



FEDERATION OF ISLAMIC MEDICAL ASSOCIATIONS

ISLAMIC HOSPITAL CONSORTIUM
PAKISTAN CHAPTER

ISLAMIC HOSPITAL GUIDELINES



Published by
Peshawar Medical College, Prime Foundation Pakistan
&
Pakistan Islamic Medical Association



ISLAMIC HOSPITAL GUIDELINES

All rights reserved. No part of this book, including articles, illustrations and photos, may be reproduced in any form, electronic or mechanical, including photocopying, recording and printing, or any other relevant means without prior permission from IHC Secretariat.

Published by

Peshawar Medical College, Prime Foundation Pakistan
&
Pakistan Islamic Medical Association



Collaboration
Health Directorate,
Alkhidmat Foundation Pakistan

Name: **Islamic Hospital Guidelines**

Editors: **Prof. Dr. Hafeez Ur Rahman
Prof. Dr. Aly Mishal
Prof. Dr. Najib Ul Haq
Dr. Ishak Mas'ud
Dr. Muhammad Irfan**

Publisher: **Peshawar Medical College,
Prime Foundation Pakistan
& Pakistan Islamic Medical
Association**

Website: **www.prime.edu.pk
www.pima.org.pk**

First Published: **2017**

Quantity: **1000**

Price: **1000 PKR**

ISBN: **978-969-7817-00-9**

We would like to acknowledge the help taken from

- "Outline: Ibadah Friendly Hospitals", Published by: Hospital Pakar Al-Islam, Kuala Lumpur - Malaysia
- "Guidelines for Human Development by UBM (Ubeidiya Business Model)" - Riphah International University, Islamabad - Pakistan
- "Shariah Advisory Board", Peshawar Medical College, Prime Foundation Pakistan.

Contents

Foreword	1
SECTION 1: Conceptual Framework	
Chapter 1: Islamic Hospital: An Introduction	5
Chapter 2: Islamic Hospital: Vision, Mission, Objectives & Basic Principles	15
Chapter 3: Fundamental Guidelines Of Islam	19
Chapter 4: Application Of The Principle Of Dharurah (Necessity) And Rukhsah (Concession) In Medicine	25
SECTION 2: Practical Guidelines	
Chapter 5: Performing Ibadah In Islamic Hospital	39
Chapter 6: Architectural Design Of An Islamic Hospital	53
Chapter 7: The Running Of An Islamic Hospital	57
Chapter 8: Teaching Of Medical Students In An Islamic Hospital – SOPs	75
Chapter 9: Human Resource Development & Training At Islamic Hospital	81
Chapter 10: Financial Management	95
Chapter 11: Recruitment / Selection Policy & Performance Evaluation Of Hospital Staff	103
Chapter 12: Training & Development	111
Chapter 13: Social Affairs Unit	121
Chapter 14: Guidelines For Gender Interaction In Hospitals	125
Chapter 15: Interaction Of Hospitals And Working Doctors With Pharmaceutical Companies	133
Checklist For Hospital	139

Foreword

The concept of Islamic Hospital Consortium (IHC) was first presented in FIMA Council meeting at Beirut by the then FIMA (Federation of Islamic Medical Association) president, Prof. Dr. Mohammad Azhar Khan (Late). The official inauguration took place in Islamabad in 2001 and Prof. Dr. Aly Mishal was appointed as Chairman of this consortium. Later on, a regional IHC of South East Asia was developed under the leadership of Dr. Ishak Mas'ud, Director of Hospital Pakar Al-Islam, Kuala Lumpur, Malaysia.

The main objective of this consortium is to bring all like-minded hospitals under one umbrella and develop systems to make these hospitals as state of the art, sharia compliant, health care providers.

Pakistan Islamic Medical Association (PIMA), Prime Foundation and Alkhidmat Foundation have around fifty small and large hospitals in Pakistan. These organizations desired to adopt Islamic hospital concept in their hospitals and had a detailed meeting in November 2015 at Peshawar Medical College, Peshawar. A task group was constituted to prepare guidelines for the hospitals that are willing to adopt this concept. It was also decided to conduct a two days seminar on this concept in March 2016 annexed to PIMA Biennial Convention at Peshawar Medical College. Around 135 nominees of around 50 hospitals across the country attended this seminar. Eminent scholars from five different countries, including Prof. Dr. Aly Mishal and Dr. Ishak Mas'ud, delivered structured lectures on various aspects of this concept. The deliberations of the seminar have been incorporated, by the task group, in this book,

which is based on the guidelines for IHC.

Through this book, we hope to share the guidelines based on the methods employed to implement the concept of 'Islamic Hospital' at member hospitals of IHC. Although, there will always be room for improvement, but those who wish to adopt these guidelines, will find the book beneficial, Inn shaa Allah.

I would like to acknowledge the efforts of Prof. Dr. Muhammad Subhan, Dr. Mohammad Sardar, Dr. Shams ul Haq Hanif, Prof. Dr. Tahir Chaudhury, Dr. Syed Iftikhar Hussain, Dr. Abdul Samad and Dr. Muhammad Ishaque for the compilation of this book.

My special thanks to Mr. Abdul Latif Khan Gandapur and Mrs. Zahra Ali for proofreading and valuable advices.

May Allah ﷻ, the source of all knowledge, wisdom, healing and blessings, bestow His healing and happy recovery upon all our patients and upon ourselves.

وَسَأَلُ اللَّهَ أَنْ يُعَلِّمَنَا مَا يَنْفَعُنَا
وَأَنْ يَنْفَعَنَا بِمَا عَلَّمَنَا وَبِزِدْنَا

"We ask Allah to give us ability to do what is beneficial for us And to benefit us from with what we know and increase it for us".

Prof. Dr. Hafeez Ur Rahman

Vice Dean Academics, Peshawar Medical College
& Chairman Health Board,
Alkhidmat Foundation- Pakistan

A decorative graphic consisting of a horizontal teal bar with a dark teal arrow pointing right on the left side, a dark teal arrow pointing left on the right side, and a large teal diamond shape on the far right containing the number 1.

Section

1

CONCEPTUAL FRAMEWORK

Islamic Hospital: An Introduction

Why “Islamic” Medical Institutions?

When you attach the prefix “Islamic” to a Medical Institution (college or a hospital etc) it immediately raises a question; “why?” The term Islamic appears to be an unrequired phrase to many because of the basic flaw in the understanding and interpretation of Islam.

A secular person may consider Medical Education and Health care to be “value neutral” without any interference and even relevance to any religion including Islam. The same may be true with many Muslim professionals. They may believe that religion (Islam) is a personal matter and has no relevance to their professional life. They might consider that practicing certain rituals of Islam (Ibadah) like Salah (Prayers) and Soam (Fasting) etc. may be enough to fulfill their obligations as Muslim. However, others may believe “Ibadah” is much beyond that and includes all their actions at personal and community level including performing their professional duties.

Allah ﷻ says in Quran:

وَمَا خَلَقْتُ الْجِنَّ وَالْإِنْسَ إِلَّا لِيَعْبُدُونِ (الذاريات-٥٦)

“I have not created Humans and Jinns except for doing my Ibadah (worship)”.

If the only purpose of human creation is “Ibadah” then are we violating Allah’s commands by examining patients and even learning Medicine? The answer to this has been explained by Muslim scholars that “all human actions are considered Ibadah provided these are in accordance with the basic principles of Islam and are done with the ultimate objective of pleasing Allah ﷻ”. The verse therefore not only clarifies the purpose of creation of human beings but also the scope of their actions. This also clarifies that Ibadah is not limited to its traditional interpretation of certain Islamic rituals as mentioned above. It applies to all our actions including practicing and teaching Medicine. That is why the term Islamic can be attached to all such institutions of Muslims where they want to achieve the objective of gaining the pleasure of Allah ﷻ through their professional work. It is a paradigm shift.

Islamic Hospitals: Concept & Contemporary Applications

In past Islamic civilization, hospitals were looked upon as health institutions for comprehensive care of the sick, from physical, social and psychospiritual aspects^{1,2}.

The main motive for Muslims to establish and operate hospitals (used to be termed Marizistans or Bimaristans) was to serve humanity and alleviate human suffering and misery, as a way to seek the blessings of Allah¹ ﷻ. Pious individuals and rulers sought

¹ Usbybia IA. Uyun al anbaa fi tabakat al atibbaa (ed). August Muller, Kairo-Konigsbad. 1882-84 (Arabic). Beirut-Lebanon: Dar Maktabat Al Hayat; 1965.

² Gibb HAR, Kramers JH. Maristan: shorter Encyclopedia of islam (eds). Ithaca, NewYork: Cornel University Press; 1965.

to please their Creator by caring for His creation, in fulfillment of the Ayah

وَلَقَدْ كَرَّمْنَا بَنِي آدَمَ (اسراء: ٧٠)

"... And we honored the children of Adam...",

And the Prophet's ﷺ saying:

وعن أبي هريرة رضي الله عنه: أَنَّ رَسُولَ اللَّهِ ﷺ، قَالَ: إِذَا مَاتَ الْإِنْسَانُ انْقَطَعَ عَمَلُهُ إِلَّا مِنْ ثَلَاثٍ: صَدَقَةٍ جَارِيَةٍ، أَوْ عِلْمٍ يُنْتَفَعُ بِهِ، أَوْ وَلَدٍ صَالِحٍ يَدْعُو لَهُ (مسلم)

"After the death of the individual, his actions come to an end except in respect of three matters that he leaves behind: sadaqah jariyah (a continuous charity), knowledge from which benefit could be derived, and a pious child who makes du'aa (supplication) for him".

Traditionally, hospitals were established by God-fearing, pious Muslim individuals and rulers of Islamic states¹⁻⁵.

The concept of the *WAQF* institution was developed very early in Islamic history^{6,7}. It is an endowment system, that provides pious donations, zakat and sadaqat for various charity and welfare aspects

¹ Usbybia IA. Uyun al anbaa fi tabakat al atibbaa (ed). August Muller, Kairo-Konigsbad. 1882-84 (Arabic). Beirut-Lebanon: Dar Maktabat Al Hayat; 1965.

² Gibb HAR, Kramers JH. Maristan: shorter Encyclopedia of Islam (eds). Ithaca, New York: Cornell University Press; 1965.

³ Hamarneh SK. Development of Hospitals in Islam. J Hist Med Allied Sci 1962; 17:366-84.

⁴ Al Said AAR. Islamic hospitals: from prophetic to the Ottoman eras (Arabic). Amman, Jordan: Dar Al Dhiaa; 1987.

⁵ Al Daqmaq. History of Bimaristans. Bolaq, Egypt: Kitab Al Ansar Liwasitat Aqd Al Amsar; 1939.

⁶ Jones WR. Waqf, Maristan and the clinical observation of disease. Kuwait: Ministry of Public Health; 1981.

⁷ Gibb HAR, Kramers JH. Waqf: Shorter Encyclopedia of Islam (eds). Ithaca, New York: Cornell University Press; 1965.

of community life, including establishment and maintenance of health institutions in a milieu of spiritual-charity-worship attitudes, inspired by Islamic teachings of grace and welfare for all.

Health care in dignity was looked upon as a basic right for all community members.

Parallel to that, the *HISBAH* (interpreted as advocating good and avoiding evil) system was implemented in various aspects of life, including health-care^{4,8}. This system was the true application of quality standards of modern times.

Both *WAQF* and *HISBAH* systems were managed by distinguished, pious, knowledgeable and wise persons.

The physical structures of Islamic hospitals and their furnishings, especially those established by rulers, were distinct and luxurious. Some of them were similar to elegant palaces^{3,4,8}. No doubt this generosity in establishing and maintaining hospitals was inspired by religious motives of welfare and “Ehsan” to the needy and destitute, as the glorious Qur’an states:

لَنْ تَنَالُوا الْبِرَّ حَتَّى تُنْفِقُوا مِمَّا تُحِبُّونَ وَمَا تُنْفِقُوا مِنْ شَيْءٍ
فَإِنَّ اللَّهَ بِهِ عَلِيمٌ (آل عمران- ٩٢)

“You shall not attend to virtue unless you spend for the welfare of the poor from the choicest part of your wealth”.

³ Hamarneh SK. Development of Hospitals in Islam. J Hist Med Allied Sci 1962; 17:366-84.

⁴ Al Said AAR. Islamic hospitals: from prophetic to the Ottoman eras (Arabic). Amman, Jordan: Dar Al Dhiaa; 1987.

⁸ Beck AI. History of Bimaristans in Islam (Arabic). Damascus: Press of Jamiyyat al-tamaddun, Al Islami; 1939.

Early historians described hospitals in major Islamic cities to be as elegant as palaces. They had wide rooms, recreation areas, fresh water supply, baths, pharmacies, masjid, library and lecture halls, and housing for medical trainees and house staff.

Men and women were admitted to separate wards, irrespective of race, religion, social status or whether the patient was a local citizen or visitor. No-body was ever turned away.

Patients with medical or surgical conditions, fevers or eye diseases, had separate wards.

For the first time in history, Islamic Hospitals maintained medical records of patients that documented aspects of care.

A historical account of the Mansouri Hospital in Egypt described all that, and documented that the hospital had a masjid for Muslims and a chapel for Christians.

Finances and administration were all shouldered by the *WAQF* system, the state, pious rulers or individuals. *WAQF* establishment included properties or businesses designed with arrangements to finance hospital expenses and even to grant some patients sums of money when they leave the hospital.

An illustrative model of this concept was a *WAQF* document in the 12th century Egypt, in which we read:

“The hospital shall keep all patients, men and women, until they are recovered. Cost of therapy shall be borne by the hospital, whether the people come from afar or near, whether they are residents or foreigners, strong or weak, low or high, rich or

poor, employed or unemployed, blind or sighted, physically or mentally ill, learned or illiterate. No conditions of consideration and payment. The entire service is provided through the magnificence of Allah ﷻ, the Most Generous”⁹.

Moreover, Islamic hospitals were centres of medical knowledge, research, teaching and training of generations of new medical practitioners. They were medical schools by all standards.

Leaders in medicine and surgery used the existing scientific information of medicine of the time, and added their own observations, experiments and skills.

As for remunerations of physicians, this was generously provided by the *WAQF* administration, the state or rulers. This included, at various scales, leading physicians as well as trainees.

Authentic sources indicate the annual income of Jibrail ibn Bakhtishu, who was the chief of staff at Baghdad’s main hospital, as recorded by his own secretary, was 4.9 million dirhams. His son, also a leading physician, lived in a house in Baghdad, that was air-conditioned by ice in summer, and heated by charcoal in winter!

It will be pertinent to refer to most famous medieval era hospitals established by Muslims.

Al-Nuri Hospital

In 1154, Nur-al-Din Zangi built a hospital in Damascus which was called Bimaristan al-Nuri, or al-Zangi. The Nuri hospital in Damascus was a major one from the time of its foundation in the middle of the 12th century well into the 15th century, by which



time the city contained 5 additional hospitals. Medicine and food was provided free. There were separate male and female wards and different wards for different diseases, including an oculist unit, a ward for blind and a separate leprosy unit. These are some of the features of this 12th century hospital.

