

Islamic Medicine, Islamic Ethics and Islamic Medical Curriculum

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ISLAMIC KNOWLEDGE

There are four types of knowledge:

1. Qur'an and Sunnah: This is beyond any doubt for believing Muslims and divine knowledge from the Creator.
2. Empirical: This is from observation and experimentation e.g., dissection of human cadavers and observations. This type of knowledge is low in quality but high in quantity.
3. Intellect: Here the mind is used in deducing information from observed facts.
4. *Wahi*: This is very high in quality but low in quantity. This type of knowledge must be received by a Prophet or pious Muslim and must be in accordance to the Shariah. Westerners do not accept divine knowledge and always demand proof.

Other types of knowledge are doubtful e.g. inspirations, visions and dreams. The dreams of Prophets are true e.g. the dream of Ebrahim (AS) true when he was commanded to sacrifice his son, Ishmael (AS). Others must be treated with caution. Sorcery, astrology and other forms of magic are not acceptable in Islam as they are all from the whispering of *Shaytān*. Women tend to have a sixth sense or intuition. This must be considered as part of empirical knowledge. Where one is in doubt as to a decision, the Shariah has taught us to make *Ṣalāh al Istiḥārah*

ISLAMIC MEDICINE (Background)

There is much confusion on the concept of Islamic Medicine despite the fact that the topic has been debated for many years. Various

definitions and concepts have been proposed by different scholars, but the one that appears most accurate is: "Islamic medicine includes all remedies and medical practices that the Prophet (SAW) allowed, did not object to and that do not go against the Shariah and the Qur'an". This would include cupping, cauterization, and the use of the black seed and honey.

Much of the medical knowledge used by the Prophet (SAW) was derived from the ancient civilizations of India, China and Egypt. The Prophet (SAW) together with the *Sahābah* (RA) scrutinized this knowledge and used what was acceptable to Islam. To this was added that which the Prophet (SAW) said and did to effect healing. Although the Prophet (SAW) was not a full time physician, he practiced healing by the use of cauterization, honey and black seed (*Tibb Al Nabawi*). It has been stated that the Prophet (SAW) said that the black seed is a cure for all illnesses except death. The Holy Qur'an and numerous *Aḥādith* stress on the prevention of diseases, that physicians and hakims are only instruments in the curing of an illness and that Allah (SWT) alone that is the final healer.

The methods of *Tibb Al Nabawi* have been scientifically proven to be of value in the treatment of illnesses today. Many beneficial uses of honey and the black seed have been confirmed by research scholars and still require ongoing research. What was practiced by the Prophet (SAW) was beneficial for that period and continues to be a foundation for the total care of patients for all times. Although its relevance today cannot be denied, the conditions in the environment have changed with the emergence of new viruses and bacteria with a high degree of virulence, the discovery

of the human genome and a new understanding of disease and different modalities of treatment. This does not imply that the Prophet's (SAW) practices are redundant as he was inspired by divine revelation and never acted on his own thoughts and desires. Therefore, one is encouraged to seek further knowledge by doing relevant research that would result in the improved care of patients in current times.

The golden period of Islamic knowledge was reached during the Abassid period (between the 7th and 12th centuries), during which time scholars like Zaharwi, Ibn Sina and others excelled in medical and social sciences. Since these great scholars were well versed in Qur'ān and *Aḥādīth*, they added Islamic values to the Medicine they learnt from the Greeks and Romans, and created new knowledge, which was later used by the Europeans for over six centuries. After the 12th century there was a gradual decline in the contribution of science by Muslims. Some of the reasons for this decline can be attributed to their indulgence in unacceptable Islamic behaviour and they were being consumed by pride and arrogance. Further, the Mongols destroyed Islamic culture and knowledge by obliterating the vast reservoirs of books and the killing of many men and women of wisdom.

Muslim Medicine would mean all those remedies that Muslims practise, some of which may be acceptable and conform to Islamic requirements, while others may not. Islamic Medicine includes all those practices acceptable to Islam. It (Muslim Medicine) is Shariah compliant and includes the medical practices and preferences of the Prophet (SAW). In addition, the practices that the Prophet (SAW) remained silent about and did not categorically object to would be deemed as acceptable. In fact any Medicine can be made Islamic if one utilizes that which is Shariah compliant and removes that which is not, for example, if a laparotomy is to be Islamic, then it has to be performed in ways acceptable to the Shariah, *i.e.* this would mean taking due care to the handling of the body, exposing that part of the body which was absolutely necessary, and the

operation performed by a competent surgeon with minimal harm to the body.

