinn and humans is that they perform worship only to Allah (AzzawaJalla). Worship can be done in any condition, whether

healthy or sick, spacious or small, or during war or peace. Worship has its specific *shari'ah* guidelines. The principle of worship was carried out by Rufaidah while providing her nursing services.

There is nothing that can pacify and reconcile and make a person feel the true pleasures that they do except worshipping Allah alone. Imam Ibn al-Qayyim (rahimahullah) said, "There is no happiness, delicacy, pleasure and kindness except if they believe in Allah as Rabb, the Creator, and they worship only Allah, as the pinnacle of their goal and the one they love most than others.

#### c) Morals

Morals are inherent characteristics in a Muslim based on *shari'ah*. Morals are reflected in the daily activities of a Muslim.

"Indeed those who believe and do righteous deeds, they are the best of creatures." (Surat al-Bayyinah: 7).

The Prophet Muhammad (SAW) said:

"Indeed, those whom I love most among you and who will sit closest to me on the Day of Resurrection are those who are the best in character among you." (HR. Tirmidhi no. 1941. Assessed as hasan by Al-Albani in Sahih Al-Jaami' no. 2201.)

Rufaidah upheld high morals and applied it in providing nursing services.

#### d) Humanity

Humans are the most noble creatures of Allah SWT. So people should respect each other. According to Allah's word,

"O mankind, indeed we created you from a male and a female and made you into nations and tribes so that you may know one another. Verily, the most honorable of you in the sight of Allah is the most pious of you. Verily, Allah is All-Knowing." (Surah Al Hujurat verse 13).

*"Indeed, We have created man in the best possible form" (Surah At-Tiin verse 4).*

*"Then We made the semen a clot of blood, then We made the clot of blood into a lump of flesh, and We made the lump of flesh into bones, then We wrapped the bones with meat. Then We made him a different (shaped) creature. So holy is Allah, the Best Creator." (Surah al-Mu'minun: 14).*

The protection and preservation of human dignity is a highly valued principle in nursing services.

#### e) Environment

Rufaidah believed that the environment can affect a person's health and illness. Therefore, Rufaidah is very concerned about the environment in providing nursing services. One of them is by setting up maintenance tents in order to control the surrounding environment.

#### f) Health

Health as "physical, mental and social well-being, and not merely the absence of disease and infirmity<sup>9</sup>.

The principle of complete health had been implemented by Rufaidah from 622 AD. This is in accordance with *shari'ah* that humans consist of a spirit and a physical body which must be healthy, productive and caring, away from unjust and useless actions.

"And those who abstain from (deeds and words) that are useless (Surah Al-Mu'minun: 3)

In a hadith narrated by Muslim, the prophet (SAW) said: "It does not befall a believer continuous pain, exhaustion, illness, and sadness, even to the distress that troubles them, but their sin will be blotted out with them."

"Do not abuse fever, because truly (with this disease) Allah will erase the sins of the children of Adam as a furnace removes iron impurities." (HR Muslim)

And the context of ill-health has been provided with solace by the Prophet (SAW), when he reassured that it helps to erase the sins of a Muslim.

#### g) Nursing

Nursing according to Rufaidah is the focus in treating patients. Nurses serve clients in health and illness, including providing services in emergency conditions in order to save lives. Rufaidah treated the wounded by stopping the bleeding to prevent death from lack of blood. Promotive and preventive efforts were also carried out by Rufaidah by providing health education to the people of Medina. Rufaidah provided comprehensive nursing services in accordance with the *shari'ah* and cared diligently for her patients. Caring in Islam is a good deed which is a form of proof of love for Allah SWT and Rasulullah Muhammad (SAW)<sup>10</sup>. Apart from that, Rufaidah received direct guidance from the Prophet Muhammad and other companions.

#### D. Conclusions

Rufaidah provided nursing services by applying *shari'ah* principles.

Rufaidah's nursing model requires development in order to optimize *shari'ah* nursing services that have been implemented since the time of the Prophet Muhammad (SAW) in Medina in 662 AD. The principles of faith, worship, morals, humanity, environment, health, and nursing performed by Rufaidah are the basis for the implementation of *shari'ah* nursing and *shari'ah* health services in general. Rufaidah's nursing model can be a model to be developed in nursing practices. The *shari'ah* principles that have been implemented by Rufaidah can be a source of character building that must be possessed by a Muslim nurse, so that the development of this model can be a reference in the education of Muslim nurses.

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## CHAPTER SIXTEEN

### SHARI'AH BASED NURSING CARE PLAN

*Murtiningsih\* and Melati Fajarini\*\**

#### Abstract

In 2019, The Islamic Health Institution Network of Indonesia or known as MUKISI in collaboration with the Indonesian National Nurses Association (INNA) launched a book called the Shari'ah Hospital Nursing Service Standards. This book consists of three chapters in the Indonesian language. This paper will present the English version of the third chapter of the book which is about the Shari'ah Nursing Care Plan. It was developed from the Indonesian Nursing Diagnosis Standards, the Indonesian Nursing Outcomes Standards, and the Indonesian Nursing Intervention Standards. This article will explain some of the sub-nursing services namely *shari'ah* nursing care. Nurses should deliver holistic nursing care including spiritual care. Nurses utilize the Nursing Care Plan (NCP) which goes through several stages starting from assessment, diagnosis, intervention, implementation, and evaluation stages. This article focuses on the NCP for meeting the spiritual needs of the patients.

Keywords: nursing care plan, standards, *Shari'ah*.

The quality of care includes certain standards to achieve the desired health outcomes<sup>1</sup>. One of the standards is person-centered care which provides personalized care based on the patient's values. Nurses are involved in a major part of its delivery and are equipped with the instruments needed such as a nursing care plan (NCP). NCP is a tool to assess, diagnose, plan, implement and evaluate the care delivered. Gulanick and Myers (2021) emphasized NCP to be used for personalized and improved care which includes spiritual care. The *Shari'ah* Hospital Nursing Service Standards have developed the *shari'ah* nursing care to further address spiritual care<sup>2,3</sup>.

#### 1. Assessment

Nurses comprehensively assess patients' biological, psychological, social, and spiritual needs. Assessment of the patient's spiritual history employs the FICA method introduced by Puchalski (2021) which stands for Faith or belief, Importance of spirituality, individual's spiritual Community, and interventions to Address spiritual needs. Nurses may acquire the patients' spiritual issues by asking specific questions. Examples of the specific questions for each issue are as follows<sup>4</sup>.

F: "Are you a religious person?" "What do you know about your belief in the meaning of life?"

I: "Are beliefs important in your life?" "How do beliefs affect how you take care of yourself?" "Can beliefs affect behavior during illness?"

C: "Do you belong to a spiritual or religious community?" "Does the community support you and how?" "Is there anyone in the group that you love or are important to you?"

A: "What can I do to help you feel more comfortable?"

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Moreover, assessing the patients' daily activities that characterize spiritual distress can be done by listening to various important statements such as a feeling of failure, instability, out-of-control, and emptiness. Patients may also question the meaning of life, and the important things in life. This assessment enables nurses to identify the problems and their causes. These data are then analyzed to determine a nursing diagnosis.

## 2. Nursing Diagnosis

The following are examples of nursing diagnoses related to spiritual needs included in the Indonesian Nursing Diagnosis Standards book<sup>5</sup>.

- a. Anxiety (D0080)
- b. Grieving (D0081)
- c. Spiritual Distress (D0082)
- d. Despair (D0088)
- e. Risk of Spiritual Distress (D0100)

## 3. Planning

After determining the nursing diagnosis, nurses will formulate a comprehensive nursing care plan. The following are examples of spiritual nursing care plans based on the Indonesian Nursing Intervention Standards<sup>6</sup>. Only some of the main interventions and supporting interventions are described in this article.

### a. Nursing diagnosis: Anxiety (D0080)

**Definition:** The emotional state and subjective experience of an individual towards an object that is unclear and specific due to the anticipation of danger that allows the individual to respond to the threat.

**Main interventions:** anxiety reduction, and relaxation therapy.

**Supporting interventions:** anger control assistance, bibliotherapy, emotional support, self-hypnosis support, group support, faith support, forgiveness support, worship support, needs expression support, grief support, crisis

intervention, counseling, dementia management, surgical preparation, distraction techniques, hypnosis therapy, guided imagination techniques, calming techniques, biofeedback therapy, diversional therapy, substance abuse therapy, progressive muscle relaxation therapy, reminescent therapy, and validation therapy.

### b. Nursing diagnosis: Grieving (D0081)

**Definition:** Psychological response shown by the client due to loss of object or person function, status, body part, or relationship.

**Main intervention:** grieving process support, and emotional support.

**Supporting intervention:** group support, family support, faith support, forgiveness support, worship support, guilt support, spiritual support, journal writing, counseling, mood management, anger control management, substance use prevention, coping promotion, family therapy, reminescent therapy, and touch therapy.

### c. Nursing Diagnosis: Spiritual distress (D. 0082)

**Definition:** Disturbance in belief or value systems in the form of difficulty feeling meaning and purpose in life through relationships with self, other people, environment, or God.

**Main interventions:** spiritual support, and coping promotion.

**Supporting interventions:** emotional support, faith support, forgiveness support, decision-making support, worship practice support, needs disclosure support, feeling support, guilt support, religious persecution protection support, spiritual development support, elderly abuse protection support, grief process support, counseling, stress management, conflict mediation, family involvement, hope promotion, spiritual support promotion, support system promotion, guided imagination techniques, calming techniques, and reminescent therapy.

## d. Nursing Diagnosis: Despair (D.0088)

Definition: The condition of an individual who views the existence of limitations or the unavailability of alternative solutions to the problems at hand.

Main interventions: emotional support, hope promotion, coping promotion.

Supporting interventions: facilitation of expressing feelings, facilitating guilt feelings, counseling, mood management, behavior management, family involvement, suicide prevention, promotion of family support, promotion of social support, promotion of spiritual support, promotion of self-care, promotion of support systems, cognitive-behavioral therapy, calming techniques, and reminescent therapy.

## e. Nursing diagnosis: Risk of spiritual distress (D.0100)

Definition: At the risk of experiencing impaired belief or value systems in individuals or groups in the form of strengths, hopes, and meaning of life.

Main interventions: spiritual development support, and promotion of spiritual support.

Supportive Interventions: emotional support, group support, family support, faith support, forgiveness support, religious practice support, conflict mediation, behavior modification, social skills, cultural mediation, terminal patient care, hope promotion, self-esteem promotion, decision-making support, disclosure support needs, guilt support, religious abuse protection support, grieving process support, risk identification, counseling, environmental comfort management, mood management, pain management, self-awareness promotion, coping promotion, resilience promotion, support system promotion, socialization promotion, anxiety reduction, referral, murattal therapy, and reminescent therapy.

## 4. Implementation

The Nursing Care Plan is then carried out by implementing the planned intervention. The interventions above can be implemented to meet the patient's spiritual needs. Therefore, it is necessary to improve the *fiqh* competence of nurses. In implementing nursing interventions, it is necessary to pay attention to the principles of communication in Islam between saying gently, greeting, explaining the procedure, reciting bismillah before care delivery, and hamdallah afterwards.

## 5. Evaluation

Assessment is the last stage in the nursing process. The evaluation is carried out to examine the achievement of the nursing care against the nursing goals made during planning. Outcomes of nursing care refer to the Indonesian Nursing Outcome Standard (SLKI)<sup>7</sup>. The outcomes can be determined by the desired main and/or additional outcomes. Below are examples of outcomes from spiritual nursing diagnosis.

Anxiety (D0080).

Main Outcomes: Anxiety level

Additional Outcomes: Social support, self-esteem, self-awareness, self-control, information processing, cognitive status, agitation level, and knowledge level.

Grieving (D0081)

Main outcome: Grief level.

Additional Outcomes: Social support, hope, personal resilience, grief resolution, coping status, spiritual status, depression level.

Spiritual distress (D. 0082)

Main Outcome: Spiritual status.

Additional Outcomes: Expectations, self-awareness, self-identity, self-esteem, coping status, level of agitation

Despair (D.0088)

Main Outcome: Hope.

Additional Outcomes: Personal resilience, motivation, acceptance, comfort status, level of depression, level of agitation.

Risk of spiritual distress (D.0100)

Main Outcome: Spiritual status.

Additional Outcomes: Hope, self-awareness, psycho-spiritual, grief resolution, comfort status, coping status, depression level.

An example of the *shari'ah* nursing care plan in a table is presented below. The way it is

presented differ across health care providers. This paper will present it in one table.