Great Bimaristan al-Mansuri Cairo

In the 12th century, Saladin founded the Nasiri hospital in Cairo, but it was surpassed in size and importance by the Mansuri, completed in 1284 (638 H) after eleven months of construction. The Mansuri hospital remained the primary medical center in Cairo through out the 15th century.

Mansuri Hospital in Cairo was completed in 1248 CE under the rule of the Mameluke ruler of Egypt, Mansur Qalaun. The hospital garnered many endow-



ments for its functioning. According to Nagamia, men and women were admitted to different wards, and no attention was paid to religion, race or creed. Following the tenets of the Waqf document, no one was turned away and there was no limit to how long patients could stay.

Will Durant states in story of civilization about Bimaristan al- Mansuri;

“Within a spacious quadrangular enclosure, four buildings rose around a courtyard adorned with arcades and cooled with fountains and brooks. There were separate wards for diverse diseases and for convalescents; laboratories, a dispensary, out-patient clinics, diet kitchens, baths, a library, a chapel, a lecture hall, and particularly pleasant accommodations for the insane. Treatment was given gratis to men and women, rich and poor, slave and free; and a sum of money was disbursed to each convalescent on his departure, so that he need not at once return to work. The sleepless were provided with soft mu-

sic, professional story-tellers, and perhaps books of history.”

Muslims are in fact the pioneers in development of the institution of Hospitals. The Hospital, as it was perceived by Muslims in the beginning, is an institution open to everyone irrespective of cast, creed or religion. However the hospitals built by Muslims did have their Islamic identity. Our hospitals should also reflect the same identity. May Allah ﷻ provide resources to us so that we can provide some of the facilities that we used to provide 700 years ago.

Islamic Hospital: Vision, Mission, Objectives & Basic Principles

VISION

A Hospital with excellent professional services to the community in accordance with the principles of Islam.

MISSION

- To contribute to health care and treatment from an Islamic perspective.
- To provide health care services at an affordable cost.
- To instill a sense of responsibility and trust in every staff member in the Hospital, and that they consider their duty as an Ibadah and Amal e Saleh.
- To contribute to the society through comprehensive missionary activities, especially in the health education sector, in order to help the community become healthier and well-balanced, and to make the hospital a platform for Dawah.

OBJECTIVES

- To provide an understanding of Islam as a comprehensive way of life.

- To explain the concept of Ibadah (worship) in Islam.
- To create awareness among staff members that their job is an Amanah (trust) from Allah ﷻ.
- To enhance self-esteem and commitment to Islam.
- To work collectively and collaboratively to gain the pleasure of Allah ﷻ (Mardhatillah).
- To improve the overall services of the hospital in line with "Muslims are the chosen ummah".
- To translate Islam as a 'mercy for all mankind'.
- To become the first choice hospital for the community.
- As part of translating the program of Dawah through modeling in health services.
- Integrating Dawah Program with business and seeking the pleasure of Allah ﷻ.

BASIC PRINCIPLES

1. Excellence:

Islam emphasizes on doing a job with excellence. The Prophet ﷺ said,

عَنْ هِشَامِ بْنِ عُرْوَةَ، عَنْ أَبِيهِ، عَنْ عَائِشَةَ، أَنَّ النَّبِيَّ ﷺ، قَالَ أَزْهَقُوا الْقُلَّةَ، قَالَ أَبُو حَفْصٍ يَعْْنِي مُطَيَّنٌ، أَيْ اذْنُوا إِلَيْهَا، فَإِنَّ النَّبِيَّ ﷺ، قَالَ إِنَّ اللَّهَ تَبَارَكَ وَتَعَالَى يُحِبُّ إِذَا عَمِلَ أَحَدُكُمْ عَمَلًا أَنْ يُتِقَنَهُ
(البيهقي في الشعب الإيمان)

"Indeed Allah loves that when one of you does a

deed, he should do it with excellence”.

2. Fear of Allah:

This has been explained in the famous “Hadith Jebriel” about Islam and Iman and when he asked the Prophet ﷺ he answered;

أَنْ تَعْبُدَ اللَّهَ كَأَنَّكَ تَرَاهُ فَإِنَّكَ إِنْ لَا تَرَاهُ فَإِنَّهُ يُرَاكَ (مسلم)

“When you do Ibadah consider that you are seeing Allah (and doing your action in front of him) and if you cannot do that then consider that Allah is seeing you”.

When a job is done properly due to fear of Law (external control) only, then people try to erode it when they lose the supervision and get a chance. However, when there is fear of Allah (internal control), then a person tries to put all his efforts to complete the desired task irrespective of the supervision and rewards in this world.

3. Responsibility:

The prophet ﷺ said,

عَنْ عَمْرِو بْنِ شُعَيْبٍ، عَنْ أَبِيهِ، عَنْ جَدِّهِ، قَالَ قَالَ رَسُولُ اللَّهِ ﷺ
مَنْ تَطَبَّبَ، وَلَمْ يُعْلَمْ مِنْهُ طَبُّ قَبْلَ ذَلِكَ، فَهُوَ ضَامِنٌ (ابن ماجه)

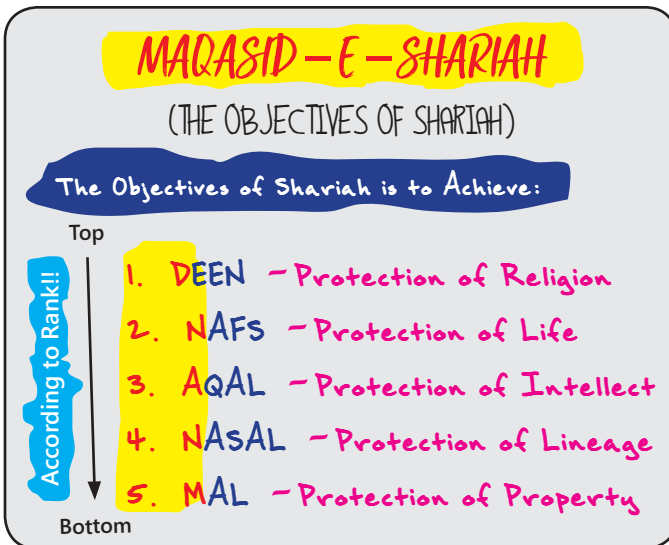
“The one who practices medicine with out having (appropriate) knowledge about that he stands answerable (for his action)”.

Fundamental Guidelines Of Islam

MAQASID-E-SHARIAH

Maqasid-e-Shariah (The purposes of Shariah) serve as a guideline to help the practitioner distinguish whether or not a procedure or practice lies in-line with the requirements of Islam.

The term Maqasid-e-Shariah means, 'the main objectives of Shariah'. These are sorted by scholars based on the principle of taking all that is good (Maslahah) and rejecting the difficulties (Mashaqah). They have also explained the order in which these goals are applied, based on their importance.



To perform duties in accordance with the guidelines of Islam, the medical staff must comply with the following five fundamental objectives of Shariah, in the same order given below:

1. Preserving Religion (حفظ الدين)

To preserve the Deen should be the top priority of medical practitioners in every decision taken during the treatment of patients.

2. Preserving Life (حفظ النفس)

The purpose of medical science is to maintain and ensure the best quality of life in order to serve Allah ﷻ in the best way.

3. Preserving Intellect (حفظ العقل)

The medical staff is responsible for helping to preserve the intellect and sanity of the patient in all decisions and actions to be taken. This includes issues related to mental and psychological health, such as consumption of alcohol and drugs.

4. Preserving Lineage (حفظ النسل)

It must be ensured that the lineage of the human race and the institution of family is protected and preserved. This includes matters such as pregnancy, antenatal care, childbirth and postnatal care.

5. Preserving Wealth (حفظ المال)

Wealth and property is a trust from Allah ﷻ. It has been placed in the hands of mankind, and they shall be answerable for it in the future life. The health professionals should take care of the wealth of the patient and must avoid unnecessary expense as they will be answerable to this act.

QAWAID-E-SHARIAH (ISLAMIC LEGAL MAXIMS)

The implementation of Maqasid-e-Shariah is based on the following five key principles in Qawaid-e-Shariah (Islamic Legal Maxims).

1. Intention

(التقصد)

Everything should be done for the sake of Allah ﷻ alone as the person will be judged according to his intentions.

2. Conviction

(اليقين)

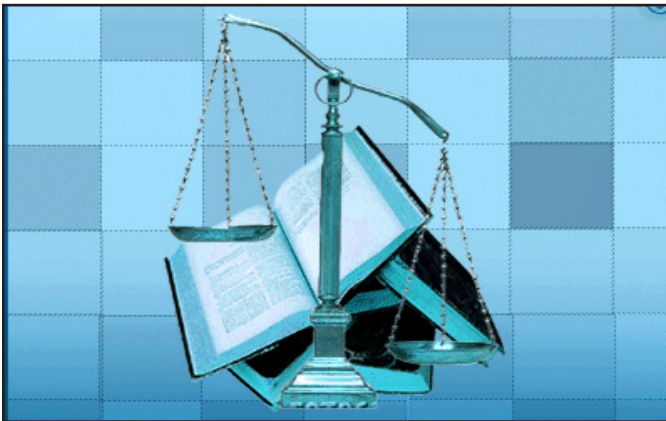
There should be a high level of belief and conviction when taking any step. Predominant conjecture is desired.

3. Harm (injury)

(الضرر)

Some principles that must be understood in this regard are as follows:

- i. In case of injury, aid should be given to help in healing.



- ii. An injury should not be helped in a way that ultimately gives the same effect.
- iii. Prevention comes first in medicine.
- iv. When there are two choices, opt for the one that contains less harm.
- v. Community interests are placed above the interests of individuals.
- vi. Perform Istikharah prayer if you are finding it difficult to make a choice.

4. Hardship

(البشقة)

- i. Hardship permits us to do something which is otherwise not permissible in Shariah.
- ii. When we are compelled to do something contrary to the Shariah, there should be a limit to it and it should not be prolonged.
- iii. When faced with hardship, it is not permissible to give responsibility/liability to someone else.

5. Custom

(العرف)

The treatment of a disease should be done according to prevalent standards if not contradictory to shariah.

These five principles can help the medical personnel fulfill the Maqasid-e-Shariah in their daily tasks.

DHUWABET AL SHARIAH (REGULATIONS)

These regulations are more focused and have narrow scope, and deals with one chapter of Fiqh. These are

1. **Competence** (اتقان)
2. **Excellence** (احسان)
3. **Balance** (توازن)
4. **Trust** (امانة)
5. **Criticism** (احتساب)

The physician must have technical competence (اتقان) and aim at excellence and quality work (احسان). he must have balance (توازن) in actions and attitudes. He must realize that he is carrying a great trust (امانة) and must continuously undertake self criticism (احتساب).



Application Of The Principle Of Dharurah & Rukhsah In Medicine

Islam is a complete code of life. Like any other professional, it is essential for any Muslim to have the basic minimum knowledge to practice the following four areas in the approved manner of Islamic teachings;

Faith (*Imanyat*); Divine worship – (*Ibadah*); Dealings - particularly with human beings (*Muamilat*); and relevant Islamic knowledge to practice his/her profession in line with principles of Shariah.

A Muslim Physician is not expected to be a care free person. He is expected to fulfill his responsibilities with full devotion and take care of all people irrespective of colour, race, religion and gender. He is obliged to take into account the sensitivities of faith and beliefs of all people including those of Muslim patients.

Islam is a practical religion. It is a religion that takes care of natural human needs and creates easiness for people. It is not a religion of hardships. Allah ﷻ has said the same in many places in Quran. Few example are quoted below;

لَا يُكَلِّفُ اللَّهُ نَفْسًا إِلَّا وُسْعَهَا (البقرة- ٢٨٦)

“Allah does not burden any human being with a responsibility heavier than he can bear.”

وَقَدْ فَصَّلَ لَكُمْ مَّا حَرَّمَ عَلَيْكُمْ إِلَّا مَا اضْطُرُّتُمْ إِلَيْهِ (الانعام-119)

“He has forbidden you unless you are constrained to it”.

فَاتَّقُوا اللَّهَ مَا اسْتَطَعْتُمْ وَأَسْجِعُوا وَأَطِيعُوا وَأَنْفِقُوا خَيْرًا لِأَنْفُسِكُمْ (التغابن-19)

“So hold Allah in awe as much as you can, and listen and obey, and be charitable”.

The Prophet Muhammad ﷺ has also emphasized the same in many of his sayings (Ahadith). He said;

يَسِّرُوا وَلَا تَعَسِّرُوا، وَبَشِّرُوا وَلَا تَنْفِرُوا (بخارى)

“Create easiness and do not create hardship and give them good tidings and do not make them run away”.

إِنَّ اللَّهَ يُحِبُّ أَنْ تُؤْتَى رُحْمَهُ كَمَا يَكْرَهُ أَنْ تُؤْتَى مَعْصِيَتُهُ (البيهقي، صحيح ابن خزيمة وابن حبان)

“Allah likes concessions (easiness) as much as he dislikes sins”.

إِنَّ خَيْرَ دِينِكُمْ أَيْسَرُهُ، إِنَّ خَيْرَ دِينِكُمْ أَيْسَرُهُ (ادب المفرد، مسند احمد)

“The best about religion is its easiness and concessions”.

The doctrine of Islamic jurisprudence (Fiqh) is based on the same principles. It tries to create easiness for people within the limits defined in Shariah and avoids hardship.

Islam categorizes Human actions into Halal (Lawful / Permissible) Haram (Unlawful / Forbidden) and Mabah (Admissible). The ultimate objective is the overall benefit to humanity, through which the pleasure of Allah ﷻ is achieved. Based on Halal and

Haram, Allah ﷻ has clearly defined limits in certain areas. Allah ﷻ said in Quran:

تِلْكَ حُدُودُ اللَّهِ فَلَا تَقْرَبُوهَا (البقرة-١٨٤)

“These are the limits of Allah, so don’t go near them”.

تِلْكَ حُدُودُ اللَّهِ فَلَا تَعْتَدُوهَا وَمَنْ يَتَعَدَّ حُدُودَ اللَّهِ فَأُولَئِكَ هُمُ الظَّالِمُونَ

(البقرة-٢٢٩)

“These are the limits set by Allah; do not transgress them, and those who transgress the limits of Allah are the wrongdoers”.

So it is obvious that on one hand we should be aware of the situation (*Dharurah*) where mitigation (*Rukhsah*) is required while on the other we must also know our limits of application of this important principle. Thus it is important to know;

1. Dharurah – Definition, levels and classification
2. Rukhsah – Definition and types
3. Application of Rukhsah in some medical issues.

Dharurah (Necessity)

Definition: Most of the scholars of Islam (*Fuqaha*) have defined this as “situations that would lead to severe disruption of life and would thus necessitate the use of an otherwise forbidden action or thing”¹.