ISLAMIC MEDICAL ETHICS:

Western medical ethics

Western ethical concepts include:

1. Pure Reasoning: When something is logical, it is considered moral and *the end justifies the means*.
2. Human Rights: Ethical judgments are made on human rights. The consequence of such action is not important.
3. Actions are acceptable if they are good for the community. The community's interest is most important. This is the only principle that is close to Islamic ethics.
4. Relationship-based theory: Whatever keeps the family together is ethical. This principle has many contradictions
5. Case-based theory. Here no concrete ideas are present and each case is determined on its own merit.

The principles of Western ethics are based on:

1. Autonomy
2. Beneficence
3. Non-maleficence
4. Justice

In summary, Western ethics is narrow whilst Islamic ethics is wide in scope. Western ethics lacks consistency as not everything morally correct is allowed, and not everything immoral is forbidden. There is no robust philosophy or theory. The *end justifies the means* and they tend to have many philosophies and approaches in practice.

Islamic Medical Ethics

Islamic law includes ethics and morals. Ethics and morality are part of the Islamic faith. Islam tends to understand problems with the intention of finding a solution, whereas

Westerners tend to litigate and be confrontational. In Islam, medical jurisprudence, has a much wider meaning and, therefore, carries more responsibility. Autonomy is highly respected in Islam as long as competency can be proved in the individual concerned.

In 1974 the 1st book on Western Ethics was written. This was then updated in the 2nd edition in 1994. The book gives guidelines on issues on Ethics. The utilitarian theory is that if something is acceptable to the majority of the people then it becomes ethical despite whether it is moral or not.

Islamic medical ethics is derived from divine sources. Islamic law is equal to ethics. The Holy Qur'ān and the Sunnah give ethics stability, *i.e.* the principles are steady and do not change. The purposes of Islamic medicine are the protection of religion, life, progeny, mind and wealth and the principles of Islamic ethics are intention, certainty, injury, hardship and custom. Whenever confronted with an ethical issue, healthcare professionals are advised to apply the above principles and purposes to the issue at hand. Under principles, *intention and certainty* would be above hardship and custom; whilst under purposes, the protection of religion and life would be above mind and wealth. The patient is regarded as the best person to make decisions concerning him/her especially if he/she is competent and has been adequately informed. He/She would do nothing to harm him-/herself whereas a spouse may be motivated for other reasons. If the patient is incompetent then the father would be asked to give consent. Justice is not mentioned in Shariah because it is part of *Adl* in Islam. In Western ethics justice is a special issue. In the issue of benefit versus harm, it is better to prevent harm than to have some benefit. The Shariah laws are very wide with regards to women. Wherever it concerns life, progeny, religion and mind; the Shariah laws relax if a hardship is encountered and tightens as soon as the hardship goes away.

Islamic *fatāwa* or decisions are case-based and the context and circumstances of each case is

looked separately. Issues are considered private and individualized.

- Islamic *fatāwa* are not generic and a particular *fatwa* may not be applicable to another country because of local laws and customs.
- *Fatāwa* have to comply with the Qur'ān and *Aḥādīth*, and the concept of *Iḥtibād* is to be employed when the Qur'ān and *Aḥādīth* are silent on certain issues e.g. contraception.
- The six schools of Islamic thought have to be taken into consideration and one should follow one of them.
- One has to look at the amount of benefit and harm not only to oneself but also to the community when taking a particular action. The act of preventing harm takes precedence over receiving benefit.

Islam is a simple religion and is not to be made difficult as the Prophet (SAW) has alluded to. Remember, as Muslims, you would be accountable to the law of the land and finally to Allah (SWT) in the Hereafter. If one has a problem, one needs to go to an Islamic jurist and have full trust in the guidance that is given. One is discouraged from 'Fatwa shopping' as this only complicates issues. Our intentions must be clear and we must be aware that our final accountability is to our Creator.