1. Assessment:

F: Islam

I: Efforts to seek medical treatment

C: Studying the ta'lim assembly

A: Need help for ablution, prayer equipment, *Qibla* directions, prayer times.

Nursing Diagnosis	Intervention	Implementation	Evaluation
<p><b>Spiritual Distress (D0082)</b></p> <p>Subjective Data:            -questioning the meaning or purpose of life            -stating that life is meaningless or less meaningful            -feels suffering or helpless.</p> <p>Objective Data:            -unable to worship            -angry at God.</p>	<p><b>Main intervention: Spiritual support (I.09276)</b></p> <p>Observations:            -identification of feelings of worry            -loneliness and helplessness            -identification of views on the relationship between spirituality and health            -identification of patient's hopes and strengths</p> <p>-identification of religious observance.</p> <p>Therapeutic:            -provide opportunities to express feelings about illness and death            -provide opportunities to express and relieve anger appropriately            -provide privacy and quiet time for spiritual activities            -discuss beliefs about the meaning and purpose of life if necessary.</p> <p>Facilitation:            -perform worship activities.</p> <p>Education:            -encourage interaction with family, friends, and/or other people,            -teach relaxation methods, meditation, and guided imagination,            -encourage patients to istighfar,</p>	<p><b>Main intervention: Spiritual support (I.09276)</b></p> <p>Facilitating the patient in worship activities, reminding prayer times.</p> <p>✓  </p> <p><b>Supporting interventions: Support for worship (I.09262)</b></p> <p>Providing safe and comfortable facilities for worship, showing Qibla direction, assisting ablution, providing prayer equipment</p> <p>Examples of assisting ablution, and praying are in a video available in this link  <a href="https://youtu.be/PYA8lwiYkS0">https://youtu.be/PYA8lwiYkS0</a>.</p>	<p>Subjective:            Verbalization of empowerment increased: the patient said that he is able to increase his activities gradually (5.) "I'm able to do wudhu, and pray on the bed by myself now".</p> <p>Objective:            the patient's ability to worship improved (5.)</p> <p>Analysis:            the problem is solved</p> <p>Planning:            Motivating the patient to continue to worship even while sick.</p>

Nursing Diagnosis	Intervention	Implementation	Evaluation
	<p>and other dhikr. Collaboration: -arrange visits with clergy.</p> <p><b>Supporting intervention: Support for worship (I.09262)</b></p> <p>Observation: -identification of implementation needs.</p> <p>Therapeutic: -provide safe and comfortable facilities for worship (e.g. places for ablution, prayer equipment, Qibla direction) -facilitation of medical consultations and religious leaders for special procedures (eg donors, transfusions), -facilitation of worship as coping -facilitation of dietary needs in accordance with religion (e.g. not eating pork for Muslims) -facilitation of rituals in special situations (e.g. leading the shahada at the time of death, facing the Qibla).</p> <p>Collaboration: -medical consultation regarding specific worship activities (e.g. fasting) -refer to clergy -professional counseling -support groups in spiritual and ritual situations, if appropriate.</p>		

An example of a Standard Operational Procedure (SOP.) in assisting a patient preparing for ablution before praying is described below<sup>8</sup>.

Standard Operational Procedure  
Assisting a patient to ablution before praying

1. Say salam.
2. Notify the patient of the prayer time.
3. Explain the purpose of ablution.
4. Wash hand.
5. Prepare the equipment.
6. Provide privacy
7. Assist the patient in ablution

Face area:

- Read Basmallah  
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ  
"In the name of Allah, the Most Gracious and Merciful"
- Spray the prepared ablution water using a spray bottle on the palm of the hand or allow the patient to spray the ablution water directly on the patient's face.
- Guide the patient to say the intention of ablution  
نَوَيْتُ الْوُضُوءَ لِرَفْعِ الْحَدَثِ الْأَصْغَرِ فَرْضًا لِلَّهِ تَعَالَى  
"I intend to perform ablution to eliminate minor hadats, fardhu because of Allah Ta'ala"
- Spread the water all over the face accompanied by the intention of ablution

Right and left hand areas:

- Spray ablution water on the right hand first and spread the water all over the hand from the fingertips to the elbows.
- Spray ablution water on the left hand and spread the water all over the hand from the fingertips to the elbows.

Head area:

- Spray ablution water into the nurse's hands or spray directly, rubbing on part of the head

Both ears areas:

- Spray water on the nurse's hand and rub it on the right ear.
- Spray water on the nurse's hand and wipe on the left ear.

Foot:

- Spray water on the right foot from the toes to the ankle, and spread it between the toes.
- Spray water on the left foot from the toes to the ankle, and spread it between the toes.

8. Reading the prayer after ablution:

أَشْهَدُ أَنْ لَا إِلَهَ إِلَّا اللَّهُ وَحْدَهُ لَا شَرِيكَ لَهُ وَأَشْهَدُ أَنَّ  
مُحَمَّدًا عَبْدُهُ وَرَسُولُهُ اللَّهُمَّ اجْعَلْنِي مِنَ التَّوَابِينَ وَاجْعَلْنِي  
مِنَ الْمُتَطَهِّرِينَ

"I bear witness that there is no god but Allah alone, He has no partner, and I bear witness that Muhammad is His servant and messenger. O Allah, make me one of those who repent and make me a purified person".

9. Tidy up the equipment.

## Conclusions

We attempted to share salient concepts of the *Shari'ah* Nursing Care Plan which was developed from various core nursing standards in order to deliver a truly holistic nursing service which incorporates spiritual care.

The process includes a careful nursing assessment, followed by a diagnosis, implementation of the nursing interventions and evaluation of the outcomes.

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## Conflict of Interest

The authors declare no conflicts of interest.

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## CHAPTER SEVENTEEN

### HALAL AND HARAM IN ISLAM AND ITS APPLICATION IN THE MEDICAL PROFESSION

*Najib Ul Haq\**

#### Abstract

Halal and Haram are terms denoting lawful and unlawful as described in Islamic *Shari'ah*. The commandments of Halal (lawful) and Haram (Unlawful) in Islam applies not only to items of consumption but also human actions. The relevant principles are elaborated in the Qura'n and Sunnah (prophetic traditions) and the rulings of Islamic scholars. The concept of "doubtful" has also been elaborated in Prophetic traditions and *Fiqh*. These concepts are generally important for all Muslims but is an essential requirement for healthcare providers to ensure its application in professional life for *Shari'ah* compliant medical decisions.

Keywords: Halal, Haram, Doubtful, Medicine, Legal Maxim, Quran, Hadith.

#### Introduction

Haram and Halal are very important and basic concepts of Islam. It not only applies to items of human consumption but also actions. This divine concept not only compels a Muslim to live an organized life in this world but is also a gateway for him to paradise in the Hereafter.

The Halal and Haram are clear in *Shari'ah* but the overall drift from religion has resulted in confusion in the minds of the general public as well as the educated class of the society. Understanding the concept of Halal and Haram is important and relevant to all professions including medicine. The Muslim HCPs come across many situations in their professional life where decisions on specific issues are required in accordance with regulations of Halal and Haram as described in Islamic *Shari'ah*.

It may be pertinent to mention that the concept of Halal and Haram is not specific to Islam only but is also part of other Abrahamic religions, with similarities as well differences on these matters. For example the Islamic dietary laws (Halal and Haram) and the Jewish dietary laws (kashrut; in English, kosher) are both described in detail and contain points of similarity and discord. The explanation of the Islamic code of law is grounded in the Quran and Sunnah and the Jewish code of laws found in Torah and explained in Talmud<sup>1</sup>. Similarly the Bible prohibits eating pork, dead animals, blood, carnivorous animals, birds of prey and animals without external ears<sup>2</sup>. Most of these are also prohibited in the Quran as well<sup>3</sup>. In Abrahamic religions, eating pig flesh is clearly forbidden by Jewish, Adventist as well as Islamic dietary laws<sup>4</sup>. The same is true about many human actions like adultery and telling lies.

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The primary sources of Islamic knowledge are the Quran and Sunnah that provide the basis for making decisions. The opinion of Muslim scholars based on *Ijmaa* (consensus) and *Ijtihad/Qias* (utmost efforts in interpretation / analogy) are the secondary important sources. Establishing and compiling rulings / regulations in the light of these sources of knowledge is called *Fiqh*. In many instances a clinician has to decide in situations with professional as well as *Shari'ah* implications. In such situation not only professional competence is required but also ethical competence in the perspective of Islamic teachings. The intentions and piety (*Taqwa*) are also crucial elements in such decisions.

This article attempts to explain the concept of Halal and Haram in the same order. The first part will describe the basic concepts along with practical issues faced by Muslim HCPs while the second part will try to identify the issues related to items of human consumption including medicine and food.

Before dwelling onto the first part it may be important to describe a few important terminologies;

### Definitions

**Halal:** (Lawful). Any item or action allowed by *Shari'ah*. Even the distasteful ones may be permissible however it is better to avoid those<sup>5</sup>.

**Haram:** (Unlawful). Any item of human consumption or action that is categorically declared unlawful by *Shari'ah*<sup>6</sup>. Any one committing it shall be punishable under Islamic Law.

**Makrooh:** (Distasteful). These are items and actions which are disliked and discouraged by *Shari'ah*<sup>7</sup> and are prohibited to a lesser degree.

**Mashbooh:** (Doubtful). These are items or action which are clearly not defined as Halal or Haram.

### Quranic Verses about Haram and Haram:

There are many verses of Qura'n on the subject and some are listed below:

"قُلْ إِنَّمَا حَرَّمَ رَبِّيَ الْفَوَاحِشَ مَا ظَهَرَ مِنْهَا وَمَا بَطَّنَ وَالْإِثْمَ وَالنَّعْيَ بِغَيْرِ الْحَقِّ وَأَنْ تُشْرِكُوا بِاللَّهِ مَا لَمْ يُنَزِّلْ بِهِ سُلْطَانًا وَأَنْ تَقُولُوا عَلَى اللَّهِ مَا لَا تَعْلَمُونَ"

"Tell them (O' Muhammad): 'My Lord has only forbidden indecent acts, whether overt or hidden; all manner of sin; wrongful transgression; and [He has forbidden] that you associate with Allah in His divinity that for which He has sent down no sanction; and that you ascribe to Allah things of which you have no sure knowledge that they are from Him"<sup>8</sup>.

"يَا أَيُّهَا النَّاسُ كُلُوا مِمَّا فِي الْأَرْضِ حَلَالًا طَيِّبًا وَلَا تَتَّبِعُوا خُطُوَاتِ الشَّيْطَانِ إِنَّهُ لَكُمْ عَدُوٌّ مُبِينٌ"

"O' you people! Eat of what is on earth, Lawful and good; and do not follow the footsteps of the evil one, for he is to you an avowed enemy"<sup>9</sup>.

"فَكُلُوا مِمَّا رَزَقَكُمُ اللَّهُ حَلَالًا طَيِّبًا وَاشْكُرُوا نِعْمَتَ اللَّهِ إِنْ كُنْتُمْ إِيَّاهُ تَعْبُدُونَ" إِنَّمَا حَرَّمَ عَلَيْكُمُ الْمَيْتَةَ وَالدَّمَ وَلَحْمَ الْخَنزِيرِ وَمَا أُهْلَ لِغَيْرِ اللَّهِ بِهِ فَمَنْ اضْطُرَّ غَيْرَ بَاغٍ وَلَا عَادٍ فَلْيَنْ أَلَّهِ غُفُورٌ رَّحِيمٌ" وَلَا تَقُولُوا لِمَا تَصِفُ السَّيِّئَاتُ الْكُذِبَ هَذَا حَلَالٌ وَهَذَا حَرَامٌ لَتَقْتُلُوا عَلَى اللَّهِ الْكُذِبَ إِنَّ الَّذِينَ يَقْتُلُونَ عَلَى اللَّهِ الْكُذِبَ لَا يَفْلِحُونَ" مَتَاعٌ قَلِيلٌ وَلَهُمْ عَذَابٌ أَلِيمٌ" وَعَلَى الَّذِينَ هَانُوا حَرْمَنَا مَا قَصَصْنَا عَلَيْكَ مِنْ قَبْلُ وَمَا ظَلَمْنَاهُمْ وَلَكِنْ كَانُوا أَنْفُسَهُمْ يَظْلِمُونَ" ثُمَّ إِنَّ رَبَّكَ لِلَّذِينَ عَمِلُوا السُّوءَ بِجَهَالَةٍ ثُمَّ تَابُوا مِنْ بَعْدِ ذَلِكَ وَأَصْلَحُوا إِنَّ رَبَّكَ مِنْ بَعْدِهَا لَعَفُورٌ رَّحِيمٌ"

"So eat out of the lawful and good sustenance that Allah has bestowed upon you, and thank Allah for His bounty, if it is Him that you serve. Allah has made unlawful for you only Carrion, and blood, and the flesh of swine; also any animal over which the name of any other than Allah has been invoked. But whoever eats of them under compelling necessity – neither desiring it nor exceeding

the limit of absolute necessity – surely for such action Allah is Ever-Forgiving, Most-Merciful. And do not utter falsehoods by letting your tongues declare: 'This is lawful' and 'That is unlawful', thus fabricating lies against Allah. Surely those who fabricate lies against Allah never prosper. Brief is their enjoyment of the world, and thereafter they shall suffer a painful chastisement. We have already recounted to you what We prohibited to the Jews. In so doing We did not wrong them; it is they who wronged themselves. But to those who commit evil out of ignorance and then repent and amend their ways, thereafter your Lord will be Much-Forgiving, Most-Merciful”<sup>10</sup>.