Imam Shatibi, Wahabt Alzuhailee and Mufti Taqi Usmani (may Allah’s mercy be on them) have also expressed similar views. The purpose is protection of Higher Intents (*Maqasid*) of Shariah in situations of

¹ Haider A. Durar-ul-Hukaam. Riyadh, Kingdom of Saudi Arabia: Dar Aalim-ul-Kutub; 1991. p.1-38.

hardship i.e. protection of Deen, Life, Progeny, Intellect and Wealth.

Thus we also need to know what is Hardship? It will enable us to apply the principle of Rukhsah accordingly.

Hardship

Hardship is any situation that would create some level of difficulty in performance of an action. According to the level of difficult hardship can be categorized into three levels;

1. **Maximum Level:** In this level, there is a definite threat to loss of life or a vital organ of the body. Availing Rukhsah has been declared mandatory in such situations. It temporarily allows use of forbidden / unlawful means and objects to save life.
2. **Moderate level:** This level is not life threatening but severe enough that is out of proportion to the routine hardship in life. In such situation one may opt to avail the concession permissible in the specific conditions or decide to continue with bearing the hardship. In this level of mitigation, an action may be allowed but use of unlawful substances and actions is not allowed².
3. **Minimum level:** This is the level of minimum hardship that one faces in day to day matters and which can be easily tolerated without any significant harm. Rukhsah (Mitigation) is not allowed in this level of hardship.

The severe level of hardships are grouped under

² Qasmi MI. Jadeed Fiqhi Mabahis. Karachi: Idarat-ul-Quran-o-Uloom Islamia; 2009. p.9.

Dharurah while the moderate level as “Hajah”. It is important to understand this categorization because in the first one, use of “unlawful” may be allowed; while in second level, mitigation is optional and does not justify use of unlawful things or actions; while in the third level of hardship, mitigation is not allowed.

Principles of removing Hardship

1. No Harm - Do not harm and don't get harmed

لَا ضَرَرَ وَلَا ضِرَارَ (الموطأ للإمام مالك بن أنس)

This is part of a Hadith of the Prophet Mohammad ﷺ which provides the basis for many other rules.

2. Hardship is to be removed.

الضَّرُّ يُزَالُ (الأشباه والنظائر لابن نجيم البصرى)

3. Hardship brings easiness.

الْمُسْتَقَّةُ تُجِدُّ التَّيْسِيرَ (الأشباه والنظائر لابن نجيم البصرى)

4. A bigger Hardship is to be removed by a smaller hardship.

الضَّرُّ الْأَشَدُّ يُزَالُ بِالضَّرِّ الْأَخْفِ (شرح القواعد الفقهية لأحمد الزرقا)

5. A hardship cannot be removed by an equal hardship

الضَّرُّ لَا يُزَالُ بِشِثْلِهِ (الأشباه والنظائر لابن نجيم البصرى)

6. Necessity allows the use of prohibited things

الضَّرُورَاتُ تَبِيحُ الْمَحْظُورَاتِ

(التحبير شرح التحرير في أصول الفقه لعلی البردای)

7. Allowance of prohibitions is limited to the extent (and specific time) of need.

الضَّرُورَاتُ تَقْدَرُ بِقَدْرِهَا (شرح القواعد الفقهية لأحمد الزرقا)

8. Whatever is allowed (authorized) by an excuse, shall be forbidden by the removal of that excuse.

مَا جَازَ لِعُدْوٍ بَطَلَ بِرُؤَيْهِ (الأشباة والنظائر لابن نجيم البصرى)

9. In (absolute) necessity all forbidden things are allowed.

جَبِيحُ الْحَرَمَاتِ تَبَاهٍ بِالضَّرُورَةِ
(العزیز شرح الوجیز المعروف بالشرح الكبير للإمام القزوينی)

10. Nonmaleficence will take priority on Beneficence. [Removing harm will be preferred over providing benefit (and leaving the harm as such)]

دُرُءُ الْمَقَاسِدِ أَوْلَى مِنْ جَلْبِ الْبَصَالِحِ
(الأشباة والنظائر لسجلال الدين السيوطی)

11. Long standing customs can become the basis of orders.

الْعَادَةُ مُحْكَمَةٌ (الأشباة والنظائر لابن نجيم البصرى)

Rukhsah

Definition: Rukhsah can be defined as “temporary permission of an otherwise non-permissible or prohibited action in a particular situation as per the essential requirements, in the larger interest of human beings”.

Purpose (Objectives) of Rukhsah: The main purpose is protection of higher intents of Shari-ah i.e. Deen, Life, Intellect, Progeny and Wealth.

Categories of “actions” allowing Rukhsah:

Human actions can have many levels and types. For purpose of Rukhsah these can be divided into three categories.

a. Actions that could lead to loss of life or a vital organ. This is a clear and doubtless indication of Rukhsah. This is called *Dharar*. Availing Rukhsah has been declared mandatory by *Fuqahah* in such situations and have grouped it under the term "*Iztirar*".

b. Actions that may result in difficulty. In this category one may experience more than usual difficulty but there is no significant threat to life or loss of a vital organ. Rukhsah is allowed in situation but the option of endurance (*Azimah*-عزيمة) i.e. accepting and continuing in the situation may also be availed. These are called *Hajah*.

c. Recommendable actions. Actions in which there is no or little difficulty only. Rukhsah is not allowed in such situation and these are called *Tahseeniat*.

Principles of application of Rukhsah in Islamic Jurisprudence (Fiqh)

There are many basic rules for decision making in Fiqh and these can be applied as guiding principles in availing Rukhsah in a particular way in a particular situation when faced with hardship^{3, 4}.

There are basic principles that would determine availing and continuing Rukhsah in a specific condition. Some important ones are outlined below;

1. It is an exception and not a general rule. Rukh-

³ Ghazi MA. Qawaid, kuliya aur unka aaghaz-o-irtiqa. Islamabad: Shariah Academy, International Islamic University; 2016. p. 116-81.

⁴ Nouman M. Qawaid-ul-Fiqha. Karachi: Idarat-ul-Maarif; 2014. p.107-36.

sah is generally restricted to a particular situation and cannot be used as analogy for other issues / situations.

2. **Decision is to be based on merit of each situation.** Each situation and issue has to be judged independently for the purpose of permissibility under Dharurah.
3. **Level of mitigation.** Rukhsah is based on the level of Dharurah .
4. **Permissible limits.** Depending on the category, Rukhsah has to be in the permissible limits.
5. **No effect given to imagination⁵.** The decision about availing Rukhsah has to be based on actual situation and not on a presumptive condition arising in future.
6. **Knowledge and full comprehension.** Only those can apply the principle of Dharurah and Rukhsah, who have full comprehension of the issue and knowledge of Islamic principles in decision making, otherwise they should ask other people with knowledge for advice.

فَسْأَلُوا أَهْلَ الدِّكْرِ إِنْ كُنْتُمْ لَا تَعْلَمُونَ (النحل- ٤٣)

“So ask those who possess knowledge if you do not know”.

7. **It is to remove hardship and not “enjoyment”.**
8. **Intention of availing Rukhsah should be compliance to the guidelines provided by Islam and not transgression.**
9. **Option to avail a choice.** Mostly applied in second level of hardship.

⁵ Zaydan AK. Synopsis on the Elucidation of Legal Maxims in Islamic Law: Translated by Rahman MH, Ismail A. Kuala Lumpur: IBFIM; 2015. p. 159.

- 10. It is for limited time only.** Rukhsah should discontinue when the specific situation is over⁶.
- 11. Applied only when alternate is not available.** Situations in which a Halal alternate is available, the principle of Rukhsah cannot be used to permit use of a Haram article or action.
- 12. Certain Rukhsah are compulsory.** Availing Rukhsah is obligatory in all life threatening situations.

Halal (Allowed), Haram (Forbidden), and Mushtabihat (Doubtful)

It is very important to understand that while taking decisions about mitigation in certain situations, it is imperative to have clear concept of Halal, Haram and doubtful matters.

Halal (Allowed) and Haram (Forbidden) are clearly defined while Mushtabihat (Doubtful) are actions and things where such clear demarcation may not be there.

Allah ﷻ and the Prophet ﷺ has made things easy for human beings but the allowance given in certain situations may be related to this categorization.

The following ahadith of the Prophet ﷺ will further explain the concept of Halal, Haram and Mushtabihat;

عن النبي ﷺ قَالَ مَا أَحَلَّ اللَّهُ فِي كِتَابِهِ فَهُوَ حَلَالٌ، وَمَا حَرَّمَ فَهُوَ حَرَامٌ، وَمَا

⁶ Nouman M. Qawaid-ul-Fiqha. Karachi: Idarat-ul-Maarif; 2014. p.122-3

سَكَتَ عَنْهُ فَهُوَ عَفْوٌ، فَاقْبَلُوا مِنَ اللَّهِ عَافِيَتَهُ، فَإِنَّ اللَّهَ لَمْ يَكُنْ لِيَنْسَى شَيْئًا
(البيهقي، مستدرک حکیم)

“Whatever has been decreed by Allah as Halal in His book is Halal and whatever did he decreed as Haram is considered Haram and there are others about which He remained silent so you are pardoned for that. Allah neither forgets nor neglects a thing so (if He remained silent on certain things) accept His generosity”.

and then he recited the verse of Surah Maryam that

وَمَا كَانَ رَبُّكَ نَسِيًّا (مريم-٦٣)

“Allah never forgets or neglect”.

He further explained about Mushtabihat in the following Hadith;

عَنْ أَبِي عَبْدِ اللَّهِ التُّعْمَانِيِّ بْنِ بِشِيرِ بْنِ رِضَى اللَّهِ عَنْهَا قَالَ سَبَعْتُ رَسُولَ اللَّهِ ﷺ
يَقُولُ إِنَّ الْحَلَالَ بَيِّنٌ وَإِنَّ الْحَرَامَ بَيِّنٌ وَبَيْنَهُمَا أُمُورٌ مُشْتَبِهَاتٌ لَا يَعْلَمُهُنَّ
كَثِيرٌ مِنَ النَّاسِ، فَمَنْ اتَّقَى الشُّبُهَاتِ فَقَدْ اسْتَبْرَأَ لِدِينِهِ وَعِزِّهِ، وَمَنْ وَقَعَ
فِي الشُّبُهَاتِ وَقَعَ فِي الْحَرَامِ كَالرَّاعِي يَرعى حَوْلَ الْحِمَى يُوشِكُ أَنْ يَقَعَ فِيهِ أَلَا
وَإِنَّ لِكُلِّ مَلِكٍ حِمَى أَلَا وَإِنَّ اللَّهَ مَحَارِمُهُ، أَلَا وَإِنَّ فِي الْجَسَدِ مُضْغَةً
إِذَا صَلَحَتْ صَلَحَ الْجَسَدُ كُلُّهُ وَإِذَا فَسَدَتْ فَسَدَ الْجَسَدُ كُلُّهُ أَلَا وَهِيَ الْقَلْبُ
(بخاری، مسلم)

“The *Halal* is clear and the *Haram* is clear. Between the two there are doubtful matters concerning which many people do not know (whether they are *Halal* or *Haram*). One who avoids them in order to safeguard his religion and his honor is safe, while if someone engages in a part of them he may be doing something *Haram*, like one who grazes his

animals near the *Hima* (the grounds reserved for animals belonging to the king which are out of bounds for others' animals); it is thus quite likely that some of his animals will stray into it. Truly, every king has a *Hima*, and the *Hima* of Allah is what He has prohibited. So beware, in the body there is a piece of flesh; if it is good, the whole body is good, and if it is corrupt the whole body is corrupt, and behold, it is the heart"⁷.

There are many occasions where decision making shall be based on the knowledge, piety and intention of a doctor. He must ask his heart (conscious) and see that it is satisfied or not on such decision. The Prophet ﷺ said,

عَنْ وَابِصَةَ بِنِ مَعْبُدِ رَضِيَ اللَّهُ عَنْهُ أَنَّ النَّبِيَّ ﷺ قَالَ لَهُ حِجَّتْ تَسْأَلُنِي الْبِرَّ وَالْإِثْمَ فَقَالَ نَعَمْ فَجَبَّحَ أَنَا مَلَهُ فَجَعَلَ يَنْكُتُ بِهِنَّ فِي صَدْرِي وَيَقُولُ يَا وَابِصَةُ اسْتَعْفَتِ قَلْبِكَ وَاسْتَعْفَتِ نَفْسَكَ ثَلَاثَ مَرَّاتٍ الْبِرُّ مَا اطْمَأَنَّتَ إِلَيْهِ النَّفْسُ وَالْإِثْمُ مَا حَاكَ فِي النَّفْسِ وَتَرَدَّدَ فِي الصَّدْرِ وَإِنْ أَفْتَاكَ النَّاسُ وَأَفْتَنُوكَ (مسند احمد)

“O Wasibah ask your heart, ask your conscious.

Good deed is the one where your heart and conscious are both satisfied with it and sinful act is the one which pinches your heart and you feel hesitant to do that even though someone gives you a decree or given you a verdict to do that”.

It is evident from the above that a primary factor in decision making in a particular situation of mitigation is one's own conscious. If there is no ill intention and vested interest then the conscious of a physician may be an important factor in the decision making. However it is equally important to realize that we

⁷ Alqarzawi Y. Halal and Haram in Islam: Translation by Pirzada S. Lahore: Maktaba-i-Islamia; 2015. p.18-9.

are primarily taking into consideration the heart/ conscious of a Muslim Physician, who's conscious is "alive" and he regularly struggles to get appropriate knowledge of Islam for decision making in his professional matters. It is not about the heart of transgressor who does not care for Islam and sinful acts.

Few examples are given below where decision making about mitigation may be based on the above described principles and guidelines;

- 1. Using impermissible contents (Alcohol, Gelatin or other contents from Haram sources, e.g. medicinal item derived from Swine lung or other parts)⁸.**
- 2. Organ transplantation (Human, animal and artificial organs)⁹.**
- 3. Examination of patients of opposite gender¹⁰.**
- 4. Patients issues related to Taharah, Wudhoo, Salah and Fasting^{11,12}.**

There are many other issues like abortion, genetic research, medical practice, cloning etc, that need to be addressed in line with the basic principle of Dharurah and Rukhsah. May Allah give us the wisdom and perseverance to work for His pleasure.

⁸ Isa NM. Darurah (Necessity) and its application in Islamic ethical assessment of medical applications: A review on Malaysian Fatwa. *Sci Eng Ethics* 2016;22:1319-32.

⁹ Asmak A, Fatimah S, Huzaimah I, Khuriah AH, Siti-Khadijah AM. Is Our Medicine Lawful (Halal). *Middle East J Sci Res* 2015;23:367-73.

¹⁰ Mohamad C, Anuar C, Roslan R, Sharifudin MA, Taib MNA. A review on the applications of rukhsah in medical practice. In: *Revelation and science in the 21st Century*. Kuala Lumpur: IIUM Press; 2015. p. 57-63.

¹¹ Haq N, Yahya M. Patients issue of Wudhoo, Salah and Taharah. Peshawar: Peshawar Medical College, Prime Foundation Pakistan; 2015.

¹² Haq N, Haq S. Patients issue of Fasting. Peshawar: Peshawar Medical College, Prime Foundation Pakistan; 2015.