One has to accept the norms and laws of a country unless it contradicts the Shariah. In the definition of death or hospital policies on life support systems, the Muslim professionals should be in agreement on the issues of brain stem death and the exact definition of death.

Ethical issues relating to the dying and bed ridden persons

- The control of pain is important.
- Ensure comfort and cleanliness. Maintain hygiene and *wudhū* as far as possible

- Talk to them in a way that gives them hope. Respect the person and avoid neglect.
- Communicate with the person and the immediate relatives
- Treat Muslim and non-Muslim patients alike. Do not look at the social class, etc., when treating patients. You have the added responsibility of giving good advice and *Da'wah*.
- Visitors must spend minimum time with the ill to allow for others to visit and not to put the patient under any difficulty. In an Islamic hospital a unique system exists where you enter from one end and go out through another
- Make *du'ā* for the patient. The Prophet (SAW) made a *du'ā* for the sick and reminded the sick that Allah (SWT) is the ultimate Healer.
- Allah (SWT) accepts the *du'ā* of the sick and infirm according to authentic *Aḥādīth*, therefore when visiting the sick ask them in turn to make *du'ā* for you.
- Reminder of the remembrance of Allah (SWT) and *ṣalāh*. Prayer is accepted in various forms and the dying person needs to be reminded of this obligation
- Reciting the *Shahādah* is important as it is a reminder of death
- Ḥajj needs to be performed only by those that are in good health. Discourage the weak or frail as this as it is not obligatory on them.
- Emphasize the need for a will and testament if not done. One-third is distributed as you desire and rest of the two-thirds according to Shariah. If the dying person is legally competent at the time, then his/her bequest is acceptable.

Some specific ethical issues

- Examining female patients
When consulting patients of the opposite gender, make sure you have a chaperone especially when sensitive procedures are done.
- Husband/ wife consultations

If wife is competent then the husband should not interfere in the decisions concerning her health. If it affects her fertility, then the husband can be consulted. On other issues, the wife should inform the husband in order to maintain a harmonious marriage.

- The administration of cyclophosphamide in patients with Lupus and kidney involvement. This can result in infertility. Would this be allowed?
The life of the woman is of prime importance and if the drug is shown to benefit such patients beyond doubt, then it should be given. As far as the husband is concerned, he has a right to enjoy sexual intimacy and the fertility in the woman is not guaranteed. The Prophet (SAW), however, did remind us to marry young and healthy women with the intention that they would produce many children and thus increase the ummah.
- Do you operate to relieve obstruction of the ureters in a person with cancer of the pelvis?
If the funds allow for the procedure to be done, as this would relieve pain and suffering in the individual. On the other hand, if the chances of recovery in the immediate period are hopeless then the procedure is avoided. Preferably, two Muslim specialists should take the final decision.
- Confidentiality issues as far as the family of the acutely ill is concerned
One should confide in one or two people who are close to the person concerned and let them then give the news to the others. Avoid dealing with many members of the family as conflicting information can result.
- Female patients
As far as female patients are concerned, we are allowed to relax the rules if no female doctor with equivalent expertise is available. As far as possible a mature male must be seen by male doctor and females by female practitioners.
- Mortality rates are different in ICUs when dealing with similar cases. How does one explain this?

Each case is unique. One needs to do everything to save a life, but quality of life matters in Islam. If the outcome is poor in the opinion of two adequately qualified Muslim physicians, then treatment could be palliative as long as there is no doubt in the decision.

- How far does one go in medical intervention when one knows that the outcome is poor e.g. carcinoma of the colon with secondaries in the pelvis causing ureteric obstruction.

Again, if the funds allow for the procedure and there is no other more deserving case, then one would do that much to make the patient comfortable by relieving the obstruction. Then one leaves it to destiny or *Qadar*. The question of *Qadar* is best left with Allah as it is beyond human intellect.

ISLAMIZATION OF MEDICAL SCIENCES

Knowledge which adheres to Islamic values is acceptable to Muslims. In our quest in treating patients we must try our level best at all times yet knowing fully well of our limitations. Westerners aim to prevent death and feel that they have failed if this outcome is not avoided. The Islamic world view is different. Death is considered a transitory phase to a more everlasting life of the hereafter. This belief or conviction is firmly embedded in the hearts and minds of Muslims from an early age and therefore it becomes easy to accept the final outcome of someone's illness.