”وَكُلُوا مِمَّا رَزَقَكُمُ اللَّهُ حَلَالًا طَيِّبًا وَاتَّقُوا اللَّهَ الَّذِي أَنْتُمْ بِهِ مُؤْمِنُونَ”

“Eat of the things which Allah has provided for you, lawful and good; but fear Allah, in Whom you believe”<sup>11</sup>.

”قُلْ أَرَأَيْتُمْ مَا أَنْزَلَ اللَّهُ لَكُمْ مِنْ رِزْقٍ فَجَعَلْتُمْ مِنْهُ حَرَامًا وَحَلَالًا قُلْ اللَّهُ أُذِنَ لَكُمْ أَنْ تَأْكُلُوا مِنْهُ حَرَامًا

“Did you consider that the sustenance which Allah had sent down for you of your own accord you have declared some of it as unlawful and some as lawful? Ask them: 'Did Allah bestow upon you any authority for this or do you forge lies against Allah?’”<sup>12</sup>.

”الَّذِينَ يَتَّبِعُونَ الرَّسُولَ النَّبِيَّ الْأُمِّيَّ الَّذِي يَجِدُونَهُ مَكْتُوبًا عِنْدَهُمْ فِي التَّوْرَةِ وَالْإِنْجِيلِ يَأْمُرُهُمْ بِالْمَعْرُوفِ وَيَنْهَاهُمْ عَنِ الْمُنْكَرِ وَيُحِلُّ لَهُمُ الطَّيِّبَاتِ وَيُحَرِّمُ عَلَيْهِمُ الْخَبَائِثَ وَيَضَعُ عَنْهُمْ إِصْرَهُمْ وَالْأَغْلَالَ الَّتِي كَانَتْ عَلَيْهِمْ فَالَّذِينَ آمَنُوا بِهِ وَعَزَّرُوهُ وَنَصَرُوهُ وَاتَّبَعُوا النُّورَ الَّذِي أُنزِلَ مَعَهُ أُولَئِكَ هُمُ الْمُفْلِحُونَ”

“Those who follow the messenger, the unlettered Prophet, whom they find mentioned in their own (scriptures) - in the law and the Gospel - for he commands them what is just

and forbids them what is evil; he allows them as lawful what is good (and pure) and prohibits them from what is bad (and impure); He releases them from their heavy burdens and from the yokes that are upon them. So it is those who believe in him, honor him, help him, and follow the light which is sent down with him - it is they who will prosper”<sup>13</sup>.

”قُلْ لَا يَسْتَوِي الْخَبِيثُ وَالطَّيِّبُ وَلَوْ أَعْجَبَكَ كَثْرَةُ الْخَبِيثِ فَاتَّقُوا اللَّهَ يَا أُولِي الْأَلْبَابِ لَعَلَّكُمْ تُفْلِحُونَ”

Say: "Not equal are things that are bad and things that are good, even though the abundance of the bad may dazzle thee; so fear Allah, O ye that understand; that (so) ye may prosper”<sup>14</sup>.

”يَا أَيُّهَا الَّذِينَ آمَنُوا كُلُوا مِنْ طَيِّبَاتِ مَا رَزَقْنَاكُمْ وَاشْكُرُوا لِلَّهِ إِنْ كُنْتُمْ تَعْبُدُونَ” ”إِنَّمَا حَرَّمَ عَلَيْنَا الْمَيْتَةَ وَالِدَّمَ وَلَحْمَ الْخَنزِيرِ وَمَا أَهَلَ بِهِ لِيُغَيَّرَ اللَّهُ فَمَنْ اضْطُرَّ غَيْرَ بَاغٍ وَلَا عَادٍ فَلَا إِثْمَ عَلَيْهِ إِنَّ اللَّهَ غَفُورٌ رَحِيمٌ”

“O ye who believe! Eat of the good things that We have provided for you, and be grateful to Allah, if it is Him ye worship. He hath only unlawful you dead meat, and blood, and the flesh of swine, and that on which any other name has been invoked besides that of Allah. But if one is forced by necessity, without wilful disobedience, nor transgressing due limits, then is he guiltless. For Allah is Oft-forgiving Most Merciful”<sup>15</sup>.

”وَقَالُوا هَذِهِ أَنْعَامٌ وَحَرِّتْ حِجْرًا لَا يَطْعَمُهَا إِلَّا مَنْ نَشَاءُ بَرِّعْمِهِمْ وَأَنْعَامٌ حَرَّمَتْ ظُهُورُهَا وَأَنْعَامٌ لَا يَذْكُرُونَ اسْمَ اللَّهِ عَلَيْهَا افْتِرَاءً عَلَيْهِ سَيَجْزِيهِمْ بِمَا كَانُوا يَفْتَرُونَ”

And they say, "These are prohibited cattle and pro-duce; none can eat them except those whom we wish" - so they claimed - "and there are cattle whose backs are prohibited (for riding or loading)." And there are cattle over

*which they do not pronounce the name of Allah, a fabrication against Him. He shall recompense them for what they have been fabricating*<sup>16</sup>.

These verses lay down the following principles about Halal and Haram:

1. Only Allah and His prophet (PBUH) are the authority to decide on Halal and Haram.
2. Those who decide about Halal and Haram on their own whims but attribute it to Allah are transgressors and will be severely punished.
3. If someone commits a wrong doing (consumes Haram) because of ignorance and then repents with sincerity Allah will forgive him.
4. The name of Allah must be invoked while slaughtering a Halal animal.
5. In dire necessity Haram may be allowed to save a life (or a vital organ). However this permission is for the specific time and it should be used with the spirit of obedience of Allah and not transgression.
6. Some items are directly mentioned as Haram in Quran, some have been declared by the prophet (PBUH) and for others the principles have been described.

These principles along with others which are elaborated in the following Ahadith, may be used in different situations for medical decisions.

### **Ahadith [Traditions of the Prophet (PBUH)]**

Importance of Halal / Haram Earnings:

“Earnings are very attractive and Allah will put Barakah in Halal earnings and the Hell fire is ready (for those) using Haram means<sup>17</sup>. The Prophet also said, "A time will come when one will not care how one gains wealth,

whether lawfully or legally or unlawfully<sup>18</sup>.

In a Hadith the Prophet (PBUH) mentioned of a man who undergoes a lengthy journey to Kaa’bah, and he is unkempt and covered with dust. He spreads out and raises his hands towards the sky (calling), “O my lord, O my lord”, however his food is Haram, his drink is Haram, his clothes are Haram and he has been nourished with Haram! So how will his supplications be accepted?”<sup>19</sup>.

In another narration he said to a companion; “O Ka’ab the body flesh that develops through unlawful means brings no profit except that that the fire has more right on it”<sup>20</sup>.

### **The Lawful and Unlawful**

The Messenger of Allah (ﷺ) said: "The one who considers the unlawful declared in Quran as lawful, does not believe in Quran"<sup>21</sup>.

He also said "Lo! Soon a Hadith from me will be conveyed to a man, while he is reclining on his couch, and he says: ' Between us and you is Allah's Book. So whatever we find in it that is lawful, we consider lawful, and whatever we find in it that is unlawful, we consider it unlawful. Indeed whatever the Messenger of Allah (PBUH) made unlawful, is akin to what Allah made unlawful"<sup>22</sup>.

The Messenger of Allah ﷺ said: “Make between yourself and the unlawful a buffer of what is lawful. Whoever does so will clear himself in regard to his honor and his religion”<sup>23</sup>.

In another narration he said “Halal and Haram are those which Allah has declared in His book as Halal and Haram, and about what He is silent are concessions for you”<sup>24</sup>.

The Doubtful:

The Prophet ﷺ “Verily, the lawful (Halal) is clear and the unlawful (Haram) is clear, and between the two of them are doubtful matters about which many people do not know. Thus, he who avoids doubtful matters clears himself

in regard to his religion and his honor, and he who falls into doubtful matters will fall into the unlawful as the shepherd who pastures near a sanctuary, all but grazing therein. Verily, every king has a sanctum and the sanctum of Allah is his prohibitions. Verily, in the body is a piece of flesh and when it is sound, the entire body is sound, and if corrupt the entire body is corrupt. Truly, it is the heart.”<sup>25</sup>.

He also narrated “The people of the time of ignorance would eat some things and leave other things believing they were unclean. Allah sent his Prophet, peace and blessings be upon him, and revealed His book allowing what is lawful and forbidding what is unlawful. What is allowed in it is lawful, and what is unlawful in it is unlawful. Whatever it is silent upon is an act of clemency.” Then he recited the verse:

“Say: I do not find in what was revealed to me anything unlawful to eat except dead animals, blood poured forth, or the flesh of swine,” (6:145) until the end of the verse<sup>26</sup>.

The stance may not be very clear in certain situations where the following prophetic ﷺ guidance may be followed which he narrated when he was questioned by a companion about a doubtful situation.

Legal maxims (*Qawaid i Fiqhi*) of Halal and Haram: The legal maxims of Islamic law are the regulations that can be applied to a variety of situations for inferring verdict in line with the principles of Shari’ah. These may be “texts” (Nas-obligatory commandments) that are part of a Quranic verse or a Hadith or ‘texts’ derived from primary sources after deep thinking and analogies. The maxims are generally “all-inclusive” encompassing most of the aspects of a situation. These assist the Islamic scholars in deducing replies to contemporary issues and finding easier and practical solutions in difficult situations. Some megal Maxims relating to Halal and Haram are listed below;

**1. What is unlawful to take is unlawful to give<sup>27</sup>:**

Explanation. When an item or action is unlawful it applies to everyone whether the recipient or the doer.

Examples. Taking kickbacks from Laboratories / Pharmaceuticals by HCPs are unlawful according to *Shari’ah* and are equally Haram for the owners or employees of the Laboratories / Pharmaceuticals who provide such gifts or any other form of payment or inducements to doctors.

In *Shari’ah* facilitating others in these unlawful acts is also prohibited and the facilitator will be equally sinful as the recipient or provider of Haram.

**2. What is unlawful to do is unlawful to request<sup>28</sup>:**

Explanation: This maxim explicitly encompasses the action which was implicitly part of the above maxim. It not only forbids unlawful actions but also prohibits asking others to do such actions. It also forbids facilitating or compelling others to do such unlawful acts.

Example: In the example given in maxim 1, everyone involved directly or indirectly in performing, facilitating or supporting the unlawful act will be responsible for their role.

**3. What is unlawful to use is unlawful to produce / manufacture<sup>29</sup>:**

Explanation. Islam disapproves all means leading to Haram to curb the potential sins at all levels. On one hand it forbids the use of unlawful items and on the other discourages its production as well. However it provides relief in life saving situations under the principle of ‘hardship begets ease’<sup>30</sup>.

Example. It is prohibited to use and manufacture medicines with Haram contents. However controlled production may be allowed for use in severe hardship cases, till a Halal alternative is made available. Same

and wished should be avoided by Muslim as they are vicegerent of Allah and should obey His orders. In this context few relevant verses of Quran are quoted below:

"يَا دَاوُودُ إِنَّا جَعَلْنَاكَ خَلِيفَةً فِي الْأَرْضِ فَاحْكُم بَيْنَ النَّاسِ بِالْحَقِّ وَلَا تَتَّبِعِ الْهَوَى فَيُضِلَّكَ عَنْ سَبِيلِ اللَّهِ إِنَّ الَّذِينَ يَضِلُّونَ عَنْ سَبِيلِ اللَّهِ لَهُمْ عَذَابٌ شَدِيدٌ بِمَا نَسُوا يَوْمَ الْحِسَابِ"

*(We said) "O David, We have made you vicegerent in the earth, so rule among the people with justice and do not follow your desires, for it will lead you astray from the way of Allah." For those who go astray from the way of Allah, there is a severe punishment because they forgot the Day of Reckoning*<sup>47</sup>.