A horizontal teal banner with a white outline, featuring a dark teal arrow pointing right on the left side and a dark teal arrow pointing left on the right side. The number '2' is positioned to the right of the word 'Section'.

Section

2

PRACTICAL GUIDELINES

Performing Ibadah In Islamic Hospitals

The Concept of Ibadah

The concept of Ibadah in Islam is vastly comprehensive, and encompasses the divine aim of man's creation.

وَمَا خَلَقْتُ الْجِنَّ وَالْإِنْسَ إِلَّا لِيَعْبُدُونِ (الذاريات-٥٦)

"I have not created Humans and Jinns except for doing my Ibadah (worship)".

Ibadah is complete submission and loyalty to Allah ﷻ that dominates the believer throughout all his/her moments, engagements and endeavours of life, day and night, in health and disease.

Ibadah is not limited to the five pillars of Islam. Any pure deed performed with sincere intention to obey and please Allah ﷻ is considered Ibadah.

Common misconceptions

Many patients and family members have the misconception that sick individuals, admitted to hospitals, are exempted from performing the prescribed Ibadah, especially Salah.

On the other hand, many healthcare professionals, including physicians and nurses, have this same misconception. Added to that, most of them think their duties are limited to providing various types of

medical or nursing care only. This same misconception dominates trends and concerns of most hospital administrators, at various levels of hospital hierarchy.

This deep-rooted concept should be remedied by all means of education, training, and administrative decisions and the proper understanding of Islam as a complete & comprehensive way of life.

Obligations of hospital administrations

All personnel at various levels of responsibility of administration must realize their commitment in leading the implementation process of establishing or transforming their hospitals into Ibadah-friendly. This leading role is considered as Ibadah.

They should be deeply committed to the concept that Islam is a mercy for all mankind. Sincerity, professionalism, proper intention (Niyyah), devotion, perfection (Itqan) and excellence (Ehsan), are principle concepts of all healthcare procedures.

This process includes:

1. Establishing Ibadah-related Standard Operating Procedures (SOPs) for all the staff:

Ibadah care, guidance and execution of duties to patients, family members and visitors, must not be left to individual judgment. It has to be standardized and supervised. Moreover, it has to be built-in as integral components of the day-to-day healthcare routines, as a comprehensive obligation to all.

Setting up of a panel, as a reference for guidance, implementation and follow up, may be needed.

Administration may need to employ specialists in Islamic Shariah.

2. Selection, training, motivation and capacity-building of all healthcare staff, and administration personnel:

To nurture the qualities of devotion, taqwa, Islamic morals of professionalism, Ehsan, amanah and day-to-day muhasabah.

3. SOPs for patients' Ibadah: Related educational and orientation means:

Audiovisuals, reading materials, lectures and seminars for patients, families and visitors. Time for Dua'a are also useful means.

4. Facilities for Ibadah: These are the responsibility of hospital administrations:

- Places for prayer.
- Qiblah directions.
- Reminders, prayers handbooks.
- Prayer clothes.
- Prayer mats.
- Clean floor.
- Assistance in wudhu, tayammum, and Salah.

5. Professional assessment of patients' capabilities to perform various kinds of Ibadah. This should follow (SOPs) to classify patients into various categories in their capabilities to perform wudhu, salah and other forms of Ibadah, without any kind of compromise to their health. Please see assessment sheet for salah as annexure on page 48.

Ablution (Wudhu)

According to clinical assessment:

1. Patients with mild or moderate medical conditions, with no pain, discomfort or worsening of illness, or delay of healing: The usual prescribed ablution steps could be undertaken.
2. In cases where wudhu is expected to worsen the illness, or delay healing: The staff should assess the extent of assistance or modification needed to assure safe outcome.

وَلَا تَقْتُلُوا أَنْفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا (النساء-٢٩)

"...Nor kill (or destroy) yourselves: for verify Allah hath been to you most merciful".

3. Patients who lack capability to ambulate or move, and nobody is available to provide water and other facilities for wudhu: Tayammum is permissible.

The patient touches the ground or a nearby wall, or any prepared stone or sand, with hand, then wipe face and arms. (Please use purpose built trolley shown in picture on page 49).

4. Patients unable to perform Tayammum: Others could do that for them.
5. In situations where the patient is alone, unable to perform wudhu or Tayammum: He/she could pray in his/her current status.

Salah

Salah is the first and foremost obligation on Muslims. It is not waved unless when sanity is lost, and continues to be an obligation till the departure

of ruh (روح).

Imran ibn Hussein (ra) reports that he had piles and thus he asked the Prophet ﷺ about prayers. Prophet Mohammad ﷺ replied,

عَنْ عِمْرَانَ بْنِ حُصَيْنٍ. رَضِيَ اللَّهُ عَنْهُ. قَالَ كَانَتْ بِي بَوَاسِيرٌ فَسَأَلْتُ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ عَنِ الصَّلَاةِ فَقَالَ صَلِّ قَائِمًا، فَإِنْ لَمْ تَسْتَطِعْ فَقَاعِدًا، فَإِنْ لَمْ تَسْتَطِعْ فَعَلَى جَنْبٍ (البخارى)

“Pray while standing, and if you are unable to do so, pray while sitting and if you cannot do even that, then pray lying on your side”.

إِنَّ الصَّلَاةَ كَانَتْ عَلَى الْمُؤْمِنِينَ كِتَابًا مَّوْقُوتًا (النساء 103)

“Indeed, prayer has been decreed upon the believers at fixed hours”.

Forsaking the prayer and denying its obligation is seen as an act of disbelief and places the person outside the fold of Islam.

Jabir (ra) reported that the Prophet ﷺ said,

عَنْ أَبِي سُوَيْبَانَ، قَالَ سَمِعْتُ جَابِرًا، يَقُولُ سَمِعْتُ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ إِنَّ بَيْنَ الرَّجُلِ وَبَيْنَ الشِّرْكِ وَالْكَفْرِ تَرْكُ الصَّلَاةِ (مسلم)

“Between a man and shirk (associating others with Allah) and kufr (disbelief) there stands his giving up prayer”.

Buraidah reported that the Prophet ﷺ said,

عَنْ عَبْدِ اللَّهِ بْنِ بُرَيْدَةَ، عَنْ أَبِيهِ، قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ الْعَهْدُ الَّذِي بَيْنَنَا وَبَيْنَهُمُ الصَّلَاةُ فَمَنْ تَرَكَهَا فَقَدْ كَفَرَ (أحمد، ترمذى)

“The covenant between us and them is prayer. Whoever abandons it, he has committed disbelief”.

Prayer is the first act that we will be asked about on the Judgment Day.

Anas bin Malik related that the Messenger of Allah ﷺ said,

عَنْ أَنَسِ بْنِ مَالِكٍ عَنِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ أَنَّهُ قَالَ أَوَّلُ مَا يُحَاسَبُ بِهِ الْعَبْدُ يَوْمَ الْقِيَامَةِ الصَّلَاةَ، فَإِنْ صَلَحَتْ صَلَحَ لَهُ سَائِرُ عَمَلِهِ، وَإِنْ فَسَدَتْ فَسَدَ سَائِرُ عَمَلِهِ (المعجم الاوسط للطبراني)

“The first matter that the slave will be brought to account for on the Day of Judgment is the prayer. If it is sound, then the rest of his deeds will be sound.

And if it is bad, then the rest of his deeds will be bad”.

Prophet Mohammad ﷺ also informed us:

أَبُو مُحَمَّدٍ أَشْهَدُ سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ خُنِسَ صَلَوَاتٍ افْتَرَضَهُنَّ اللَّهُ عَلَى عِبَادِهِ مِنْ أَحْسَنِ وُضُوئُهُنَّ وَصَلَاتُهُنَّ لَوَقْتَهُنَّ فَأَنْتُمْ رُكُوعُهُنَّ وَسُجُودُهُنَّ وَخُشُوعُهُنَّ كَانَ لَهُ عِنْدَ اللَّهِ عَهْدٌ أَنْ يَغْفِرَ لَهُ وَمَنْ لَمْ يَفْعَلْ فَلَيْسَ لَهُ عِنْدَ اللَّهِ عَهْدٌ إِنْ شَاءَ غَفَرَ لَهُ وَإِنْ شَاءَ عَذَّبَهُ (مسند احمد)

“Allah has obligated five prayers. Whoever excellently performs their ablutions, prays them in their proper times, completes their bows, prostrations and khushu’ (attention) has a promise from Allah that He will forgive him. And whoever does not do that has no promise from Allah. He may either forgive him or punish him”.

On one hand we see that Salah is a top priority for a Muslim and on the other hand we observe that more than 70% of our Muslim patients are not praying. This is mainly due to the ignorance of its importance. Also, there is a lack of awareness of various relaxations in the performance of Salah in different conditions of illness.



Who is going to help this patient to pray?

...يُرِيدُ اللَّهُ بِكُمُ الْيُسْرَ وَلَا يُرِيدُ بِكُمُ الْعُسْرَ... (البقرة-١٨٥)

"... Allah intends every facility for you, and does not want to put you to difficulties..."

وقال رسول الله ﷺ إِذَا أَمَرْتُكُمْ بِأَمْرٍ فَأَتُوا مِنْهُ مَا اسْتَطَعْتُمْ
(بخارى، مسلم)

"When I order you to do something, do it as much as you can".

Another important aspect of prayer is that it is a source of patience which is deeply required by the patients and their relatives.



Make it as manageable as this...

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ
(البقرة-١٥٣)

“O You who believe! Seek help with perseverance and prayer (Salah): for Allah is with those who patiently persevere”.

Allah ﷻ has enlisted sabr in many ayat, and associated it with salah.

Management of the Islamic hospital should accord priority to the development of Salah culture.

If you are beginning with the construction of a new hospital, place the masjid or praying area in the center of the building so that it is easily accessible for patients and staff.

Build toilets and Wudhu area in close proximity to the Masjid.

The Masjid should be kept neat and clean at all times, and should not be used for sleeping or purposes other than prayers and daroos.

Five times prayer should be established with Ad-

han and Iqamah. Adhan should be heard in all wards and other areas of the hospital in a soft tone.

PA system and close circuit television network may be used for this purpose.

Salah culture is to be adopted in the routine medical work of the hospital.

Nursing staff is trained for a soft reminder and facilitation of Salah to all admitted patients and their attendants.

Reminder for Salah is recorded on a separate sheet and kept in the file of the patient. It should be kept in mind that this is just a humble and polite reminder and facilitation without any compulsion.

Doctor on duty will cross check this reminder off and on for the sustainability of the system.

Religious officer should also visit the patients to offer spiritual support to the patients and their relatives including performance of prayers.

Doctor on duty should assess the patient regarding its ability to perform Salah and record on the prescribed sheet.

Every female ward should have a place dedicated for prayers.

Qibla direction should be clearly indicated in the wards.

Assessment Sheet for Salah

(Reminder & Facilitation)

*Grading of the Patient.....

Check for each salah as per need in accordance with grade of the patient.

Day	Fajr	Zohar	Asr	Maghrib	Isha	Counter Check by Registrar
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Grading of Patients:

Grade- A: Only need soft reminder.

Grade- B: Need assistance to go wash room for Wudhu and prayer area.

Grade- C: Need Wudhu/ Tayyamam trolley on the bed.

Grade- D: Need Wudhu/ Tayyamam trolley on the bed and assistance for performance of Wudhu.

Wudhu/ Tayammum Trolley

Every ward should have a Wudhu trolley for facilitation of Wudhu or Tayammum for the patients who cannot go to the toilet for this purpose.



Wudhu Trolley

Old Age and Frailty

Special moral considerations of respect, dignity, ease and facilitation have been ordained in Islamic teachings towards performing Ibadah.

When old age progresses into the stage of frailty, these considerations become more manifest.

Stages of Terminal illness

In such circumstances, special attitudes and behaviours become required from medical staff members.

The patient and family members should be approached and counselled around issues of faith, Islamic view of lifespan, inevitability of death (Ajal), and related concepts.

The medical professionals are not in a position to protect their patients from death. The aim is to provide their utmost of experiences and sincere effort for possible cure or alleviation/palliation.

Patient Sufferings and Attitude of Medical Staff

The staff should acquire capabilities of counselling patients and families at these stages of suffering and agony. In addition to palliation measures, they should be able to address the distinguished rank of patience /perseverance (مَنْزِلَةُ الصَّابِرِينَ).

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ
(البقرة-١٥٣)

“O You who believe! Seek help with perseverance and prayer (Salah): for Allah is with those who

patiently persevere”.

Allah ﷻ enlisted sabre in many ayat, and associated it with salah.

Comforting the patient with citing the good news of the great reward that Allah ﷻ bestows on those who have patience, perseverance and acceptance of Divine jurisdiction.

Staff should be qualified to outline the concept of positive belief and amicable thinking towards Allah (حسن الظن بالله).

It is proper and timely to instil the concept of repentance (tawbah) at these stages of agony and approaching Ajal. Allah ﷻ cautions His servants against delaying tawbah.

وَأَنِيبُوا إِلَىٰ رَبِّكُمْ وَأَسْلَبُوا لَهُ مِنْ قَبْلِ أَنْ يَأْتِيَكُمُ الْعَذَابُ ثُمَّ لَا تُنصَرُونَ
(الزمر-٥٥)

“Turn to your Lord (in repentance) and bow to His (will) before the penalty comes on you: After that you shall not be helped”.

قُلْ يَا عِبَادِيَ الَّذِينَ أَسْرَفُوا عَلَىٰ أَنفُسِهِمْ لَا تَقْنَطُوا مِنْ رَحْمَةِ اللَّهِ إِنَّ اللَّهَ يَغْفِرُ
الدُّنُوبَ جَمِيعًا إِنَّهُ هُوَ الْغَفُورُ الرَّحِيمُ (الزمر-٥٣)

“Say: O My servants who have transgressed against their souls! Despair not of the Mercy of Allah: For Allah forgives all sins”.

إِنَّ اللَّهَ يُحِبُّ التَّوَّابِينَ وَيُحِبُّ الْمُتَطَهِّرِينَ (البقرة-٢٢٢)

“Allah loves those who turn to Him constantly, And He loves those who keep themselves pure and clean”.

Allah ﷻ grants these reassuring messages of hope and Divine assurance to those distinguished with patience, perseverance and repentance, in general, but specifically for those afflicted with illness.

مَا يَصِيبُ الْمُسْلِمَ مِنْ نَصَبٍ وَلَا وَصَبٍ وَلَا هَمٍّ وَلَا حُزْنٍ وَلَا أَذًى وَلَا غَمٍّ حَتَّى
السُّوَكَةِ يُشَاكِهَهَا، إِلَّا كَفَّرَ اللَّهُ بِهَا مِنْ خَطَايَاهُ (بخارى)

“No fatigue, nor disease, nor sorrow, nor sadness, or hurt, nor distress befalls a Muslim, even if it were the prick of a thorn, but Allah expiates his sins for that”.