One has to be careful as to what is taught to junior doctors as you could be held accountable for their actions in the future. A good knowledge on leadership and skills is required. Although Islamic history books mention male scholars in detail, there have been many female Muslim scholars during the Abassid period. It is more a cultural issue and, therefore, their names do not appear in many texts. Islam is all about mannerism (*Aḥlāq*) and, therefore, interpersonal relationships are important.

A Muslim doctor has to be different from the conventional secular doctor. The Prophet (SAW) was a model to the whole world and we need to go back to the Qur'ān and Sunnah.

The curriculum is in its 10th year with the university seeking Islamic scholars from the best institutions in the world. Further, all those who join the staff are required to have a sound Islamic knowledge or are to do a course in Islamic studies prior to joining the staff of the university. The university integrates both Islamic and secular knowledge in all fields of medicine and in this way a dichotomy in teaching is avoided. Basic sciences are included in the medical curriculum.

Objectives

1. Contextual: Both the concepts of medicine and *Īmān* are emphasized. The student is made aware of Allah's creation of the universe and the equilibrium that exist in nature. Man is expected to harness this equilibrium and not destroy it.

2. All the basic pillars of Islam are discussed in great detail and its significance to Medicine. Further, issues such as Fertility, Contraception, Abortion, End of Life Issues and Organ Transplantation are taught in detail as they have a definite Islamic viewpoint.

Curriculum structure

- 1st year: Main concepts of *Aqīdah*, Islamic civilization, Evolution, etc. The Laws of Allah are explained. Medicine is discussed in the light of the Qur'ān and *Aḥādith*, and this tends to increase the *Īmān* of students. Discussions on every issue that is mentioned in the Qur'ān. Students are asked to contemplate on the creation and appreciate the many favours of Allah (SWT). The many signs of Allah are explained e.g. the beating of the heart, the alternation of night and day, etc
- 2nd year: Psychology: Mountains, Rivers, Trees, etc., are explained. Europeans would go to great efforts in appreciating the

wonders of creation yet their hearts are not receptive to the message of Allah (SWT)

- 3rd Year: Medicine and Islamic Law is discussed
- 4th Year: Islamic Society is discussed. This includes the family, neighbours, communities, the *masjid* and the greater Muslim *ummah*.
- 5th Year: Leadership in Islam and the importance of the Caliphate.

Some issues

- Are there any prescribed textbooks?
Yes. There are about 20 manuscripts which are summarized into one book. This summary is available on the internet.
<http://www.omarkasule.tripod.com>
The synopsis comprises some 500 pages, but there is no published book.
- Are all departments using the same manuscripts?
Yes. The basic principles are the same in every department but Islamic guidelines are given within the departments, e.g. in Orthopedics, if one is treating a fracture, then besides the conventional treatment, one would discuss how Muslims would be able to perform their Islamic duties e.g. $\text{ṣ} \square \text{alāh}$. Islamic guidelines are given with practical solutions.
- What is the daily students programme?
Informal programmes are held daily between Maghrib and Eshā' on Tafsīr of the Qur'ān and Aḥādīth, etc. On Fridays, compulsory Ḥalqa sessions are held at which Marriage, Tauḥīd, etc are discussed. Approximately 10 students take turns in addressing a topic under review. Guidelines are given as to how to conduct these sessions and include the reading of Arabic text and relevant Aḥādīth. All students are expected to dress modestly, conforming to Islamic guidelines. Further, students are made to feel responsible for their own behaviour.

- Has there been any follow up as to how these graduates compare to those from conventional medical schools?

No proper assessment has been undertaken although there is an indication that they are well received in the community compared to those from conventional schools. One needs to conduct a proper study and tract these doctors in the conduct of their practice and studies. This could be useful in the planning of future Islamic medical curricula.

- Staffing
50% are Malaysian and 50% are foreigners. All staff members are usually recommended and have established themselves with Islamic scholarship. Those who do not, are made to do a course in Islamic studies. They are expected to have good Islamic values so that they make excellent role models to those entrusted to their care as students.