"وَأَمَّا مَنْ خَافَ مَقَامَ رَبِّهِ وَنَهَى النَّفْسَ عَنِ الْهَوَىٰ"

*"As for him who had feared to stand before his Lord and restrained himself from evil desires, Paradise shall be his home"*<sup>48</sup>.

However if an act is committed unknowingly and then the person repents he may be forgiven;

"ثُمَّ إِنَّ رَبَّكَ لِلَّذِينَ عَمِلُوا السُّوءَ بِجَهَالَةٍ ثُمَّ تَابُوا مِنْ بَعْدِ ذَلِكَ وَأَصْلَحُوا إِنَّ رَبَّكَ مِنْ بَعْدِهَا لَغَفُورٌ رَحِيمٌ"

*"But to those who commit evil out of ignorance and then repent and amend their ways, thereafter your Lord will be Much-Forgiving, Most-Merciful"*<sup>49</sup>.

"يَا أَيُّهَا الَّذِينَ آمَنُوا كُونُوا قَوَّامِينَ بِالْقِسْطِ شُهَدَاءَ لِلَّهِ وَلَوْ عَلَىٰ أَنفُسِكُمْ أَوِ الْوَالِدِينَ وَالْأَقْرَبِينَ إِنْ يَكُنْ غَنِيًّا أَوْ فَقِيرًا فَاللَّهُ أَوْلَىٰ بِهِمَا فَلَا تَتَّبِعُوا الْهَوَىٰ أَنْ تَعْدِلُوا وَإِنْ تَلَوُّوا أَوْ نَسُوا فَاِنَّ اللَّهَ كَانَ بِمَا تَعْمَلُونَ خَبِيرًا"

*"O' Believers! Be upholders of justice, and bearers of witness to truth for the sake of Allah, even though it may either be against*

*yourself or against your parents and kinsmen, or the rich or the poor: for Allah is more concerned with their well-being than you are. Do not, then, follow your own desires lest you keep away from justice. If you twist or turn away from (the truth), know that Allah is well aware of all that you do"*<sup>50</sup>.

Nothing can be stronger than these instruction for making just decisions.

The prophet ﷺ stated the crucial principle in a narration when a companion asked him about such situation and the prophet ﷺ replied "ask your heart (conscious) and decide as it feels satisfied"<sup>51</sup>. The prophet ﷺ obviously meant the heart of a true Muslim that constantly strives to find the truth in the light of Islamic teachings. The great Islamic scholar Imam Ghazali expressed similar views about this Hadith<sup>52</sup>. It is not about a sinful heart that loses the power of correct decision because of performing perpetual evils<sup>53</sup>.

A Hadith about Halal, Haram and doubtful in section of Ahadith and another narration of the prophet ﷺ with similar meaning, about leaving doubtful also provides guidance in such situations<sup>54</sup>.

It can be concluded that the general policy about "Doubtful" is to refrain from it. Personal whims and wishes must not be followed in such circumstances. Allah is most Merciful and will forgive for a wrong decision on repentance. Consult other colleagues and Islamic scholars when required. In certain situation the decision may be considered after determining the "necessity" of the required action and act accordingly.

It is imperative for Muslim HCPs to understand and apply these principles in their professional life in doubtful situations and may consult Islamic scholars when required.

**Some commonly misunderstood matters**

**encountered in professional life:** There are many misconceptions about Halal and Haram in current times and many actions are considered Halal which may actually be otherwise. Few such common issues are described below;

1. **Salary:** It is the remuneration that one gets in return for specific time or task as per contract between the employee and the employer. The time (duty hours) specified in the contract shall only be utilized for the employer and consuming it for personal purpose would render the remuneration liable to be Haram. It also includes availing paid leave beyond the specified entitlement.
2. **Availing discount:** There are plenty of occasions of purchases of different items (or signing contracts for purchases / works) for hospital. At times one may get discounts in purchases / contracts for the hospital. Such discounts are the property of the hospital and cannot be utilized by an employee.
3. **Utilizing items and belongings of institutions for personal use:** It includes; small items like pen, paper, leftover food / other material or big items like vehicles etc. These can only be utilized for personal use with the permission of the competent authority. The minimum level of care in such cases should be equal to that of personal belongings.
4. **Money earned through falsification or forgery:** It includes over invoicing or false vouchers for getting unauthorized money, issuing false medical certificate or allowing unauthorized medical leave to a person. All these fall under the false testimony that has been strongly condemned in Qura'n<sup>55</sup>.

5. **Unauthorized income:** Any earning for which one is not entitled. For example if someone gives extra money to another due to miscalculation and he knowingly does not return it.
6. **Violation of merit in appointment:** Anyone appointing a person in violation of merit shall be responsible on the Day of Judgment for all the wrong doings of the appointed person and also accountable for depriving others of their rights.
7. **Undue favors in examination:** It includes accepting recommendation of someone to pass a student or give extra marks. It would change relative position of merit. The concerned teacher as well as the recommender shall be accountable on the Day of Judgment for such undue favor and depriving others of their due right.

**Haram actions:** There may be many acts in the medical profession that may be categorized as unlawful as per commandments of the Islamic *Shari'ah*. It is beyond the scope of this article to cover all such issues. Some common related subjects include issues pertaining to doctors-pharma relations, gender interaction, transplantation of sexual organs, genetic changes in healthy people, using sperm or ovum from a person other than wife/husband for in-vitro fertilization, termination of pregnancy without medical indications, cosmetic surgeries etc. Apart from such professional issues, the others may be related to Ibadah like obligatory fasting, Taharah, ablutions and Salah etc. Many books and website have discussed these issues and some are available on the PIMA website for downloading free of cost<sup>56</sup>.

**The subsequent part of the subject of Halal and Haram is related to edible items that includes food and medicines.** Food items are commonly available in hospital for

patients as well as hospital employees and visitors. Due consideration should be given to Halal and Haram in food as well as medicines available in hospitals.

**Items for human consumption.** There are many food products, medicines and other items that are forbidden by *Shari'ah* for human consumption in normal conditions. These may be avoided in hospital pharmacies and cafeterias. The following information may be helpful for Muslim HCPs and managers for using such items;

**Few important principles of declaring something unlawful**

1. When proven by text (Nas)
2. Harmful (Mudhir)
3. Filthiness (Najas)
4. Intoxicating (Muskir)
5. Sacredness (Takreem)
6. Brutality (animals and birds) (Sabaaiat)
7. Impure (having unlawful ingredient) (Khabith)
8. Toxic / poisonous (Samat)

**Unlawful contents (food):** Based on the above principles the following items or ingredients are generally considered unlawful for human consumption:

1. Gelatin from Haram Sources
2. Alcoholic drinks and intoxicants
3. E. Numbers (E No) of animal origin
4. Rennet
5. Fat / meat (and its products) of Haram animals
6. Improper slaughtering
7. Enzymes of animal origin. Microbial enzymes are permissible
8. L-cysteine (if from human hair)
9. Pork and all its products
10. Unspecified meat broth
11. Meat (and products) of carnivorous animals, birds of prey and certain other animals

12. Foods contaminated with any of the above products

**Gelatin:** It is a food ingredient/additive used in edible items like toffees, jellies, puddings and also used to manufacture capsules. When its source is from Haram animals, it is considered unlawful for human consumption. However there is some difference of opinion among Islamic scholars on the use of gelatin and some believe it to be lawful because it undergoes complete transformation during the process of manufacturing (Istihala – see below) while others consider it to be unlawful because they believe it does not undergo Istihala and the original properties are retained in the manufactured stuff.

It is better to avoid foods containing gelatin from Haram animals as these are not essential for human usage. The medicines (capsules) may be dealt with more leniently but preferably avoided if tablets or Halal alternatives are available.

**Alcohol:** Alcohol when derived from grapes or dates is considered unlawful for consumption even in small quantities. When applied locally it will render the area Najas (unclean for the purpose of ablution) from the Shari'ah point of view. Alcohol manufactured from other sources (wheat, barley or sugarcane molasses) or synthetically are also unlawful when it causes intoxication or when used for fun. However small amounts may be used in medicine or food stuff as solvent and its local application e.g. swabs for disinfection and use in perfumes, body sprays does not make the area unclean (Najas). It is desirable to use a substitute if available.

**E Numbers (E. No):** It identifies the food additive used in various food products. “E” stands for European. Its American equivalent is “CI” (Chemical Index). The food additives have many purpose like flavoring, coloring, preservation and emulsification or as bulking agents. All “E Nos” are not Halal especially

those of animal (including insects) origin. One such example is “E-120” which is derived from an insect called cochineal. “E Nos” of plants or, minerals and synthetic origin are generally lawful unless declared toxic for human consumption.

**Rennet:** It is commonly used as coagulant and is the most important part of cheese. It breaks the solid particles away from milk. It may be of animal, plant or microbial origin. Animal origin is usually derived from stomach lining of young goats, labs and cows but also pork. Rennet would be considered lawful if it is from Halal source and unlawful when the source is Haram.

All forms should be avoided except that of plant and microbial or synthetic origin and obtained from Halal animals.

### Slaughtering

This is important because even a lawful animal may be rendered unlawful for consumption when it is not slaughtered according to Shari’ah<sup>57</sup>. In addition to technical requirements (like prohibition of killing through stunning) it is mandatory to invoke the name of Allah while slaughtering the animal. Slaughtering in any other name makes even the Halal animal Haram for consumption.

”إِنَّمَا حَرَّمَ عَلَيْكُمُ الْمَيْتَةَ وَالدَّمَ وَلَحْمَ الْخَنزِيرِ وَمَا أُهِلَّ بِهِ لِغَيْرِ اللَّهِ فَمَنْ اضْطُرَّ غَيْرَ بَاغٍ وَلَا عَادٍ فَلَا إِثْمَ عَلَيْهِ إِنَّ اللَّهَ غَفُورٌ رَّحِيمٌ”

*“He has only forbidden to you dead animals, blood, the flesh of swine, and that which has been dedicated to other than Allah. But whoever is forced [by necessity], neither desiring [it] nor transgressing [its limit], there is no sin upon him. Indeed, Allah is Forgiving and Merciful”*<sup>58</sup>.

**Istihala:** This term is used in *Fiqh* for complete physical, chemical and irreversible transformation (conversion) of a material into

a new form where it does not retain the properties of the original item. This can change an unlawful material into lawful substance.

These issues are explained in detail by Islamic scholars and the relevant literature may be consulted<sup>59,60</sup>.

### Halal and Haram in Medical products

Medicines should not have any Haram ingredients. There should be no contamination with Haram ingredients during the manufacturing process, the equipment used should be free from contamination with Haram contents and so should the packing process.

**Haram Pharmaceutical products.** The following groups should be considered;

Alcohol content – Syrups / Elixirs (see details under Alcohol) especially containing high quantities of alcohol.

Enzymes. Most of these are from animal origin and are commonly prescribed for non-essential use.

Any ingredients having or derived from Haram source.

Gelatin - Capsule are mostly made from gelatin (see details under gelatin and Istihala).

Use of Haram product in the form of topical use / injections should considered separately.

### Principles of using Haram medicines

(Tadavi bil Haram): Based on the commandments and principles explained earlier, the following guidelines may be followed:

1. Haram medicine may only be used when Halal alternative is not available.

Example. Heparin is commonly used in life threatening situations (e.g. pulmonary embolism) and is mostly of porcine origin<sup>61</sup>. However when bovine heparin is available



then porcine may be avoided.

2. The medicine may be used in severe hardship (Idhtirar) and discontinued when the specific situation is over.
3. Unnecessary use of Haram medicines must be avoided. The medicines should be used only when essential.

Example. Use of syrups and tablets containing enzymes from Haram animal sources should be avoided for simple indigestion but may be used in pancreatic enzyme deficiency.

4. The decision to use Haram medicines should be taken by a doctor with relevant Islamic knowledge. Whenever in doubt it is preferable to decide in consultation with other colleagues / Islamic scholars.
5. The guidelines for local application of Haram medicines are more lenient than that of oral use.
6. Consider the Maxims of Necessity and Mitigation – especially when serious health problems are involved.

The Haram medicines available in the market provide an opportunity for Muslim researchers and industrialist to explore Halal alternatives for Haram medications. They may expect reward for this work, not only in this world but a continuing reward till the Day of Judgment and achieve the pleasure of Allah in the Hereafter.