عَنْ أَبِي هُرَيْرَةَ، قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ مَا يَزَالُ الْبِلَاءُ
بِالْمُؤْمِنِ وَالْمُؤْمِنَةُ فِي نَفْسِهِ وَوَلَدَيْهِ وَمَالِهِ حَتَّى يَلْتَقِيَ اللَّهَ وَمَا عَلَيْهِ خَطِيئَةٌ
(ترمذى)

“A believer continues to suffer, in his body, family and wealth until he/she meets Allah (SWT) in a state that he/she is devoid of all his/her sins”.

Architectural Design Of An Islamic Hospital

Provision of health care delivery system and hospitals is a mandatory component of any society.

Hospitals are built, developed and operated under certain ideology, philosophy and defined mission and objectives.

As Muslims we believe that "khelq" is Allah's Ayal **أَلْخَلْقُ كُلُّهُمْ عِيَالُ اللَّهِ**. So to seek the pleasure of Allah ﷻ we need to take care of His khelq. By serving His khelq; we are infact benefitting ourselves.

Islam is our Deen, Medicine is our profession, and to seek the pleasure of Allah ﷻ is our objective. So whenever we aim to have a hospital it has an ideology at the background and a mission in front of us.



That makes the job easier and all the activities rotate around the same mission; whatever I shall do is to please my Allah ﷻ. This overarching objective shall reflect from site selection to operation of the hospital. It includes architecture of the hospital, facilities, services, etc.

The current societal and demographic trends and their impact on health care have lead to the trend of humanistic design. It means that the facility design shall help to meet the needs of patients and visitors and shall also address behavioral issues of the society served. The flow scenario and circulation system must be properly addressed. Hospitals shall be the **hospitality centers** and treat patients and their visitors as guests.

Professional Excellence shall be pivotal in all the fields of hospital services.

Architectural design must serve the above mentioned purposes. For example, provision of fresh air, cross ventilation, sunlight, greenery, heating/cooling systems, un interrupted power supply, ample supply of water, kitchen and halal food services, appropriate drainage system, emergency (fire, blast, earth quack etc.) handling facilities; waiting and service area, car parking facilities, flower and gift shops, etc.

Here the details of patient care units is not mentioned, but internationally agreed upon standards must be maintained. For example, patient receiving and waiting areas, proper patient guiding and directions system, appropriate passages, walk ways for disabled.

The design of the hospital shall respect the commonly followed Islamic principals regarding Qibla di-

rection. Centralized Azan system shall be preferred. Wudhu and prayer places must be at easy access for the patients and facilities shall be available even at ward level. Gender mixing shall be avoided at common places in general and in wards in particular. In addition to these, the design must be reflective of Islamic culture. So the masjid shall be at the center of the hospital and shall be used as referral point for other departments.

In most hospitals, a weakened patient and traumatized family are greeted by harsh lights and clod stainless steel, labyrinths of white corridors, thumping equipment and mysterious smells. The sick rarely have access to medical information, privacy, or a place for quiet talk or grieving. The sense of anxiety and helplessness is the worst imaginable to promote healing. So we need to avoid these problems in designing.

The role of health care facility design is to help prevent illness and injury. Every thing from the design of heating, ventilation, air-conditioning systems to the design of stairways and patient bathroom grab bars and selection of floor coverings, etc. directly affects the health and safety of its users.

Starting from "Nazafah" which is claimed to be "Half Iman", hospital surroundings must be neat, clean and green to provide fresh air (with out flies and mosquitoes) to the hospital inmates. Inside the hospital; irrespective of hospital construction, standard and quality of fixtures and furniture, cleanliness and hygienic environment must be maintained.

The Staff should have neat and clean uniforms that give a healthy look and fully cover their "satar". Similarly neat and clean dress for patients is also im-

portant.

Kitchen is the place where all the preventive and hygienic principles must be followed. Food wastage shall be avoided.

Wash rooms shall never be neglected and must have appropriate wudhu places. Toilets must be separate from wash basin and shower areas.

Appropriate drainage system and solid waste disposal mechanism (incinerators) must be provided.

Burial of human tissues is an Islamic principle and there must be a place for that as well and it shall not be thrown in routine dustbins.

The Running Of An Islamic Hospital

Based on '**The Best Services from the Best People**', FIMA brought forth the concept of Islamic Hospital in all aspects of its administration. This was done to ensure that all the staff strives to reach the values of excellence and integrity. This program/ concept includes:

1. The hospital provides the policies and a Standard Operating Procedures (SOPs) which are faith-centered.
2. Employment scheme to hire Shariah compliant personnel who fulfill the following requirements:
 - i. Ability to apply the concept of Maqasid-e-Shariah and Qawaid al- Fiqhiyyah as a hospital guide.
 - ii. Ethical dress code which is appropriate and covers properly.
 - iii. They have good interpersonal skills.
3. Cultivating Islamic values in order to provide the best services to patients and visitors, such as 'Smile and greet' and 'You are our guest'.
4. Setting up of a Shariah panel for reference and guidance.
5. Creating a Special Affairs Unit supervised by religious officials who are appointed for full time, to assist in the implementation of IHC program.

6. Providing facilities to the patients at Islamic Hospital to practice their religion, such as:
 - i. The Patient's Ibadah Handbook published by Peshawar Medical College.
 - ii. Providing things that facilitate in Ibadah such as the sign for Qiblah direction, dust for tayammum, Quran, prayer clothes, prayer mat, Al- Mathurat (Duas) and a reminder for Salah.
 - iii. Guidelines for pregnancy (antenatal), child-birth and other issues related to women.
 - iv. Information regarding patient's Ibadah, such as Salah, Fasting and other related matters.
 - v. Support, assistance and spiritual guidance to patients and their families while they are in the ward and at the time of death. Also, to help facilitate the funeral and give donations to the family of the deceased, if required.
 - vi. Help patients to fast while being treated in the hospital.
7. Every day begins with Dua at 8: 00 am and ends with a Dua at 9:00 pm after the visiting hours have finished.
8. A central Audio/Video system which assists in the implementation of the IHC program, this encompasses;
 - i. Television programs are regulated and appropriate.
 - ii. Broadcast equipment (Public announcement system) for use in the implementation of IHC program such as live Islamic lectures, reciting Duas, Quran, Adhan, prayer-timings and

- others. This program should be designed with 'Hikmah' and be well under control of administrator.
9. Educational and motivational programs for the staff, such as:
 - i. Motivational Camps.
 - ii. Quranic study circles.
 - iii. Study tours.
 10. Islamic Social Responsibilities (ISR)
 - i. Islamic Hospital encourages its staff to work with different NGO's like Federation of Islamic Medical Association (FIMA), Alkhidmat and PIMA and contribute their energy, expertise and skills in various social activities inside and outside the country.
 11. Providing the facility of a day care center for the children of the staff of the hospital.

ATTRIBUTES OF HOSPITAL CULTURE

1. Reception

Reception counter is the face of the hospital. It should be neat, clean and graceful. Receptionist should be educated and specially trained for the task. He should always be in proper prescribed dress. Patient must be greeted with salam and smile, and assistance should be given promptly.

Patient must be briefed of the procedure of patient's admission and terms and conditions of payment and to sign document of agreement to avoid any future dispute.

Attending staff shall softly request for cash deposit from cash paying patient.

Brief the patient about hospital discharge policies.

Update patient's full information into the system.

Patient's record is to be maintained strictly confidential. Call and inform ward staff to prepare for the new patient's admission.

Ward staff must assist patient to the ward for admission.

2. The Culture of Smile and Salam

All the staff of the hospital should be trained to adopt the culture of greeting with salam and smile.

Islam puts a lot of emphasis on greeting with salam.

When a person says "Assalam o Alaikum" to someone with a smile on his face he actually declares that he is his friend and seeks his wellbeing from Allah ﷺ.

In the hospital this gives a message that you are our guest and we will take care of you. You are in the best caring hands and therefore should not worry.

In our religion, smile is also a form of Sadaqah.

Prophet Mohammad ﷺ said:

كُلُّ مَعْرُوفٍ صَدَقَةٌ وَإِنَّ مِنْ الْمَعْرُوفِ أَنْ تَلْقَى أَخَاكَ بِوَجْهِ طَلِقٍ وَأَنْ تُفْرِمَ مِنْ دَلُوكَ فِي إِنْاءِ أَخِيكَ (ترمذی)

"Every good deed is charity. Indeed, among the good is to meet your brother with a smiling face".

If all the staff develops a habit of greeting each

other and all the patients and attendants with “As-salam o Alaikum **السلام عليكم**”, with a smile on their face, it will change the culture of the hospital. It will decrease the worries of the patients to a greater extent and treatment will be facilitated.

3. The Culture of Cleanliness (Taharah)

The Concept of “Taharah” is far superior than the concept of cleanliness “Nazafah”.

There is extreme emphasis on “Taharah” and “Nazafah” in the teachings of Islam. It is mentioned in a Hadith that

الطُّهُورُ شَطْرُ الْإِيمَانِ

“Taharah is part of faith.”

Cleanliness prevents many communicable diseases.

In an Islamic Hospital cleanliness should be the top priority. The hospital should be kept neat and clean round the clock and no single space should be left out for dirtiness. There should be zero tolerance in this respect.

Sufficient budget should be allocated for this purpose.

Enough staff should be hired for this purpose.

Janitorial staff should wear a neat and clean uniform.

Modern cleaning tools should be utilized if possible.

Beautiful dustbins should be accessible at all places.

Separate bins for different types of medical disposals should be placed, and SOPs for disposal should be communicated clearly to all concerned.

Special arrangements for disposal of human parts in Operation theatre and Labour Room should be made, and SOPs for their disposal should be clearly communicated to all concerned.

Incinerator must be in access and clear directions must exist for the disposal of medical garbage.

ETHICAL CODE FOR A MUSLIM MEDICAL PRACTITIONER

Islam has outlined a comprehensive guideline for medical practitioners, which is based on Tawhid. The medical staff does not see their task as a profession, rather as a religious obligation. The concept of health in Islam is holistic, which includes the spiritual as well as the psychological and physical aspect. Islam emphasizes the best quality of life. Healing in Islam is not intended to extend the life of the individual, because that is something ordained by Allah ﷻ. However, the purpose is to achieve optimal health in order to worship Allah ﷻ in the best manner.

Following are some ethical codes for a Muslim medical professional:

1. Principle of autonomy (the patient's right); patients have a right to make their own decisions for their treatment. However, this right is lost for those who are not competent, for example in the case of children or insane.
2. The principle of practicing what is good and leaving what is bad, as explained in Maqasid-e-Shariah.

3. The principle of justice in giving treatment, regardless of the social background or religion of the patient.
4. The principle of Beneficence; the aim of the treatment is benefit to the patient.
5. The principle of Non-Malaficience; the aim of the treatment is to remove harm and to avoid any harm during treatment. The expected benefit should over-weigh the expected harm and any risk.
6. The principle of confidentiality and privacy.
7. The principle of loyalty, accuracy and trust in handling the patient.
8. The principle of transparency in providing information to patients.

CHARACTERISTICS OF A MUSLIM MEDICAL PRACTITIONER

To become 'tawheed-centered' (or faith-centric) medical practitioners, the hospital staff must have following characteristics in addition to their professional skills:

1. Devout Believers

Having a strong faith can help improve the professionalism of medical staff in two ways:

- i. It encourages holistic medical practice.
- ii. It brings forth the quality of humbleness in a medical practitioner.

2. Righteousness and Piety (Taqwa)

A righteous and pious Muslim practitioner exe-

cutes all duties as a trust (amanah), and perceives them as Ibadah (worship) to gain the pleasure of Allah ﷻ.

3. Morals and Manners (Husn e Akhlaq)

A medical practitioner who possesses Islamic morals and manners can perform his duties and provide treatment in the best way.

4. Professionalism (Itqaan Al'Amal)

Professionalism gives birth to medical practitioners who are constantly trying to improve their skills and knowledge, so they can deliver excellent services.

5. Ehsan (Excellence)

Medical professionals who practice Ehsan are those who perform their duties in the best way and always stay conscious of the presence of Allah ﷻ.

6. Amanah (Trust/Responsibility)

A medical practitioner should perform their duties as a trust, with sincere intentions to provide the best quality work.

7. Muhasabah (Introspection)

Medical professionals must always self-analyze themselves in every task. They should be willing to accept criticism and make changes in order to receive the pleasure of Allah ﷻ.

THE DOCTORS IN ISLAMIC HOSPITAL

1. The doctor in any hospital setting is the key per-



son and should be considered as leader (Imam) in his own capacity. Therefore he should present himself as an example (Role model) for his team.

2. The most important part of this role is the attitude toward the patients and their attendants. He should be soft spoken and his approach should be kind and sympathetic.

وَقُولُوا لِلنَّاسِ حُسْنًا (البقرة-٨٣)

“And speak nicely to people”.

The Prophet ﷺ also said,

الْكَلِمَةُ الطَّيِّبَةُ صَدَقَةٌ (مسلم)

“A good word is also a charitable deed.”

3. Muslim doctors should absolutely refrain from arrogance. There is no room for arrogant behavior according to the Islamic teachings as well as the norms of the profession.

وَلَا تَصْعَرَ خَدَّكَ لِلنَّاسِ وَلَا تَنْتَشِ فِي الْأَمْرِ مَرَحًا إِنَّ اللَّهَ لَا يُحِبُّ كُلَّ مُخْتَالٍ

فَخُورٌ (لقمان-١٨)

“And turn not your face away from men with pride, nor walk in insolence through the earth. Verily, Allah likes not any arrogant boaster”.

The Messenger of Allah ﷺ said,

عَنْ جَابِرٍ، قَالَ: قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: "يُبَكِّنُكُمْ مِنَ الْجَنَّةِ إِطْعَامُ الطَّعَامِ، وَطَيِّبُ الْكَلَامِ" (المعجم الاوسط للطبراني)

“Kind speech and feeding (the hungry) guarantee you Paradise”.

4. To keep the doctors abreast with the current knowledge, Clinico–Pathological conference (CPC) should be held at least once a month and all the units should participate. A guest speaker may be requested for a state of the art lecture on quarterly basis.
5. The doctors should be professionally sound, should take pains to reach a correct diagnosis and show sympathetic and humane attitude towards the patients.
6. Clinical audits should be carried out at regular intervals in all the units to point out any short comings and ponder about improvements in the system.

وَقُلْ رَبِّ زِدْنِي عِلْمًا (سورة طه-١١٣)

“O my Rabb! Increase me in knowledge”.

Allah’s Messenger ﷺ said,

عَنْ أَبِي سَعِيدٍ الْخُدْرِيِّ رَضِيَ اللَّهُ عَنْهُ أَنَّ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ دَانَ يَشْبَعُ الْمُؤْمِنُ مِنْ خَيْرٍ يَسْمَعُهُ حَتَّى يَكُونَ مُنْتَهَاهُ الْجَنَّةُ (رواه ترمذی)

“A believer is never satiated with gainful knowl-

edge; he goes acquiring it till his death and entry into Paradise”.

Hence continuous professional education is desirable for believer doctors.