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## CHAPTER EIGHTEEN

### THE RELATIONSHIP BETWEEN THE PHARMACEUTICAL INDUSTRY, HOSPITALS AND HEALTHCARE SERVICES

*Abdul Rashid Abdul Rahman\**

#### Abstract

Major developments in medicine have been driven by discoveries and inventions which have their roots in the golden era of Islam. The pioneers of medicine in the Golden Era of Islam were motivated by the Glorious Quran which encouraged Muslims to investigate the universe as well as themselves and by the hādīth, “Every disease has a cure. If a cure is applied to the disease, it is relieved by the permission of Allah Almighty”<sup>1</sup>. They inspired Muslim scientists to look for novel treatment modalities, a field which they pioneered and led the world once upon a time.

Keywords: medicine, inventions, golden era, novel, treatment, modalities.

Technology has played a major role in the growth of medical and health sciences.<sup>2</sup> This has led to innovations which have played major roles in the diagnostic and therapeutic fronts of medical care which are most welcomed in Islam.<sup>3</sup> From the most basic of hospitals which provide primary and secondary care to tertiary specialist hospitals; diagnostic tools, drugs and devices play an essential and integral role in their operations. A significant part of any hospital’s capital and operational expenditure will be dominated by the cost of equipments, drugs and devices.<sup>4</sup> While hospital administrative cost continues to increase<sup>5</sup>, drug acquisition cost is also increasing. More than 90% of hospitals in the United States surveyed reported that increasing drug cost had a moderate to a great effect on their ability to manage the overall cost of patient care.<sup>6</sup> Unlike government hospitals where services are almost free of charge, most private hospitals derive profits from the sales of pharmaceutical agents which can amount to almost a quarter of their monthly sales revenue. Indeed, in some cultures, consulting a doctor without receiving a prescription for a medication may not be well received.

In tandem with the growth of modern medicine, is the growth of the equipment, pharmaceutical and device industries. Since these industries are driven by innovations and inventions, a lot needs to be invested and likewise once an invention or discovery is approved by the appropriate regulatory bodies, the race to achieve a ‘return of investment’ starts. It is indeed a calculated risk investors in these industries take because success or failure depends on how well they manage to persuade the end users to utilize their products. The end users in this case are the medical and healthcare practitioners especially the doctors. As such all efforts are made by companies which sell these products to persuade doctors to get acquainted with and ultimately use their products on their patients, the ultimate consumer. Indeed, this dynamic has led to the existence of an often talked about and frowned upon relationship between doctors and the medical industry.

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Some, especially the general public as a whole and the consumer associations in particular view this relationship with skepticism even going as far as insinuating that some form of corrupt practices may be involved. Indeed, without the right ethical guidance, persuading doctors can verge to the point of corruption as has happened in the not-too-distant past. It is beyond the scope of this article to describe the ethical guidelines which governs drug and devices' development processes prior to regulatory approval but it will attempt to discuss what are the loopholes which may exist and propose remedies to ensure the highest scientific and ethical standards are upheld when it comes to the relationship between the medical industry and the health fraternity.

### **Acquisition of health products**

Most hospitals will have an Acquisition Committee before any purchase is decided upon. For drug acquisition the committee is typically called the Drug and Therapeutics Committee. This committee has the task to scrutinize any request made for pharmaceutical products to be included in the hospital drug formulary. The committee is usually chaired by a senior clinician and comprises of members from the various specialties, the head of pharmacy and those representing the nursing fraternity. Participation of nonclinical members of the hospital management team particularly those in charge of finance and risk assessment will be ideal. This committee should have scheduled meetings made known in advance with its standard operating procedure made transparent. It is important that applications be made in advance with the relevant supporting documents which should emphasize the clinical evidence which will justify the inclusion of the product into the hospital formulary. The committee should ascertain that the proposed product has adequate justification to be included. If the product is from a novel therapeutic class, emphasis

should be on the definitive clinical trial evidence. For non-innovator products the evaluation should include a basic question whether it is merely an attempt by the pharmaceutical company to persuade the applicant to have their product "sneaked in" as a 'me too' alternative to available products. If the product is a non-innovative product, query on how this new product could fit into the available therapeutic armamentarium and the specific therapeutic indications should be made. Pharmaceutical companies are usually in the know of this committee, its schedule and Standard Operating Procedures (SOP) and has gone to the extent of making prior appointments to discuss with important members of the committee to persuade them to give a favorable opinion on the proposed product. This is where corrupt practices can creep in, and it is important that the committee stick to the evidence which matters in making a decision. Included in the consideration will be the cost-effective analysis which may have to be strongly considered if there is no clear evidence of therapeutic superiority of the proposed product over existing products.

It is a commendable practice to approve a new product as under probation because newly approved expensive products may be overused by overzealous practitioners with the constant persuasion of medical representatives from the manufacturer of the said products. This is where the Department of Pharmacy of the hospital should initiate a drug utilization review of any newly approved product and report back to the Drug and Therapeutics Committee should any deviation from acceptable utilization pattern be observed post approval.

### **Continuing Medical Education (CME) Programs**

Medical knowledge is ever progressing and changing. The dynamics of medical knowledge is such that most medical licensing boards will insist that those

applying for Annual Practicing License renewal should show evidence that they have acquired enough CME points in their relevant area of practice. One reality which is seen as controversial by many is that many of these CME programs are driven and sponsored by the pharmaceutical industry whose preoccupation is to ensure the sales of their product is according to their forecasted Key Performance Indicator (KPI) or even beyond their KPI. To make matters worse the standard of these CME programs varies tremendously from accredited programs given by accredited speakers as approved by the relevant statutory bodies (like the national medical councils) to small group lunch or dinner ‘talk’ in a cozy restaurant targeting certain audience and given by a speaker from within the company which owns the product. This is where standard differs within countries and between hospitals within a country. It is best for a hospital to set a standard which is seen as transparent, ethical and driven by science and not pure marketing. It is important to go by the rule that ‘the evidence will speak for itself’ and it is thus imperative that the content of these programs be strictly evidence based. Many doctors especially senior clinicians are paid by drug companies as Key Opinion Leaders to deliver these talks. It is important that these speakers set the highest ethical and scientific standards when delivering their lectures. They should endeavor to prepare their own talk, not merely relaying information which is conspicuously prepared by the drug companies who pay them to talk. They should also declare any conflicts of interest, and should their lecture contradict or deviate from any established International or National Clinical Practice Guidelines, the scientific rationale should be discussed. Receiving honorarium for delivering lectures for pharmaceutical companies, is a universally acceptable practice but is strictly meant to compensate for the time and effort put into preparing and delivering the lecture. There are universally acceptable ethical guidelines on

this aspect. Any payment should be justifiable and within the ethical norms. As a rule of the thumb, both the industry which engage the speaker and the speaker himself/herself should be ready to make the agreement between them public should it be requested. This will alleviate any suspicion that the speaker is being ‘bribed’ to talk on behalf of the industry to cajole doctors into prescribing the said product. It is important to be reminded that without the proper ethical framework CME programs may not become the education forum that it is meant to be but rather a marketing ploy<sup>7</sup>, unless all sides agree to stick to Evidence Based Medicine in its delivery.

### **Marketing of Pharmaceutical Products in the Hospital**

One of the permanent features of a hospital environment is visitations by members of the pharmaceutical industry to key personnel in the hospital. The main target of these visitations are the end users of health products including senior laboratory managers, radiologists, radiology technicians, and the relevant clinicians who are the prescribers of a particular product. Hospitals have different policies on these visitations. While some may have policies like “Sales persons are not allowed” but most will not prevent ‘product specialist’ or medical representatives to see end-users. Members from the industry have clear objectives on these visitations that is to convince end-users to use their products. Academic institutions like teaching hospitals have clearer policies on this.<sup>8</sup> However, nonacademic institutions are also encouraged to follow suit to ensure the highest ethical and professional conduct regarding the interaction between the industry and the medical fraternity. Doctors whether in academia or not should know their priorities, which is deciding on the best interest of their patients. When approached by representatives from the industry, the ground rules must be spelt out from the outset; which is to discuss scientific

evidence which has been clinically substantiated. The industry will share with doctors 'evidence' in the form of promotional materials, mostly extracted, highlighted and edited to show the 'superiority' of their products over their competitors' products. Doctors should be able to decipher the full story on a particular promotional material by insisting to see the source data which is available from the full clinical paper of a randomized control trial involving a particular product. Anything less is not definitive. Doctors should engage with representatives from the industry who visit them in scientific intellectual discourse. Members of the industries are also equipped with various financial incentives to entice doctors to use their products including "free" lunches and dinners. Should a doctor choose to go out for these meals, it is strongly recommended that the doctor pay for the meals and not customarily accept the treat from the industry. As the saying goes 'there is no such thing as a free lunch'. No matter how independent doctors feel when interacting with the industry, evidence so far showed it to be untrue.<sup>9</sup> From the Islamic perspective, all avenues for corrupt practices not only in the classical understanding of corruption, but also in subtle and covert financial cajoling, needs to be avoided<sup>10</sup>.

### **Involvement in Industry Sponsored Research**

The practice of medicine has progressed through sound scientific research. The pivotal stage in drug development are the phase III clinical trials. As such, hospitals are an integral part of drug development because many phase III trials are conducted on hospitalized patients. Any such clinical trial protocol must be approved by the hospital's Institutional Review Board (IRB) and Ethics Committee (EC), and in most cases has to be approved by the governing body of the hospital in which the trial is conducted. Broadly speaking there are 2 types of clinical trials; investigator initiated,

or industry sponsored. An investigator-initiated trial is one where the idea and subsequently the research protocol is designed by the investigator, while an industry sponsored trial is one where the idea and protocol comes from the industry. As regards sponsorship, the investigator initiated trial may have various sources of funding including the institution at which the investigator works, universities, governmental and non-governmental, including charitable organizations. As regards industry sponsored research, it is the industry itself which sponsors the research. The industry can also sponsor a research project whose initial idea and concept comes from outside the industry often called, Investigator Initiated Industry Sponsored Trial. Some major trials come under this category which is often regarded as prestigious and unbiased research. Some are of the opinion that hospitals should not be involved in industry sponsored research and if a company wants to conduct research in a particular hospital than the hospital must have the freedom to amend the protocol and the protocol must come from the hospital itself. This is not an entirely realistic option. Industry sponsored research is an intellectual property of the industry. In the early phase pre-registration Clinical Trials (Phase 1 to III) the hospital Ethics committee may suggest amendments to the protocol but the final decision will be with the industry because these early phase trials are registered with the National Drug Licensing Authority for future licensing and approval process. In other words, it is under the scrutiny of the national regulatory authority. A particular hospital may choose not to allow their patients to be involved but many more hospitals would, as they want to contribute to the drug development both for the prestige as well as financial gains. This is how novel therapeutics are discovered and since the whole process is under the International Conference of Harmonization Good Clinical Practice (ICH GCP) Guidelines, the highest scientific and ethical standards will not be compromised although

vigilance on the part of the IRB to monitor any shortcomings that may occur based on the current standards<sup>11</sup>. As mentioned above, a particular industry may sponsor a trial initiated by an independent investigator working in a hospital, but this is typically a post registration trial (Phase 3b or Phase 4).

### **Bridging the Gap between the Pharmaceutical Industry and the Health Practitioner - Evidence Based Medicine (EBM)**

A guiding principle to safeguard against potential unethical and corrupt practices as regards to the interactions between the health product industries with the medical and health practitioners is to stick to evidenced based practices in evaluating efficacy and utility of a particular product. Evidenced Based Medicine (EBM) is the art of deciphering the best available evidence in our endeavour to seek the best treatment modalities or management strategies for our patients. It guides us on the choice of the most appropriate strategy for a particular patient and is the backbone of rational therapeutics. It is as defined by Sackett<sup>12</sup> 'a conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients'. Conscientious implies that the practitioner must painstakingly be meticulous, upright, just and honest. Explicit means opinion must be expressed without vagueness, leaving no question to the meaning or intent, and judicious implies wise and sound judgement. This approach to practising medicine is very much consistent with the Islamic approach. The Quran gives glad tidings to the servant who listens to all opinions and follows the best<sup>13</sup>. The Quran also challenged those who argue to show the evidence if they are indeed truthful<sup>14</sup>. Indeed, while many may ascribe the title of father of modern EBM to Sackett, it is the Muslim scientists / practitioners who truly pioneered EBM<sup>15</sup>.