7. Islam is a deen of total submission and therefore discipline is the very essence. Punctuality is a direct reflection of discipline. A Muslim doctor must follow the rules and regulations of the institution in letter and spirit. The rules and the timing schedule is part of agreement between “Aajar” and “Ajeer”. Anyone who does not follow the rules or observe punctuality is making his halal rizq haram.

It was narrated from Abu Hurairah (RA) that Allah’s Messenger ﷺ said,

عَنْ أَبِي هُرَيْرَةَ قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ اللَّهُ عَزَّ وَجَلَّ يُؤْذِنِي
ابْنُ آدَمَ يَقُولُ يَا خَيْبَةَ الدَّهْرِ فَلَا يَقُولَنَّ أَحَدُكُمْ يَا خَيْبَةَ الدَّهْرِ فَإِنِّي أَنَا الدَّهْرُ
أَقْلِبُ لَيْلَهُ وَنَهَارَهُ فَإِذَا أَشِئْتُ قَبَضْتُهُمَا (مسلم)

“Allah, Glorified and Exalted is He, says: The son of Adam offends Me. He inveighs against time; but I am time, I alternate the night and day and when I wish, I can finishe them up”.

THE NURSING STAFF IN ISLAMIC HOSPITAL

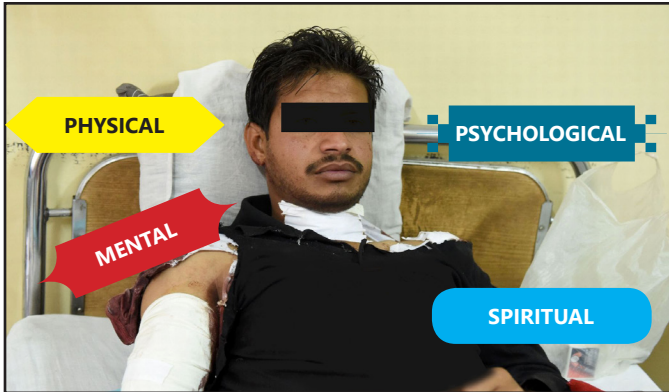
Nurses, being the most in numbers, constitute an important part of the professional staff at every hospital. A Muslim nurse understands and acknowledges the duty as a religious obligation. Hence, the Nursing Unit in Islamic Hospital should prepare objectives to help increase the level of professionalism in its nurses, which are parallel to the mission and vision of the hospital. Some of these include:

- The hospital shall provide holistic nursing services that are in conjunction with Shariah, including spiritual, mental, psychological and physical care of the patient.
- In addition to providing best professional services, the nurses should have a high level of integrity and honesty.
- The hospital must provide guidance and support to the nurses so they can improve by learning and practice.

Role of a Nurse in an Islamic Hospital

Role of a 'Muslim' nurse is to integrate the Islamic values in professional practice to facilitate patient and themselves to get closer to Allah ﷻ and receive His pleasure. As a nurse, every member of the nursing staff at Islamic Hospital is entrusted with the role of providing the best service by implementing Islamic values in their different daily tasks, such as;

1. Warmly welcome and treat each patient and visitor at Islamic Hospital with a smile and greet kindly with "Salam".
2. Provide orientation about the wards and the facilities provided therein, dust for tayammum, prayer mat, guidebook and Qibla direction sign.
 - i. The nursing staff should be well versed with the direction of wadhu/tayammum and salah for patients.
3. Assess the patient's ability to perform Salah while at the hospital. The patients may be divided into different categories:
 - i. Capable patients - those who are capable of



Holistic Nursing Care

praying and only need soft reminder at the time of each prayer.

- ii. Patients who are capable are encouraged to perform their prayers in congregation before they undergo a procedure or surgery.
 - iii. Helpless patients –they are assisted in ablution and prayers according to their disability as per assessment chart given on page numbers 48 & 49.
4. Assess the spiritual aspect of the patient and record it in the 'Nursing Assessment form' during their stay at the hospital. Tick in the given boxes each time the patient is reminded of Salah. This record of Salah Reminders is then handed over to the nurse in the next shift.
 5. Ensure that the privacy and dignity of patients is taken care of while being treated in the hospital, by:
 - i. Making sure that the doors for female patients are always closed.

- ii. Nurses should not allow any men or male doctors to enter the female wards without informing beforehand.
 - iii. Notify and provide the patient with the right clothes to wear during treatment and during the presence of a doctor. Accompany the patient during various check ups and procedures.
 - iv. Female patients should have appropriate clothing when they go out of the room/ward to undergo any procedure outside the ward or when they are referred to other clinical specialists.
 - v. Male patients and visitors are also encouraged to wear appropriate clothing.
 - vi. Attendants of the opposite sex are not allowed to stay with the patient in a shared room after visiting hours.
6. The nurses need to plan wisely and perform their duties systematically and with responsibility, so that they provide proper services for Ibadah, especially prayers. Some of the steps that they may take are as follows:
 - i. Assist and advise the patient to perform salah.
 - ii. Disposable diapers or wet dressings need to be changed near the time for prayer. Those who need assistance are helped with ablution.
 - iii. Stop the drip flow when the patients need to perform ablution in the bathroom.
 - iv. Patients who have a colostomy bag or CBD are directed to pray as they do normally. (There is no need to change the bag each time).



- v. Referring patients to a religious officer (An Aa-lim), posted for religious advice, where necessary.
 - vi. Ensure that the floor of the room and the bed linen is clean so that the patient can perform their prayers in the room or on the bed as needed.
7. The role of a Muslim nurse while taking care of the patient:
- i. Notify and obtain consent from patients. All nursing procedures shall be subjected to nursing care standards and ethics set by the prevailing governing bodies and Islamic compliance.
 - ii. Seek permission from patients or guardian before beginning nursing procedures. Treatment and procedures are done in courtesy and gentle manner. Offer Dua for patients recovery and Allah's blessing.

- iii. Start every procedure with the words 'Bismillah' and end with 'Alhumdulillah' or 'Inn shaa Allah'.
 - iv. Foster cordial relationship with the patients, give them respect and safeguard their confidentiality.
 - v. During the procedure "Aurah" should be observed.
 - vi. Ensure the presence of a "Mahram" or a person of same gender if procedure is performed on the patient of opposite sex.
 - vii. Encourage the patients to read the Quran, engage in Dhikr (remembrance of Allah ﷻ) and make Dua.
 - viii. Reminding the patient to recite the 'Kalimah' before undergoing procedures such as general anesthesia and intravenous sedation.
 - ix. Remind the patient for "Jama Bain us Salatain (According to their Fiqhi Maslik)" combining Salah if procedure is long and expected to be extended over Zohr/Asr or Maghrib/Isha.
8. The role of a nurse in the maternity ward:
- i. Ensure that the honour and dignity of the mother is always respected and taken care of, both in the ward and in the delivery room.
 - ii. Help a woman who has still not delivered in performing her prayers.
 - iii. Assist the guardian of the newborn while giving Adhan and Iqamah.
 - iv. Encourage the mother to take a bath after de-

livery.

- v. Encourage and assist in the initial phases of breast feeding, and tell the patient about the religious guidelines and benefits of it.
 - vi. Emphasize on covering the private parts while breast feeding.
 - vii. A beautiful certificate of Greetings on birth of child may be presented to mother.
 - viii. Remind of the concept of gaining the pleasure of Allah ﷻ and His Greatness when faced with a calamity.
9. The role of a nurse taking care of terminally ill patients and those approaching death:
- i. Encourage patients to remember Allah ﷻ and whisper the Kalimah in their ears.
 - ii. Help remind patients when to pray.
 - iii. Encourage the family members to remind the patient of 'Kalimah Shahadah'.
 - iv. Let the family members recite Quran or play it on some electronic device.
 - v. Arrange visit of religious officer (An Aalim).
10. The role of a nurse in case of patient's death:
- i. Managing the procedures 'Last Office (LO)' to Janazah and facilitate the attendants in handing over the dead body immediately, where they have their own arrangements of burial and Janazah prayers.
 - ii. Recite verses from the Quran.
 - iii. Assist and provide privacy to the families.

Teaching Of Medical Students In An Islamic Hospital - SOPs

General Principles

Students and all other stake holders should know it clearly that a hospital is made for the patients and only patients will be taken as “VIPs”.

“Tawheedic Paradigm” should prevail all the time at all the places and for all the matters.

Time is a precious commodity so it will not be wasted.

It is the responsibility of all students to know the rules and regulations of the hospital and follow them strictly.

Cleanliness is the collective responsibility of ev-



everybody. Students will show "Zero Tolerance" in this respect.

Polite attitude is the hallmark of a Muslim. Students are expected to behave politely with everybody in all circumstances.

Dress code will be observed in letter and spirit.

Muslims are trained for discipline through "Salah and Saum". Students will show punctuality with religious spirit.

Respect for everyone will be the icon of students.

Dealing with the opposite gender will be strictly under the guidelines of Islam and any deviation in this respect will not be tolerated.

"Salah" is made "Farz" on all Muslims on the prescribed times and students are expected to follow it on priority.

Students in the Class Room

Class room is the place specially meant for gaining knowledge. It is by all means a sacred place so students are expected to respect its sanctity.

Punctuality will be observed with religious spirit.

Proxy comes under "False Testimony" which is strictly forbidden in Islam. Students will never think of signing for others.

Respect for fellows and norms for opposite gender will be observed strictly.

Care and "Eesar" for fellows will prevail in the class room.

Cleanliness and orderly arrangements are collec-

tive responsibility of students. Every student is answerable for its maintenance.

Students with Teachers

Prophet Mohammad ﷺ came to humanity as a "Muallim". A teacher is the most sacred personality and owns a holy profession. It is the religious responsibility of students to extend utmost respect and honor to the teacher.

The teacher is expected to extend a fatherly attitude towards students which includes character building and career planning in addition to professional teaching with utmost care of time management.

Students are expected to follow instructions of the teacher in letter and spirit.

A cordial environment is required between teachers and students.

Students with Patients in Wards and OPD

While entering in the ward or OPD, student should be well dressed in proper uniform; wearing a white coat and name badge on it.

While in groups students shouldn't chat casually.

A modest behavior is required during the stay in the ward and OPD.

Proper prior information to nursing staff is required before entering female wards.

Knocking and prior permission is required before entering any private room.

Male students will not approach any female pa-

tient in the OPD, ward or private room without accompanying a female nurse, lady doctor or female attendant.

Discipline of OPD must be maintained as per instructions of the concerned in charge.

While examining a female patient, privacy and "Aurah" must be maintained in strict compliance to Islamic guidance.

Students after taking history will keep the secrecy and will not discuss with the colleagues and other unrelated persons.

While meeting and dealing with the patients and their attendants, students must know that these people are under stress and grief; hence a very sympathetic attitude is required.

Students should learn to help the poor and needy patients and should try to solve their problems which may be simple guidance or arrangement of resources.

Taking initiative in "Greeting with Assalam o Alaikum" is advised by Prophet Mohammad ﷺ and has high value to Allah ﷻ, hence it will be the icon of the students.

Cleanliness is said to be "half of Faith". Students will keep an eye on the ward and OPD and ensure its maintenance through all stakeholders.

Students and Nursing Staff

Nursing staff is an integral part of the healthcare system and it is not possible to deliver any health-care in the hospital without them.

Students are expected to extend due respect to the nursing staff.

Dealing with the opposite gender will be strictly under the Islamic rules.

Students and other Helping Staff of Hospital

All other staff including janitorial staff is an integral part of the hospital and proper healthcare would be impossible without them.

Students will extend special care and respect to all such staff with the spirit to uplift the self-esteem of these people.

Taking initiative to greet these people will be the icon of students.

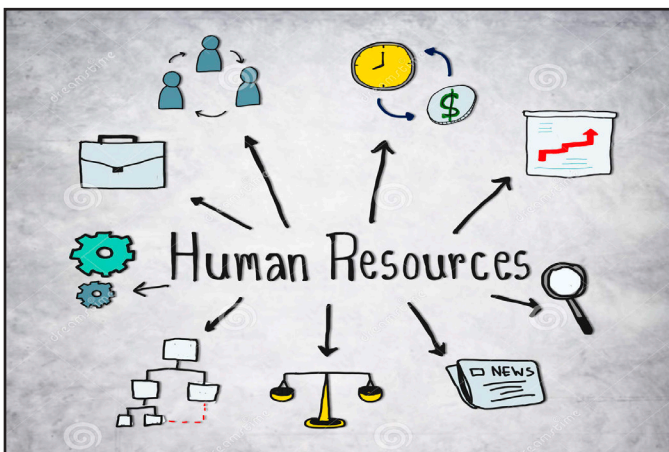
Human Resource Development & Training At Islamic Hospital

An Islamic Hospital will plan and coordinate various programs for the development and training of its staff, in order to improve their capacity, capabilities, skills and personality.

As long term measures for the training of staff members the following strategies will be adopted;

- **Intellectual training;** to increase the knowledge and skills of the staff.
- **Emotional training;** to improve the spiritual knowledge and religious identity of the staff.

The training in spiritual knowledge begins the



day a person joins the hospital as a new member. This regular and systematic program is compulsory to attend.

Programs for new employees

1. Orientation Program
 - i. Introduction of an Islamic Hospital.
 - ii. A workshop about the patient's Salah.
 - iii. The introduction and know-how of how to apply the Masaqasid al-Shariah and Qawaid al-Fiqhiyyah.
2. Retreat Program

Every staff member must join a Retreat Program arranged for two days and one night with a facilitator chosen by Islamic Hospital. The purpose of this program is to explore the role of each individual as a servant of Allah ﷻ, and the importance of working with responsibility and Ehsan (excellence).

Though the constraints of time, duties and lack of human and financial resources may not always allow, yet due to its importance, every possible effort should be made.

Weekly Learning Programs

Some weekly programs which can be conducted for the development of the staff are as follows:

1. **'Iqra' Class**—for the purpose of guiding the employees in the recitation of Quran.
2. **Tajweed Class** – support is given to employees who wish to go further and increase their Quranic recitation skills.

3. **Basic Language Classes**—aiming to give our staff the opportunity to learn Arabic language.

The attendance in these Learning Programs is also taken into account as KPI points, and it is rewarded in the form of additional allowances given by the management to individuals that reach the target Performance Evaluation Index (KPI) points.

Halaqas/Study-circles

This program is very important in the construction of an Islamic identity and an understanding of the religion. The objective is to help, provide understanding and to strengthen collective commitment through three main principles;

- i. Taaruf (Introduction)
- ii. Tafahum (Understanding)
- iii. Takaful

The Halaqa Program in Islamic Hospital comprises;

1. **Study-circle for staff members**

- This program can be held twice every month. It is compulsory for all the staff members.
- Each group is headed by a supervisor/leader appointed by the management.

2. **Study-circle for the supervisors**

(Discussion between the supervisors)

- This may be held once every month.
- The program aims to bring together all the group leaders to discuss the concerns that

arise in the Study-circles of the staff. Moreover, new topics for discussion in each Study-circle are also discussed.