As a teacher, researcher and practitioner of EBM, I find that the practice of EBM is

seamless with my religious creed to the extent that it solidifies and enhances my conviction that Allah has conferred this knowledge and privilege to understand and practice it. One of the challenges facing EBM is that some who preach it do not practice medicine while the majority who practice medicine has scanty understanding of EBM and some are openly skeptical about it. Indeed, one of the problems with EBM are the clinicians themselves. For those who profess to understand and practice it, there exists discordance and divergence in their understanding and practice.<sup>16</sup> It is pertinent to be reminded that many practitioners are not trained in EBM and that out of those institutions which teach it formally, very few published their experiences and the educational outcomes of their students.<sup>17</sup>

### **Conclusion**

It is important to be reminded that Islam made major contributions to the development of hospitals and the science of pharmacy and drug discovery. The Muslim pioneers in these fields were driven by their devotion to serve mankind based on the tenets of Islam. As medical and health sciences evolved over the centuries, the original philosophy and altruism of medical and health practices may have witnessed a paradigm shift driven at times by other considerations including consumerism and capitalism. Modern health practices have also evolved into an industry with its associated challenges. One of the challenges is to maintain a professional and ethical relationship between various stakeholders of this industry. Muslims involved in this industry have the opportunity to demonstrate how an ethical and professional relationship can exist based on sound Islamic and universal principles

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## CHAPTER NINETEEN

### GENDER INTERACTIONS IN ISLAMIC HOSPITALS AND MEDICAL SCHOOLS\*

*Najib Ul Haq\*\**

#### Summary

Islam is a complete code of life and provides guiding principles for all spheres of life including medicine. Islam declares education obligatory for all men and women and encourages an enabled and safe environment to maintain the moral fabric of the society which is the basis of Islamic values systems. The primary source of these guidelines is the Qura'n and *Sunnah* and the secondary sources are *Ijtihad* (Intense efforts for logical deduction) and analogy. The compilation of issues with solutions on these is called *Fiqh* (deep thinking / understanding) and it empowers Islamic scholars to develop policies grounded in the primary sources while being cognizant of the prevailing circumstances. Gender Interaction is inevitable in healthcare and medical education and this paper discusses some relevant issues faced by the Muslim health care providers in hospitals and medical schools.

Keywords: Islam, Qura'n, Hadith, Gender, Interaction, Evidence, Culture.

#### Introduction

“It is a non-issue”, “Time has changed – it’s a story of the past”, “It’s not practical” or “it’s a personal choice” are the common replies by many Muslim professionals when responding to the issue of gender interactions in the medical profession. Discussing gender interactions in the healthcare system from an Islamic point of view is considered to be an impractical proposition in the contemporary world culture. It is one of the most difficult issues in the current times with many intricacies and practical challenges.

Accepting or rejecting any proposition without evidence and scientific analysis does not make sense. Evidence based analysis of existing data is required to examine the impact of gender intermixing on the personal, physical, psychological and moral being of individuals and the communities and then propose solutions that are workable in the current circumstances.

Healthcare encompasses essential services ranging from community-based home care to institutional based high tech intensive care. Interactions between men and women is not only unavoidable; at times it becomes essential due to the vast variety of expertise required to manage individual patients as well as the system. The situation becomes very challenging in a Muslim Society where free interaction between men and women has religious limitations. Saving lives is the religious duty of Muslim professionals but at the same time observing religious guideline is also mandatory. Finding the right strategy to reconcile these at times of conflicting requirements is the need of the time.

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*\*This article is an abridged summary of my book “The Islamic guidelines of Gender Interaction in Medical Profession” available free on PIMA web page: <http://pima.org.pk/dev/publications/>*

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The main objective of Islam is to establish a society based on faith, justice and moral foundations with harmony and peace for all, leading to success in this world and the hereafter. Both genders have their essential role in developing such a society and none can be deprived of that.

It is the religious obligation of all Muslim men and women to seek knowledge<sup>1</sup> and enhance their capabilities and expertise to perform their roles in the development of society in line with divine guidance.

The article attempts to outline the provision of a respectful and safe working environment, equal opportunities of healthcare and medical education to students and health providers, inspired and guided by the fundamental concepts of Islam.

### **Historic Background**

The last century has witnessed tremendous developments in the fields of science and technology consequently reshaping the social and cultural life of individuals and communities. There is a marked drift from religion and God, in the race of material gains. People have forgotten the purpose of creation and divine teachings have become irrelevant to the philosophy of life.

Unfortunately, the clear instructions of Islam on gender interactions are not only ignored by the Muslim healthcare workers but even considered irrelevant in the current era. This is the result of the intellectual decline of the Muslims during the past two centuries. There is a dire need that Muslim professionals work in conjunction with Islamic scholars to address the current issues and provide solutions and practical guidelines in their respective domains in accordance with the basic teachings and principles of Islam.

The unabated gender interactions has not only led to an ever-increasing sexual abuse in the society but also other social and psychological/psychiatric issues. It is vital to

revisit the prevailing situation and present balanced and practical solutions to facilitate both genders in performing their roles with respect and compassion for each other.

It is obligatory for Muslims to acquire modern education with an effort to keep it in harmony with Islamic values. Women must be given full opportunities and a conducive environment to contribute to the development and progress of society. The educational institutions and organizations should devise and adopt strategies to specifically address the needs of female education and working of women in various fields of life including medicine.

Everyone has the right to get healthcare and education in line with his/her faith. Cultural diversity even within the Muslim world may be important in defining the norms of gender interactions, which is unavoidable in the prevailing circumstances especially in medical education and the healthcare system. Free gender intermixing is not considered abnormal or sinful by many healthcare providers including some Muslims.

It may be important here to describe the terms “interaction” and “intermixing” before delving into discussing the subject. In this article the terms “interaction” means men and women studying and working together in the same institution due to professional requirements and communicate/interact with each other when necessary. Whereas intermixing denotes working together with unabated interaction like chit-chatting, eating, and spending time together without any necessity, need or regard for the Islamic etiquettes.

There are only few “only for girls” medical / dental schools and if female students’ don’t join co-education institutions it will further deteriorate the availability of the already existing shortage of lady doctors. Male and female interaction is inevitable in co-education institutions. Islamic law describes ethical codes of gender interaction to preserve modesty, chastity, honor, and progeny in line with the

objectives set by the Creator of human beings. Islam declares education obligatory for all males and females and allows gender interaction while maintaining the Islamic values and moral fabric of the society.

### **The evidence (of impact) of free gender intermixing from available data**

The impact of free intermixing on societies may be evaluated on the basis of available scientific data. The American Association of Universities (AAU) published a report of a study in 2015<sup>2</sup> on sexual assault among university students in which more than 150,000 male and female students participated. The overall percentage of sexual harassment among university students was 40.7%; whereas among girls it was 61.9%. The reason was usually relationships among students (69.9%) while in 15.8% the teachers were responsible for sexual harassment. Rape against handicapped female students was almost double (31.6%) as compared to healthy girls (18.4%). These statistics do not include instances where sexual relations were with mutual consent of both parties.

The study was again conducted in 2020<sup>3</sup> by AAU and there was no change in the situation and the president of American Universities concludes in the report;

“The disturbing news from this year’s survey is that sexual assault and misconduct remains far too prevalent among students at all levels of study. The good news - by comparing data from the 21 schools that participated in both the 2015 and 2019 surveys, is that students are more knowledgeable than they were four years ago about what constitutes sexual assault and misconduct, how to report it, and what resources are available for victims”.

Almost similar data was reported by another study in MIT (USA) in 2014<sup>4</sup>

In a recent report from UK of 153 different educational institutions that took part in the survey on sexual abuse, 62% admitted sexual

violence and the figures raised to 70% for female respondents<sup>5</sup>

A report compared the acceptance of homosexuality as “normal” sexual behavior in the last two decades. Data from 2002 and 2019 revealed increasing acceptability trends of homosexuality in UK (74% to 86%), Canada (69% to 85%), USA (54% to 69%), South Africa (33% to 54%), and Japan (54% to 68%). The report also suggests that acceptance of homosexuality is more in those not affiliated with religion and religiosity relates to lower acceptance of this behavior and is particularly unacceptable by Muslims<sup>6</sup>.

It clearly indicates the alarming situation of sexual abuse in institution with free intermixing. However some proponents of gender intermixing argue that separating boys and girls only makes the yearning stronger eventually leading to abnormal sexual relations. The development of positive behavior and mutual respect is another argument in favor of free intermixing. These are unsound arguments and free intermixing is rather akin to the fueling of fire as evidenced by the above studies. If the same beaten-path is followed, the results are expected to be the same.

Gender interaction is one of the most complex and challenging issues in the current time, particularly with reference to the medical profession. As already stated Islam does not isolate women from society. It advocates full opportunity of educational and social progress and development. Islamic scholars have laid down principles of gender interaction that provide solutions to problems through the process of *Ijtihad* (intensive deduction based logical reasoning) as required in different situations. It encourages establishing a civilized society based on strong moral foundations without compromising on basic principles of interaction. It is of immense importance for Muslim health care workers to be familiar with the general guidelines of Islam about it and recognize the practical solutions.

### The status of women in Islam

It may be relevant to briefly discuss this before deliberating further on the subject of gender interaction. Allah rewards people on the basis of performing good deeds and piety irrespective of gender<sup>7</sup>. However, women enjoy privileged status and rewards in certain situations even when performing less or differently than men. For example, Jihad is not obligatory for women<sup>8</sup> and they are rewarded for praying at home equal to congregational prayers obligatory for men in *masjid* (mosque)<sup>9</sup>. It is the obligatory responsibility of the husband to provide financial resources and other required facilities to his wife and the children. The wife has been given the financial autonomy and empowerment to use these resources for the family<sup>10</sup>. The wife has a right in her husband's earnings while the husband does not have it in his wife's earnings without her consent / permission<sup>11</sup>

The main reason for these roles and responsibilities is to safeguard the "institution of family", the basic unit of social and cultural moral fabric in Islam. Exonerating the mother from financial responsibility also allows her to concentrate on family and nurture her children. The so called women emancipation movement has divided women into two separate spheres of life and imposed unnatural and dual responsibilities on them resulting into the breakdown of the family system.

Both genders are encouraged to have supportive, comfortable, socially acceptable, and conducive working environment including all fields of life particularly education, medicine, nursing, and other similar fields<sup>12</sup>.

There are anatomical differences in the size of various organs like the heart<sup>13</sup>, length of the bones, height, weight, number of neurons in the brain and strength of muscles, etc<sup>14,15</sup>, and the psychological differences like tolerance of pain and risk consciousness in men and women<sup>16</sup>. These may be additional reasons for assigning different roles to females and males but this in

no way denotes men superior over women. The criterion for superiority in Islam is only *Taqwa* (piety)<sup>17</sup>.

### Some important terminologies/definitions

Islam provides specific injunctions and guidelines of gender interaction to protect and fulfill the emotional needs of human beings in order to contribute positively to self and community development and minimize the risk of going astray. To achieve this objective Islam has defined certain actions / terms that have specific meaning in Islamic culture and some of those are described.

**Haya (Modesty):** Haya is a specific term that is usually translated as shyness, decency or modesty, etc. in the English language. In Islamic perspective, it represents not only these personal traits but also a whole conducive environment that would promote virtuous, safe and pleasant state for interaction and curb the chances of immorality, obscenity, and sin. It applies to both men and women. It includes maintaining honor, humility, self-respect and exercise certain inhibitions to maintain an environment of dignity and modesty. Islam encourages Muslims to avoid anything abominable and it is considered as one the most important prerequisite of gender interaction.

Haya is the central virtue of Islam and its culture. It is an important part of the Islamic faith (*Iman*). Muslims are required to practice it at all times. This is evident from the following sayings (*Ahadith*) of the prophet Muhammad ﷺ;

Every religion has some innate distinct character and moral value and the innate character (value) of Islam is Haya<sup>18</sup> and also said that it (Haya) is one of the first messages of the Prophet-hood for the people and if one cannot observe it then it's up to him whatever he/she wants to do<sup>19</sup>

He declared that; Haya does not bring anything except goodness<sup>20</sup> and it is equated it to half of the faith<sup>21</sup>.

**Lowering the gaze (غض البصر):** The linguistic meaning is looking down. However when used in context of interaction it does not mean just physically looking down but also includes restraining the eye from all types of evil glances that could be a source of sinful temptations along with care for the body language. It symbolizes a system / environment of modesty and respect for females.

**Hijab (حجاب):** Linguistically it means 'covering or concealing' and commonly refers to the cloth used to cover the head.

**Jalbab (جلباب):** The terms means using a piece of cloth to cover the whole body which may be a shawl, 'abaya' (long dress), burqa or any other dress.

**Awra (عوره) or Satar(ستر):** 'Awrah' or 'Satar' refers to the obligatory covering of some parts of the body. The satar can only be revealed in front of one's life partner or in front of a doctor at times of necessity. The satar of a man is from the navel to the knees and for a woman it is the whole body excluding the hands and face. However, the satar of a woman from a woman is from the navel to the knees. The limits and extent may differ with age<sup>22</sup>

All commandments regarding satar and Hijab have been mentioned in the Qur'an<sup>23</sup> and the traditions of the Prophet (ﷺ).

**Mahram (محرم) and non-Mahram (غير محرم):** Shari'ah law allows marriage with certain persons and forbids with others. A non-marriageable person is called Mahram and the marriageable non-mahram.

### The Principles and Guidelines for Gender Interaction

It is the religious obligation of Muslim professionals and managers to plan for the

development of human resource of both genders for addressing such issues on a long-term basis and make it possible to establish separate educational institutions and health care facilities. It is also imperative that till the establishment of such institutions, they should try and create awareness on such issues and organize training for the staff and students in coordination with religious scholars on working together in co-education institutions.

To understand the basis of gender interaction in Islam, a few relevant verses from Qura'n and *Ahadith* (Traditions of the Holly Prophet (ﷺ)) are quoted as these are the primary sources of knowledge in Islamic *Shari'ah*.

**Qura'n:** There are many direct and indirect verses that provide guidelines for gender interaction and a few are quoted:

"يٰۤاَيُّهَا اٰدَمُ قَدْ اَنْزَلْنَا عَلَيْكَ لِبَاسًا يُؤَارِي سَوْآتِكُمْ وَرِثٰسًا وَلِبَاسَ التَّقْوٰى ۗ ذٰلِكَ خَيْرٌ ۗ لِّكَ مِنْ اٰيٰتِ اللّٰهِ لَعَلَّهُمْ يَذَّكَّرُوْنَ - يٰۤاَيُّهَا اٰدَمُ لَا يَفْتِنَنَّكَ الشَّيْطٰنُ كَمَا اَخْرَجَ اٰبَوٰىكَ مِنَ الْجَنَّةِ يَنْزِعُ عَنْهُمَا لِبَاسَهُمَا لِيُرِيَهُمَا سَوْآتَهُمَا اِنَّهُ يَرٰكُمْ هُوَ وَقَبِيْلُهُ مِنْ حَيْثُ لَا تَرَوْنَهُمْ اِنَّا جَعَلْنَا الشَّيْطٰنِ اَوْلِيَّاءَ لِلَّذِيْنَ لَا يُؤْمِنُوْنَ"

*O' Children of Adam! Indeed, We have sent down to you a garment which covers your shame and provides protection and adornment. But the finest of all is the garment of piety. That is one of the signs of Allah so that they may take heed. Children of Adam! Let not Satan deceives you in the manner he deceived your parents out of Paradise, pulling off from them their clothing to reveal to them their shame. He and his host surely see you from whence you do not see them. We have made Satan the guardians of those who do not believe.*<sup>24</sup>

"لَيْسَ اَلنَّبِيَّ اَلسُّنَّ كَا حٰدٍ مِّنَ النِّسَاءِ اِنْ اَتَقَيْتُنَّ فَلَا تَخْضَعْنَ بِالْقَوْلِ فَيَطْمَعَ الَّذِي فِي قَلْبِهِ مَرَضٌ وَقَلْنَ قَوْلًا مَّعْرُوفًا وَقَرْنَ فِي بُيُوتِكُنَّ وَلَا تَبَرَّجْنَ تَبَرُّجَ الْجَاهِلِيَّةِ الْاُولٰٓى وَاَقِمْنَ الصَّلٰوةَ وَاَتَيْنَ الزَّكٰوةَ وَاَطِعْنَ اللّٰهَ وَرَسُوْلَهُ اِنَّمَا يُرِيْدُ اللّٰهُ لِيُذْهِبَ عَنْكُمُ الرِّجْسَ اَهْلَ الْبَيْتِ وَيُطَهِّرَكُمْ تَطْهِيرًا"

*O wives of the Prophet, you are not like anyone among women. If you fear Allah, then do not be soft in speech [to men], lest he in whose heart is disease should covet, but speak with appropriate speech. And abide in your houses and do not display yourselves as [was] the display of the former times of ignorance. And establish prayer and give Zakah and obey Allah and His Messenger. Allah intends only to remove from you the impurity [of sin], O people of the [Prophet's] household, and to purify you with [extensive] purification<sup>25</sup>.*

*"قُلْ لِلْمُؤْمِنِينَ يَغُضُّوا مِنْ أَبْصَارِهِمْ وَيَحْفَظُوا فُرُوجَهُمْ ذَلِكَ أَزْكَى لَهُمْ إِنَّ اللَّهَ خَبِيرٌ بِمَا يَصْنَعُونَ (30) قُلْ لِلْمُؤْمِنَاتِ يَغْضُضْنَ مِنْ أَبْصَارِهِنَّ وَيَحْفَظْنَ فُرُوجَهُنَّ وَلَا يُبْدِينَ زِينَتَهُنَّ إِلَّا مَا ظَهَرَ مِنْهَا وَلَا يَضْرِبْنَ بِخُمُرِهِنَّ عَلَى خُبُورِهِنَّ وَلَا يُبْدِينَ زِينَتَهُنَّ إِلَّا لِبُعُولَتِهِنَّ أَوْ آبَائِهِنَّ أَوْ آبَاءِ بُعُولَتِهِنَّ أَوْ إِخْوَانِهِنَّ أَوْ بَنِي إِخْوَانِهِنَّ أَوْ أَخَوَاتِهِنَّ أَوْ نِسَائِهِنَّ أَوْ مَا مَلَكَتْ أَيْمَانُهُنَّ أَوْ التَّبِيعِينَ غَيْرِ أُولِي الْأَرْبَابَةِ وَلَا يُضْرِبْنَ بِأَرْجُلِهِنَّ لِيُعْلَمَ مَا يُخْفِينَ مِنْ زِينَتِهِنَّ وَتُوبُوا إِلَى اللَّهِ جَمِيعًا أَيُّهَا الْمُؤْمِنُونَ لَعَلَّكُمْ تُفْلِحُونَ"*

*(O Prophet) Enjoin believing men to restrain their gaze and guard their private parts. That is purer for them. Surely Allah is well aware of all what they do. And say to the believing women that they cast down their looks and guard their private parts and do not display their ornaments except what appears thereof, and let them wear their head-coverings over their bosoms, and not display their ornaments except to their husbands or their fathers, or the fathers of their husbands, or their sons, or the sons of their husbands, or their brothers, or their brothers' sons, or their sisters' sons, or their women, or those whom their right hands possess, or the male servants not having need (of women), or the children who have not attained knowledge of what is hidden of women; and let them not strike their feet so that what they hide of their ornaments may be known; and turn to Allah all of you, O believers! so that you may be successful<sup>26</sup>*

*"يَا أَيُّهَا الَّذِينَ آمَنُوا اتَّقُوا اللَّهَ وَقُولُوا قَوْلًا سَدِيدًا"*

*O you who believe, fear Allah and speak in straightforward words<sup>27</sup>.*

*"وَالَّذِينَ هُمْ عَنِ اللَّغْوِ مُعْرِضُونَ"*

*And (successful are those) who avoid whatever is vain and frivolous<sup>28</sup>*

*"يَا أَيُّهَا النَّاسُ إِنَّا خَلَقْنَاكُمْ مِنْ ذَكَرٍ وَأُنْثَى وَجَعَلْنَاكُمْ شُعُوبًا وَقَبَائِلَ لِتَعَارَفُوا إِنَّ أَكْرَمَكُمْ عِنْدَ اللَّهِ أَتْقَاكُمْ إِنَّ اللَّهَ عَلِيمٌ خَبِيرٌ"*

*O mankind! We created you from a single (pair) of a male and a female and made you into nations and tribes, that you may know each other (not that you may despise each other). Verily the most honored of you in the sight of Allah is (he who is) the most righteous of you. And Allah has full knowledge and is well acquainted (with all things)<sup>29</sup>.*

*"إِنَّ اللَّهَ يَأْمُرُ بِالْعَدْلِ وَالْإِحْسَانِ وَإِيتَاءِ ذِي الْقُرْبَىٰ وَيَنْهَىٰ عَنِ الْفَحْشَاءِ وَالْمُنْكَرِ وَالْبَغْيِ يَعِظُكُمْ لَعَلَّكُمْ تَذَكَّرُونَ"*

*Surely Allah enjoins justice, kindness, and the doing of good, to kith and kin, and forbids all that is shameful, evil, and oppressive. He exhorts you so that you may be mindful.<sup>30</sup>*

*"إِنَّ الْمُسْلِمِينَ وَالْمُسْلِمَاتِ وَالْمُؤْمِنِينَ وَالْمُؤْمِنَاتِ وَالْقَانِتِينَ وَالْقَانِتَاتِ وَالصَّادِقِينَ وَالصَّادِقَاتِ وَالصَّابِرِينَ وَالصَّابِرَاتِ وَالْخَشِيعِينَ وَالْخَشِيعَاتِ وَالْمُتَصَدِّقِينَ وَالْمُتَصَدِّقَاتِ وَالصَّابِغِينَ وَالصَّابِغَاتِ وَالْحَفِظِينَ فُرُوجَهُمْ وَالْحَفِظَاتِ وَالذَّكِّرِينَ وَالذَّكِّرَاتِ أَعَدَّ اللَّهُ لَهُمْ مَغْفِرَةً وَأَجْرًا عَظِيمًا"*

*Lo! men who surrender unto Allah, and women who surrender, and men who believe and women who believe, and men who obey and women who obey, and men who speak the truth and women who speak the truth, and men who persevere (in righteousness) and women who persevere, and humble men and humble women, and men who give alms and women who give alms, and men who fast and women who fast, and men who guard their modesty and women who guard (their*

modesty), and men who remember Allah much and women who remember - Allah hath prepared for them forgiveness and a vast reward.<sup>31</sup>

**Ahadith:** There are many narrations of the Prophet (ﷺ) that forbid a male and female to be alone and also prohibit touching the body parts, including hands of *non-mahram*.

### The seclusion of males and females is forbidden

The Prophet (ﷺ) said “No man should ever be alone with a woman except when she has a *mahram* with her”.<sup>32</sup> and “I have not left behind me a trial more harmful to men than women”.<sup>33,34</sup>

In two other Ahadith from Bukhari, it is quoted that a companion of the Prophet asked the Prophet whether he should go for Jihad (the Holy war) or accompany the wife for Hajj, and in both cases, the Prophet asked them to join their wives (as *mahram*) for Hajj instead of going for Jihad.<sup>35,36</sup>

### Touching of *non-mahram* females is prohibited

Narrated by Ayesha (RA), may Allah be pleased with her: "The Prophet's hands never touched those of a woman"<sup>37</sup> and that; “I swear on Allah that the Prophet never shook hand with women”<sup>38</sup> In another Hadith narrated by Umaimah (RA) the Prophet (ﷺ) said “I do not shake hand with *non-mahram* women”<sup>39</sup>.

Based on these the Islamic scholars decreed that when looking at *non-mahram* is not allowed then touching should be prohibited to a greater degree.

### Legal Maxims (*Qawaid-i- Fiqhi*)

This is another important source of knowledge in decision making in line with principles laid down in the Qura'n and *Sunnah*. There are

many Legal Maxims that provide guidelines while dealing with the issue of gender interaction in different situations and cultures. The major maxims are grouped under the headings of;

‘Necessity and Mitigation’ (رخصه و ضروره), ‘Customs’ (عرف), ‘Hardship / Harm’ (ضرر) ‘Permissible and Forbidden’ (حلال و حرام) and ‘Blocking pretenses’ (سد نرائع). The details of the legal maxims can be studied in the book on gender interaction<sup>40</sup> but some of the bottom line messages are enumerated in following lines.

- When it comes to saving human life all actions / interaction are allowed in such situations even when they are completely forbidden.
- Local customs shall be given due consideration when they are not against the basic principles of *Shari'ah*
- Preventive measures are important to curb moral decline in time.
- Community benefit shall override the personal benefit
- Halal (permitted) and Haram (forbidden) are clear and must be followed, while in unclear situations it is better to avoid the action, unless there is a life threatening condition.

Two other books on gender interaction may also be useful to study for further details<sup>41,42</sup>.