3. Study-circle for the doctors at Islamic Hospital.

- The program aims to strengthen the bond of brotherhood between doctors and their families.
- This spiritual gathering may be held once a month at the home of a physician or some other suitable place.

Each Program is organized as follows:

1. Prayer in congregation.
2. Increasing the understanding of Deen by reading Quran, Hadith, Seerah or Fiqh.
3. Discussion of current issues.

Quranic Recitation Program: 'One Day, One Page'

- This program may be held to develop an individual interest in studying the Quran in every staff member at Islamic Hospital.
- The program intends to cultivate a habit of reading the Quran in the work place.
- The program also aims to train and encourage our staff to take the Quran as the guide in their life.

Islamic Lecture Program (Tazkirah Program)

The Tazkirah or Islamic Lecture Program aims to

share beneficial knowledge with the staff on a regular basis.

Monday (Saturday, where Juma is observed as holiday) Islamic Lecture

- The Islamic lecture on Saturdays can be held for 45 minutes to one hour in the morning. It may be held in the outpatient's waiting room or in any other suitable area in the Hospital, except on public holidays.
- Different speakers are invited to address these talks. The schedule of these Saturday Islamic Lectures is announced at the beginning of each month.
- The Islamic Lecture should also be transmitted to all wards and patient rooms through the television and Public Announcement system in order to share beneficial knowledge with the patients and the on-duty staff.
- The staff members who are not on duty are **required** to attend these Saturday sessions and their attendance is taken into account as Monthly Performance Evaluation Index (KPI) points.

Qiyamul Lail Program

- The QiyamulLail Program is managed by the Special Affairs Unit at the Islamic Hospital.
- This programs aims to infuse in its staff the spirit to gain the pleasure of Allah ﷻ.

- The program may be scheduled for two months and is attended by each Study-circle (group) one by one.

Other special programs for Spiritual Development

1. Completing the study of the whole Quran.
2. Quran gathering every year in the month of Ramadan.
 - i. This program is attended by all the members of the staff.
 - ii. The study of Quran is conducted by the respective leaders of each group.
 - iii. Attendance in this program is also taken into account as KPI points.
 - iv. A grand Khatme Quran ceremony is held at the end of Ramadan which includes Iftaar.

Iqamat e salah

1. All male staff members are encouraged to pray in masjid or at a place in the hospital established for Jama'ah prayer.
2. Adhan and Iqamah should be on loud speaker and PA system.

Workshop for Janazah Handling

All Muslims should know the ways of proper handling of janazah. This is important for proper handling and also serves as a reminder for the death.

A structured workshop should be arranged.

Continuous Medical Education (CME)

A structured program of continuous medical education for doctors should be in place on monthly or fortnightly basis. Special cases should be selected for the enhancement of knowledge and skills of the doctors, on the basis of fulfillment of "Ehsan" and "Itqan" (Excellence and Competence)

Cases with ethical aspects should be preferred to enhance the understanding of Islamic perspective of various issues.

Continuous Nursing Education (CNE)

Similar programs should also be designed for nursing staff to upgrade their medical and Islamic knowledge and skills.

Performance Related Incentives Using KPIs Based on Islamic Concepts

Remuneration system based on staff performance.

Key performance indicators should be based on Islamic Hospital core values.

Islamic hospital's core values should consider about Aqeedah, Ibadah and Akhlaq.

SOPs for performance appraisal should be prepared.

Staff Welfare Fund

Each staff member contributes a small amount in the mutual fund every month. The proceeds are used for the following purposes:

1. Providing immediate aid to a staff member in case of a calamity, with approval of the manage-

ment.

2. The money is donated to the families of patients or staff members in case of death.
3. The money is given as scholarships to children of the staff who succeed in their exams with brilliant grades.

Shariah Board in Islamic Hospital

Implementation of Islamic Hospital should be in line with Shariah. A shariah board should be formed to guide and supervise the management of hospital.

The board should consist of an Islamic scholar, management and senior medical officer.

Uniform of staff

As attire represents the belief, culture and philosophy of any organization, the rules pertaining to the uniform of care giver and its associates in Hospital shall be as follows:

- Extent of cover

Entire body except permitted parts to facilitate the care activities for females and at minimum covering aurah for salah in case of males.

- Thickness

The garment shall be thick and opaque so as not to display skin color and contours of the body beneath it.

- Looseness

Not to be tight fitted.

- Colour – appearance – Demeanour

As a prevention from speaking invitingly, mov-

ing seductively, revealing and arousing sexual desire.

- Difference between male and female clothing

Hospital is a Non Smoking Zone

A stern penalty shall be imposed on patients, caretakers and visitors who smoke in the hospital.



Handling Complaints

In attending direct and verbal complaints, offer smile and salam, introduce yourself and comfort complainant to establish a good rapport. If written complaint is received, analyze the letter and contact through phone to speak to the complainant.

Listen attentively to the complaint. Assure that the management always view the matter seriously and is concerned about the quality of patient care and is receptive to any complaint.

Take down the details of the complainant – name, address and phone number. Document details of the complaint. If the matter is deemed serious and potentially medico-legal, seek to determine if the com-

plainant is considering taking legal action. If so, follow set guidelines on a medico-legal case.

Show empathy but do not show admission to the complaint (before investigation is concluded). Do not pre-maturely agree to complainant's allegation on hospital staff conduct.

Wish thank you and show appreciations to the complainant for highlighting the grievance to the hospital.

Promise the complainant that the hospital will give feedback at the earliest possible, not later than seven (7) working days.

Inform the highest management/ MD/CEO/GM about the complaint and actions to be taken.

Meet the respective head of section involved for thorough investigation within 3 working days. If more time is required due to unavoidable factors, the complainant shall be informed.

Analyse the result of the investigation and also solution to the grievance and complaint. Meet with chief of staff for further discussion, advice and suggestion.

Contact the complainant and inform, or request to meet (which ever appropriate) to inform the result of investigation. State that the management will take full responsibility for any proven fault committed and apologize for all the inconvenience.

The matter is considered resolved when the complainant accepts the explanation.

Proper documentation should be done.

If the matter is deemed solved and there is going

to be no probable medico legal action, appropriately compensate or send presents to the complainant as a friendly gesture.

Religious Officer (Aalim)

Establishment of Religious Affairs Office with preferably a male and a female religious officer.

Job Description For RELIGIOUS OFFICERS (Aalim)

- Monitor to ensure that all procedures are within the bound of the Maqasid-e-Shariah and Qawaid-e -Shariah (Islamic Legal Maxims).
- All nursing care shall be in accordance with basic Islamic behaviors including kindness, gentleness, sympathy, patience, and upholding dignity and confidentiality of patients.
- The Religious Officer is required to visit every patient daily, establish rapport and make daily Dua. Offer advice and guidance to patients to perform Salah & related Dua.
- For patient required to undergo surgery, the Religious Officer shall visit the patient prior to the surgery for spiritual motivation, istighfar and Salah/prayer guidance.
- Ensure praying facilities are provided to patients at all time.
- Assist patients during prayer time as and when necessary.
- Ensure Dua ma'thur is posted near the pa-

tient's bed and patient is advised to recite the Dua.

- To recite Dua/prayer for patient before he/she is discharged from hospital.
- Ensure Qiblah sign is available and in correct direction.
- Ensure the PA system and the audio programs are Shariah compliant.
- Ensure all five Salah reminders are programmed in the in-house PA system and timely aired.
- For dying patient, to guide patient in reciting Kalimah Shahadat and to comfort patients and their relatives present.

Job Description For OUT PATIENT

- Ensure the patient is seen according to the schedule or priority,
- Greet patients/relatives (salam, etc).
- History taking/exam/investigation – make sure mahram/chaperon (in case of female) is present.
- Formulation of diagnosis.
- Enough time for explanation – taking into consideration “concept of healing from Allah ﷻ”, plan for further actions
- Reminding patients/relatives-“Inn shaa Allah ﷻ”.
- Follow up appointment.

Job Description For PROCEDURES/ OPERATIONS

- Greeting/Salam to patients.
- Ensure signed consent.
- Explanation to patient/ relative(s) about the procedure – emphasis on [Inn shaa Allah, prayer (Dua), hopefulness].
- Pre-anaesthesia recitation of “kalimah”, “salawat”, “Dua” together.
- Start procedures – (injection etc) / “Bismillah”.
- Remember and pray to Allah ﷻ for help during procedure.
- End of procedures – Inn shaa Allah, Al-hamdulillah, “Dua”.

Job Description For WARD ROUND

- Salam/greeting to staff, ensure the presence of mahram/chaperon before seeing the patients of opposite gender.
- Salam/greeting to patient.
- Enquire from patient – his/her conditions/problems/new symptoms.
- Bedside examination – make sure the dignity of patient is maintained and respected at all times. Seek patient’s consent.
- Explanation to patient of the conditions / situation / plan of action–emphasizing Allah ﷻ as the Healer.
- Reminding patient to pray to Him and for clinicians for His help.
- Salam/greeting before leaving.

Financial Management

The financial system will be based on the principles of Amanat/ Diyanat/ Khashiat-e-Ilahi/ Taqwa.

”تقوى / خشيتِ الهى / ديانت / امانت“

All the cash/income inflow will be preserved as Amanat and all out flow should be spent with Diyanat, Khashiat-e-Ilahi and taqwa.

The financial management should reflect clean, transparent and careful documentation of all activities with high professional standard.

Financial management of the Islamic hospital is briefly outlined here.



1. Income

An excess of revenue over expenses for an accounting period is Income. It is called earning or gross profit. Revenue is generated by fee charged on services.

i. Zakat/Fitrana/Sadqaat e Wajib (صدقات واجب)

In Islamic Hospital, Zakat/Fitrana/Sadqaat e Wajib are deposited by the people for the welfare of needy patients. It requires careful treatment as it can only be used for the deserving muslim patients only. From zakat/fitrana/Sadqaat-e-Wajib equipments cannot be purchased.

ii. Sadaqaat (نفلي صدقات)

Another source of income is in form of Sadaqaat. Islamic hospital can use this fund with relative liberty e.g., for treatment of non Muslims, for running expense or for purchase of equipments etc.

iii. General Donation/Infraq (انفاق)

The hospital receives donation/ Infraq by generous individuals. Islamic hospital can use it for all purposes relating to all types of hospital needs. Islamic hospital can even request individuals for purchase of equipment for which the donor feels happy and confident, because they can see their patronage in tangible form.

2. Expense

Hospital operational activities and expenses are multi dimensional and complex. It may be in form of purchasing of consumables, medicine, consultant share, maintenance & repair and salary etc. Sole purpose of all these activities is to keep the services run-

ning swiftly and efficiently. We can summarize these expenses in four major categories.

- i. Direct Expense
- ii. Administrative Expense
- iii. Growth & Development
- iv. Assets Purchase

The detail of each category is as follows,

i. **Direct Expense**

Direct expense or cost of goods, includes the expense which is incurred while generating services. It involves direct involvement in process of generating service.

- Share of consultations.
- X Ray Films cost.
- Reagent cost in Labs.
- Medical consumable cost in IPD packages.
- Consumable's cost in ultrasound.
- Cost of goods used in producing services etc.

ii. **Administrative Expense**

Administrative expense or indirect expenses, includes the expense required for the running of operational activity of hospital. Few heads of administrative expense are given below.

- Salaries
- Rent
- Maintenance & Repair (Medical , Gas, Elec-

tric equipment, Vehicle or building etc.)

- Utility Bills (Telephone, Electricity, water & Sui gas bills, etc)
- Printing Stationary
- Postages
- Carriages & freights
- Travelling
- Laundry
- Professional fee
- Subscription fee
- Depreciation
- Bank charges etc

iii. **Growth & development**

Depending on the needs of the hospital, growth and development is inevitable. It is a general formula for any decent business fulfilling and satisfying the need of general public that it needs growth for its future sustainability. Because, if a business doesn't meet the rising demands, sooner or later it will face decline in its clientele. Similarly, an Islamic hospital also need timely growth and development by not only increasing the volume of service but also adding new services to facilitate the patients by providing multiple medical services under one roof.

iv. **Assets purchase**

Every hospital, either running or under process of commencement, needs to spend a vast budget on purchase of new assets for quality services. Assets are of diverse kind in hospitals, they may be of med-

ical nature or in form of electric equipment, furniture fixture etc. We can summarize them in the following possible heads.

- Building & land
- Furniture & Fixtures
- Office Equipments
- Electric equipment (A.C, Heaters, fans, generator etc)
- Medical Equipments (Instruments and medical machines)
- Telephone Exchange
- Vehicles etc

3. Savings (income over expense)

Any project which becomes sustainable in market must have generated enough revenue after reaching break-even point. Because no business with intentions to generate profit can keep running at break-even. Similarly, an Islamic hospital generates income over expenditure after reaching break-even point. This surplus earning must be used and allocated for increasing and enhancing the capacity and quality of hospital. Management can use it for growth and development, for welfare of employees, for emergency needs and for writing off liabilities. Further details of its maximum utilisation are discussed under fund's head.

4. Funds

Here funds mean allocation of monetary resources for some purpose. Purpose of funds may

be for emergency in nature or for specific expense or for writing off liabilities. As mentioned earlier, Islamic hospital receives Zakat (زكاة)/Fitrana (فطرانه)/Sadaqaat-e-wajib (صدقات واجب) Mali Ibadat (مالی عبادت), which must be handled carefully as they are Amanat (امانت) of people who have trust in Hospital management. For management of these, Amanat funds must be created to keep a close eye on useful utilisation of such revenue. Islamic hospital can divide these funds under different heads with each fund for specific means. Similarly, funds from income over expenditure must be wisely distributed in different heads for emergency needs or for liabilities. The following funds are explained briefly below.

- i. Patient welfare fund
- ii. Ikram ul muslimen (اکرام المسلمین) fund
- iii. Employee welfare fund
- iv. Liability Fund
- v. Financial Reserves Fund
- vi. Special Fund

5. Assets Management

By asset management here, we mean monetary resources (e.g., Cash in banks). Any surplus cash in bank should be invested for the welfare of employee and for sustainability of the institution or future development and growth or by investing in some form to generate revenue.

6. Investment

Hospitals need huge financial resources for its foundation and running. For that purpose, resources can be generated by multiple means. Here we will discuss shariah (شريعة) compliant ways which can meet the needs of hospital for growth and development. Few means are mentioned below.

- i. Infaq fe Sabil Allah (انفاق في سبيل الله)
- ii. Qarz e Hasna (قرض حسنہ)
- iii. Marabaha (مرابحہ)
- iv. Musharkah (مشاركہ)
- v. Mudarbah (مضاربہ)
- vi. Ijarah (اجارہ)
- vii. Istasnaa (استصناع)
- viii. Islamic Bank Assistance

Recruitment/Selection Policy & Performance Evaluation Of Hospital Staff

In the current era of materialism, it is a difficult task (though not impossible) to philosophically and operationally develop a model for hospital functioning according to shariah guidelines. The key component to the development of this model is the appropriate development of the people (staff) who use it/work at these hospital settings, and a culture/environment conducive to nurturing it.