### The Primary Principles of Gender Interaction

There is general agreement of Islamic scholars on the following principles of gender interaction:

1. Guarding the gaze is essential
2. Seclusion is prohibited
3. Body Touch of *non-mahram* is prohibited
4. Covering of Awra is obligatory
5. Concessions are allowed in cases of necessity / dire need



6. Good intention must be ensured when availing mitigation in required conditions.

Thus based on the injunctions of the Qura'n and *Sunnah*, Islamic Legal Maxims and opinions of Muslim scholars briefly described, the following guidelines are formulated for gender interaction for healthcare workers in hospitals and medical schools;

**Dress code:** The purpose of dress for human beings as described in the Qura'n, is nicely explained in the commentary by Maulana Modoodi (Rahimah hu Allah) in Tafheem Ul Qur'an<sup>43</sup> is summarized:

**First**, the need to cover oneself is not an artificial urge in human beings; rather it is an important dictate of human nature. Unlike animals, God did not provide man with the protective covering that He provided to animals. God rather endowed man with the inherent instincts of modesty and bashfulness. Moreover, the private parts of the body are not only related to sex but also constitute "سوات-Sawat" that is, something the exposure of which is felt to be shameful. This might be the reason why human beings use the resources made available to them by Allah to procure dress for themselves.

**Second**, man instinctively knows that the moral purpose behind the use of dress takes precedence over the physical purpose. The exposure of private parts is not a matter of shame for animals and hence their nature is altogether devoid of the urge to cover them.

**Third**, the Qur'an emphasizes that it is not enough for the dress to cover the private parts and to provide protection and adornment to the human body. The dress ought to be the dress of piety. It should be reasonably presentable and neither too shabby and cheap nor overly expensive and extravagant relative to his financial standing. Nor should dress smack of pride or hauteur, or reflect the pathological mental state in which men prefer

characteristically feminine dresses and vice versa, or that the people belonging to one nation mimic people of other nations to resemble them, thereby becoming a living symbol of collective humiliation and abasement.

**Fourth**, dress constitutes one of the numerous signs of God which is visible virtually throughout the world. When the facts mentioned above are carefully considered it will be quite clear as to why the dress is an important sign of God.

With this backdrop and the rulings of the Islamic Scholars, it is obvious that etiquettes of dress are given due consideration in the Islamic code of ethics. Some of the important guidelines of general dress code are outlined below that are equally applicable to healthcare workers at all levels;

- The dress should cover the whole body except the parts permitted by *Shari'ah*.
- It should neither be so thin (see-through dress) where it reveals the body parts nor so tight-fitting where it reveals the contours of the body.
- It should not resemble the dress, specific for the opposite gender. Men and women are prohibited to mimic the dress of the opposite gender.
- It should not imitate the dress precisely depicting the ideology of non-Muslims.
- Dress should be used with humility and should not be so expensive or decorative to become a potential source of arrogance.
- It should not be so grand to be a source of temptation to non-*mahram* and better be unadorned.

**Patients' examination:** The purpose of examining patients is to make a correct diagnosis and offer treatment to save lives and relieve hardships. The following may be considered while examining patients.

- The presence of another female or *Mahram* is essential during the

examination of female patients by male doctors.

- The seclusion of males and females should be strictly avoided. In the absence of a female attendant or *mahram*, one may ask for the presence of another female from staff or even the patient. However, confidentiality and consent should be given due consideration.
- Take care of gaze/heart and avoid looking at unauthorized parts as far as possible.
- Examine only the body parts that are necessary and relevant for assessment/diagnosis.
- Guide the patients to consult doctors of the same gender for examination where possible.
- Patients have the right to choose a care provider of their choice depending on the specific situation, specialty, experience, expertise and trust in the doctor.
- Physical assistance may be provided by the same-gender assistant or accompanying mahram however one may help himself/herself where needed.
- It is sometimes necessary to examine the body parts that are not supposed to be exposed to opposite gender as described in definition of ‘Satar’ and ‘Hijab’. In such situation the following shall be considered while there is a need to physically handle or look at the body parts of patients of the opposite gender during a medical examination or certain procedures;
  - It is permissible for men or women to look at the body of mahram (except for the aura) unless there is fear of sinful temptation.
  - Men and women can look at and touch all parts of same

gender (except for the aura) unless there is a fear of sinful temptation.

- Men and women may look at or touch the satar areas of opposite gender in case of dire necessity or considered essential for making a diagnosis.
- It is permissible for men to look at *non-mahram* women in essential healthcare needs or medical witnesses in court or similar important occasions/conditions.

### Conversation with opposite gender

The primary purpose of the conversation with patients and health care workers is to obtain required information for patients care. The following may be considered while communicating with the opposite gender,

- Good intention is the key and there should be no ulterior motives.
- The conversation should be purposeful and limited to professional needs.
- It should be professional and courteous outwards with a sense of piety inwards
- Irrelevant discussion and details should be avoided.
- Create a safe environment that does not have the potential of violating the guidelines.
- Creating a space for ulterior motive even while observing all etiquettes is hypocrisy and a great sin.
- Take care of gaze (eye and body language). Lustful gaze and body language must be avoided. This may sometimes be unintentional, take care of it.

- Female health care providers should avoid extreme softness and leniency in their tone. They should be rather firm, to the point, and straightforward to prevent any misunderstanding with the opposite gender. This does not mean to be rude or unkind.
- Male doctors should talk to female patients, in the presence of another female or a *mahram*.
- Take extra care while discussing sexual diseases and speak in terms that do not require the usage of explicit words. The use of seductive words must be avoided

### **Traveling, Workshops, Conferences, and Educational Meetings**

These activities have now become an essential part of students' education. The following guidelines may be useful in such activities;

- The trips should only be for essential educational / training needs.
- A male teacher may accompany the male and female teacher the female students.
- The accompanying teachers should preferably be senior and trustworthy faculty members.
- Boys and girls should preferably travel in separate groups.
- Etiquettes of dress code should be strictly observed during the trip.
- Travelling for education should preferably be restricted to "day trips"
- The trips may be avoided if education could be equally effectively imparted with alternate means / resources

The above may also be observed by students and staff while participating in medical conferences and other professional activities.

### **The ways and means of avoiding unnecessary gender interaction**

This is grounded on the principle of 'Blocking Pretenses' and can be implemented in some areas in the hospital/health care facilities and medical schools. The following measures may be considered:

#### **Hospitals and healthcare facilities**

- Inform and train staff on how to maintain the privacy of patients particularly during the visiting hours.
- Specify the time and duration of visiting hours and observe it strictly.
- Provide screens or curtains for each bed where possible.
- In the general wards where screen/curtain may not be available, the ward-staff should inform the female patients in advance that male attendants are going to visit their patients. It will provide them reasonable time to manage themselves.
- Buzzer/bell should be available at the entrance of female wards. The male doctors should ring the buzzer before entering the ward to provide the necessary time to female patients and their attendants to ensure their privacy.
- Male members should guard their gaze and ensure the privacy of patients while visiting female wards.
- It is preferable to have separate entry and exist of main premises of hospitals and wards.
- Providing separate waiting areas cafeterias and washrooms for males and females.
- Providing separate offices for male and female staff working in hospitals.

## Medical schools

- Make separate groups of boys and girls for laboratory work in college and clinical rotations in hospitals.
- Arrange lectures in separate classrooms. If that is not possible ensure separate seating arrangements in classrooms on the pattern of communal prayers in the Mosque, where males sit in the front and females in the back rows.
- It is preferable to have separate arrangements for libraries and dining. If that is not possible then specify separate tables/areas for males and females.
- Provision of separate common rooms, boarding, lodging, and transport for male / female students and staff.
- Provision of separate offices for male and female staff.
- Provision of separate lawns for boys and girls with comfortable seating and play arrangements. If separate lawns are not possible the playing time/days should be fixed for both genders.

## Social Media

*Shari'ah* encourages healthcare providers to acquire essential knowledge of new technologies that are helpful in the management of patients because it provides them an opportunity to keep abreast with the latest advances in the medical field. It does not forbid any means of communication for teaching, learning and management of issues. It includes the various means of social media. However, they should be aware of its evil potential/consequences and keep away from that. The interaction with *non-mahram* persons should be limited to professional use and needs only. The following may be followed in this regard in order of priority:

- If email can meet the requisite requirement, direct contact may be avoided.

- If the written statement does not clarify the issues, an audio call may be used for communication.
- Video calls may also be used but preferably in the presence of a *mahram* or another person of the same gender.
- Unnecessary questions about personal life should be avoided.
- The etiquettes of conversation stated above must be observed.
- Do not use social media if there is fear of sinful temptations.

There may be missing areas or difference of opinion in certain guidelines and the readers are advised to contact Islamic scholars for further guidance if required.

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## INSTRUCTIONS AND GUIDELINES TO AUTHORS

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Authors should submit a statement indicating that their opinions do not reflect the opinions or policies of the institutions with which they are affiliated, if required by those institutions.

Authors are also expected to submit a statement informing the editor of any commercial association that might pose a conflict of interest.

Below are the guidelines for authors submitting chapters for publication in the FIMA yearbook. These generally conform to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” established by the International Committee of Medical Journal Editors ([www.icmje.org](http://www.icmje.org)).

### **Submission of Manuscripts:**

Manuscripts must be submitted online at: [fimainfo@islamic-hospital.org](mailto:fimainfo@islamic-hospital.org)

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When a manuscript is submitted and accepted for publication, the author transfers copyright ownership rights to the editorial board of the FIMA Year Book.

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1. Manuscripts should be submitted in Microsoft Word format.
2. The body of the manuscript should contain its title, an abstract (see below) and key words, the text, acknowledgements, references, legends of tables and figures.
3. Each figure and table must be submitted separately as a supplementary file. Graphics must have resolution greater than or equal to 118 dots per centimeter/300 dots per inch (dpi). In addition, each table’s data should be submitted as a supplementary file.
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5. The abstract should be limited to 150 words and double-spaced, with the required margins and headed by the title of the article. Below the abstract, list three to five key

words or short phrases for indexing purposes. Whenever possible, use the terms from the Medical Subjects list of Index Medicus.

6. The text should be divided into appropriate headings:

Quoting Qur'anic verses and *Ahadith* are encouraged. If possible, cite the Arabic text first followed by the English translation. The quotation should be on a separate line in the text. It should be given a reference number in the text and listed in the reference section. See examples in the References section.

7. Use standard abbreviations only. Abbreviations should not be used in the title and should be avoided as much as possible in the abstract. In the text, abbreviations should be kept to a practical minimum. The full term for which a given abbreviation stands should precede its first use in the text, unless it is a standard unit of measurement. Consult Scientific Style and Format by the Council of Science Editors ([www.councilscienceeditors.org](http://www.councilscienceeditors.org)) or the American Medical Association's Manual of Style (<http://www.amamanualofstyle.com>).

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a. Standard journal article: List all authors if three or fewer. If more than three, list the first three authors followed by et al.

**Example:** Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002 Jul 25;347(4):284-7.

b. Organization as author:

**Example:** Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension*. 2002; 40(5):679-86.

c. No author given:

**Example:** 21st century heart solution may have a sting in the tail. *BMJ*. 2002; 325(7357):184.

d. Personal author(s) of books and monographs:

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e. Editor(s), compiler(s) as author:

**Example:** Gilstrap LC 3rd, Cunningham FG, Van Dorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

f. Author(s) and editor(s):

**Example:** Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

g. Chapter in a book:

**Example:** Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

h. Conference proceedings:

**Example:** Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumors V. Proceedings of the 5th Germ Cell Tumour Conference*; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

i. Newspaper article:

**Example:** Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post*. 2002 Aug 12; Sect. A:2 (col. 4).

j. Audiovisual material:

**Example:** Chason KW, Sallustio S. *Hospital preparedness for bioterrorism [videocassette]*. Secaucus (NJ): Network for Continuing Medical Education; 2002.

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**Example:** Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in *Arabidopsis*. *Proc Natl Acad Sci U S A*. In press 2002.

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**Example:** Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

m. Qur'anic Verse:

**Example:** The Glorious Qur'an: Mariam: 19: 54.

n. *Hadith* from printed volume:

**Example:** Ibn Hajar al-Asqalani. *Fath al-Bari bi-Sharh Sahih al-Bukhari (The Creator's Inspiration in Interpreting the Verified Collection of al-Bukhari)*. Cairo, Egypt: Al-Bahiyah Egyptian Press; 1930. Vol 11, p. 405.

o. *Hadith* from database:



**Example:**Sahih Al-Bukhari, Book 79, Kitaab al-Tibb, Chapter 1, Hadith 5354. [on-line]  
Available from: <http://www.muhammadith.org>.

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12. The term figure includes all types of illustrations such as graphs, diagrams, photographs, flow charts, and line drawings. Figures must be cited consecutively in the text with Arabic numerals. If photographs of patients are used, either the subjects should not be identifiable or written permission to reproduce them should accompany the submission.

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