Therefore, every individual member of hospital staff is Allah's Best of Creation and has the divine right to be respected, cared for and developed. Not primarily for the benefit of the hospital, as per the materialist perceptions, but because he is a human being, and this is his right.



From the employees' perspective, they are serving the hospital and as such are responsible before Allah ﷻ for consistently working in the best possible way as is islamically desired.

From the perspective of the employee, he is responsible to do his very best for the success of the objectives of the hospital/health care facility. In so doing, both employer and employee will discharge their duties with consciousness that they are primarily discharging the requirements of obedience toward Allah ﷻ, above and beyond the material benefit or remuneration acquired in the process.

Their hope for Allah's pleasure and reward far outweigh their desire for worldly gains, while the fulfilment of rights and dues, one towards the other, is perceived as an act of worship!

With the presence of such a consciousness from both the employer and employee, and the synergy that would naturally generate from this dynamic partnership, coupled with Allah's Barakah and assistance, dramatic results would definitely manifest, Inn shaa Allah!

Conscious effort and the environment to facilitate this concept is desired to develop such a model.

Staff development plan will be derived from the established objectives.

Staff requirement

Should be clearly defined and the roles and responsibilities of each position that exists within every department.

Rationalize the existence of each position, Iden-

tify core competencies for each position, Clearly define responsibilities and Key performance Indicators.

Written Recruitment & Selection policy and procedures

Confidentiality of job application

Job application is a confidential document and therefore is an Amanah. In particular, if the applicant is already working somewhere, he would not like his current employer to find out that he is looking for a better job .

In this context, it is the responsibility of the HR department to ensure that the application remains confidential and that only the concerned people of the organization get to know about it.

Job advertisement

While placing the advertisements the following Shariah guidelines should be complied with:

Hiring on Merit

Merit should always be followed while hiring an employee.

Transparent selection process

The selection process should be kept as transparent as possible.

Realistic job preview

A realistic job preview is the process of providing information to the job applicant about both the positive and negative aspects of the job.

It often happens that the employer, in an attempt to attract talent, highlights only the positive aspects of the organization and the job. No attempt is made to bring into discussion any adverse aspects. For example, an engineer hired for service of medical equipment may at times be exposed to radioactive environment or an Administration Officer hired for one of the places may not know that after joining he will be deputed to a distant site.

In the above examples, the candidates should be informed before making them a job offer about the job-specific working conditions. It is therefore advisable to carry out Realistic Job Preview with all short-listed candidates before making them a job offer.

Pre employment medical assessment

To ensure that the prospective candidates are not suffering from any chronic illness, which may hamper their performance or is contagious which may be harmful for fellow employees, some hospitals may refer their shortlisted candidates to their authorized medical centers for a Pre-Employment Medical Examination before they are offered the jobs. The medical tests are prescribed as per the nature of the job and the report is sent directly to HR department by the medical centers to take the hiring decisions. Candidates who have cleared the medical assessment are offered the jobs.

Reference and credentials verification

In order to validate what the candidates have shared and claimed during the interviews, independent checks may be carried out. Candidates may be

requested to provide references of two to three persons from whom the HR department can check the past performance and their level of competence.

In addition, the academic and professional credentials are also verified from issuing institutions to establish their genuineness. Candidates who perform satisfactory on both the above stages are then moved to next stage of hiring. However, reference check from the current employer of the candidate is normally taken after the candidate joins the organization.

Final selection and job offer

Candidates who pass through all the above stages are made the job offers. The Job offers have to be in writing and clear so that both the employer and the candidate are on the same page. It is important that the offer letter is signed by both the parties and a copy provided to the employee. The offer letter is then followed by a formal appointment letter on the day of joining. The appointment letter provides terms and conditions of the employment and is considered as a legal contract. Both the employer and employee should sign the letter and a copy should be provided to the employee for his records.

Making false commitments

Employees often get demotivated or leave the job when they feel cheated. It so happens that the job offer is not acceptable to the employee since he desires a higher salary or any other benefit. He is informed that he will get the desired salary after confirmation (this is usually six months after joining). But instead of fulfilling the commitment the employee is

subsequently told that the increase is not possible due to the 'current situation'. This is tantamount to cheating with the employee which is absolutely unlawful.

The terms and conditions should be clearly laid down in the appointment letter. Islam lays great emphasis on transparency in dealings. Therefore, the appointment letter should carry all necessary details (such as salary, benefits, working hours etc.) and should be signed by both parties – the employer and the employee.

Employee Orientation

The newly inducted employee should be introduced to all staff of the hospital. The employee should be taken to all facilities for proper acquaintances. This is in addition to his orientation about his own job.

Probation

Hospital may follow a policy of appointing the employees initially for 90 days probation period to assess their performance and then confirm them as permanent employee. Sometimes, the hospital may extend the probation period for another 90 days to make the decision. If the extension is due to genuine reasons, it is permissible, however if the intentions are to delay his benefits that may be due on confirmation, then it is forbidden and not expected from an Islamic hospital compliant with shariah.

Performance Evaluation

Performance evaluation system should be based on the evaluation of each individual's work and con-

tinuous communication between employees and their supervisors. It ensures that employees are:

1. Aware of what is expected of them,
2. Provided with feedback about their performance,
3. Provided with opportunities for training and development for effectively carrying out current and future roles.

Annual Appraisal

The effectiveness of performance evaluation system is the key to success. Therefore, it is critical that the management do their best to make the system successful.

It is recommended that while conducting performance appraisal, the management should also give a certain value to performance of prayers. If the employee does perform prayers, he should get a positive rating thereby improving his salary increment.

Similarly, involvement of employee in different character building programmes should have due weightage in overall performance evaluation programme. For this, Key Performance Indices (KPI) should be developed and implemented.

Training & Development

The primary objective of the Islamic hospital model should be the care and development of the individual, both religiously and professionally, as articulated in the introduction.

Secondly, the development of people's performance in the workplace is key to success. The latter is usually the primary focus of material based hospitals, whereas in the model of an Islamic hospital the former needs to be constantly emphasized as the primary concern so that it remains in mind and sight of all levels of management.

The Training & Development process has the potential to make a strong positive impact on the performance of individuals and team as a whole.



Ensuring good performance of individuals and teams both professionally and religiously is central to the work of the Training & Development unit. In order to do this, a planned approach is necessary. The activities of the Training & Development unit must be closely linked to the overall Islamic development, the hospital wants to see in its personnel.

Following steps are required for effective management of the training and development.

Training needs assessment

During the performance appraisal process the management and the employee jointly discuss areas of improvement and the remedial actions required. If the gaps are due to lack of knowledge and/or skills then certain training needs are identified. The process is known as Training Needs Assessment. Similarly the future plans regarding the employee may also lead to identification of certain development needs. For example, if an employee is planned to be promoted as a Supervisor then he may require training on supervisory skills.

Training plan

Once training need assessment of all the employees is carried out, the data is compiled in the form of a training plan. The training plan enlists the names of employees, their respective trainings and target dates. The plan is then approved by the management.

Implementation

After approval the plan is implemented. Often a database of approved trainers and training institutes

is already available with HR. Employees are accordingly nominated for their respective trainings.

Evaluation

After the training, the employee and his supervisor are asked to assess the effectiveness of the training. The feedback helps in assessing whether the objectives of the training were achieved or not. Accordingly future actions are decided.

Salary/pay structure

Compensation and benefits refers to the compensation/salary and other monetary and non-monetary benefits passed on by hospital to its employees. This can include various components:

Fixed pay: This is the basic salary paid to the employee irrespective of any other factor. This is stated clearly in the employment contract.

Variable Pay: This is the additional compensation paid to the employee based on employee's performance.

Paying wages on time

Wages should be paid on time. If a worker is employed on a daily wage basis than he should be paid the same day at the completion of his work, or at the latest, the next day. Similarly, workers employed on weekly or monthly basis should be paid their wages on the day following the end of week or month respectively. Moreover, in certain countries, the government fixes the minimum pay of the employees and the hospital must conform to the government policy.

Payment of additional wages if the responsibilities are increased

During the course of employment it often happens that the responsibility and/or the complexity of the job are enhanced. In the case of promotion the salary of the person automatically increases. However, if it is not the case of promotion rather just an enhancement of job description, then the compensation of the incumbent needs to increase according to the increase in workload.

This is sometimes a tricky matter as ascertaining the percentage increase in workload (and the consequent increase in salary) is not easy.

Compensation of extra work

Staff from the lower hierarchical ranks should be compensated for the work taken over and above the specified hours. There should be written SOPs for remuneration of this "over time".

Fringe Benefits

To make the remuneration package attractive fringe benefits are offered to their employees. These may include transport, cell phone, house maintenance etc. At some places certain other benefits are offered. These may include:

- Insurance, such as group insurance, health insurance or vehicle insurance.
- Terminal benefit such as gratuity or provident fund.
- Pension fund etc.

It may be noted that the conventional form of

insurance is haraam while investment of provident fund in interest-based ventures is also not permissible.

A few years back there were no options in this area. But now with the introduction of Takaful and Shariah compliant investment options, hospitals can bring the employee benefits in accordance with Shariah.

Employee discipline/punishment and penalties

In some cases the procedure of disciplining the employees is laid down in the law. Disciplinary actions such as verbal warning, written warning, dismissal etc should therefore be carried out in accordance with the law.

It must however be ensured that the punishment is awarded in a fair and just manner. Any punishment which is in conflict with the principles of Shariah must be done away with. According to the teachings of Shariah, the penalty awarded should be proportionate to the gravity of the offense and in no case it should exceed the offense.

It is therefore strongly recommended that organizations have 'Grievance Handling Procedure' in place. One of the key members of grievance resolution team should be an Aalim. This is to ensure that Islamic principles of equity and justice are complied with.

Treating employees with respect and dignity

Islam attaches great importance to Tayyab and Halal Rizq. As such the one who strives for Halal Rizq ought to be treated with dignity and respect.

Fulfilling commitments of the contract

It is binding upon the employer and the employee to fulfill the terms and conditions laid down in the appointment letter (the contract of employment). These include agreed wages/salary and benefits such as car, fuel, leave entitlement etc.

Workload

It is not permissible for the employer to put an excessive workload on the employee.

Due to the complex nature of the duties it is therefore necessary that:

1. Each employee has a job description with clearly defined authorities and responsibilities.
2. Employees are provided with necessary tools/training/resources to perform their jobs.

Forced overtime work

In principle, forced overtime work is not allowed. However, if the condition of occasional overtime work has been discussed and agreed upon at the time of appointment, then the employer can ask the employee to do so, provided that is in fact requested only occasionally and does not become a regular occurrence.

Ambiguity in terms of employment

The employment contract should be made in such a way that it leaves no room for dispute in matters such as wages, allowances, working hours etc. Islam forbids all types of "غرد" (uncertain/ risky) based dealings.

Rights of non-Muslims

If a hospital employee is non-Muslim, his/her rights must be safeguarded. These may include the right to observe or practice religious activities and duties, besides the other rights that Muslims generally have. Shariah Advisor or Dar-ul-Ifta should be consulted to ensure the fulfillment of these requirements.

Functions and parties

Functions and parties must also be Shariah compliant. It should therefore be ensured that prayer breaks are observed, appropriate dress is observed (satar of both men and women is not exposed), men and women are completely segregated.

Dress code

Men and women should follow the Islamic dress code .

Outgoing employees should be treated with respect and dignity

Whether an employee resigns or the company decides to terminate his services, the separation process should be carried out with dignity and respect. Particularly in the case of termination, it is advisable to allow employee to use company time and equipment (such as PC or printer) to search for a job. To such employees, it is also recommended to provide counseling assistance to the every possible extent.

Exit Feedback

In order to get feedback about the hospital

and management a formal Exit Interview could be conducted. The employee may be asked to fill Exit Feedback Form, after which the concerned HR officer carries out an interview to gather as many facts as possible. The information is then shared with the management. The feedback usually provides information about work environment, pay structure, management practices, development opportunities etc.

The interview process sometimes also helps clear mis-perceptions.

Timely settlement of employee's final dues

It is the responsibility of the employer to pay the final dues of a separated employee as early as possible.

Sometimes internal procedures are so time-consuming that the employee suffers due to late payments. The employer must ensure that the procedures are made in such a manner that employees' dues are paid in the minimum possible time.

False recommendation or feedback

HR departments are often asked to give feedback or recommendation about any of their organization's ex-employee. In order to be kind to the ex-employee, HR department provides positive feedback or recommendation even if that employee was asked to leave due to misconduct or malpractice. In doing so the employee is sometimes recommended as 'honest and hardworking'. In the same way HR departments issue employment certificates which carry only positive (but false) information about the employee. This constitutes a breach of Amanah (trust). Truth should be communicated as such, a breach

may translate into detriment for the new would-be employer. In Hadith:

الْمُسْتَشَارُ مُؤْتَمَنٌ (ترمذی)

“The one who is consulted is trustworthy”.

Social Affairs Unit

The operation of Social Affairs Unit

VISITING THE PATIENTS

■ Policy

Rules and regulations for visiting the patients should be implemented on all days except when there is a public holiday.

- i. Visitors should be of the same gender as the patient unless there is a specified reason.
- ii. Consult the nurses for immediate access to the patient's medical file.



- iii. Inform the head of the ward if there is any feedback from patients, relatives or visitors that demands urgent action.

- **Objectives**

- i. To ensure that patients and their attendants get spiritual guidance while receiving treatment.
- ii. Provide moral support in psychological issues.

THE ARRANGEMENT OF JANAZAH

- **Policy**

- i. Responsibility in case the death occurs in the hospital premises.
- ii. Report about the death to the hospital director.
- iii. Must be present in the hospital premises, in the event of death after the office hours.
- iv. Assist in the management of Janazah, write a letter of condolence and arrange for a donation to the family of the deceased if required and possible.

- **Objectives**

- i. Helping the heir of the patient to facilitate and expedite the affairs of Janazah.
- ii. Give moral and spiritual support to the relatives of the deceased patient.

WEEKLY ISLAMIC LECTURE

- **Policy**

- i. Tazkirah (Islamic Lecture) is held on every Sat-

urday with the exception of public holidays.

- ii. The schedule and reminder for the lectures is publicized at the beginning of each month.
- iii. The lecture is broadcasted in all the wards and patient rooms.

■ **Objectives**

- i. To provide education and spiritual guidance to the workforce and patients.
- ii. To share beneficial knowledge on a regular basis.

COUNSELING

■ **Policy**

- i. Relieving the distress of patients by motivating them.
- ii. Providing counseling services to outpatients at the request of the doctor.
- iii. Giving religious advice and counseling to the inpatients during treatment.

■ **Objectives**

- i. To provide moral and spiritual support.
- ii. Reminding the patients to put their trust in Allah ﷻ.

Guidelines For Gender Interaction In Hospitals*

In this age and era it is unavoidable to interact with opposite gender while working in hospitals. Islam is a practical religion and provides solution for all problems that exist in a particular society and in a particular time. Depending on the customs, norms and specific needs and situation of a society the solution of the same problem may vary from one society to another and the necessity of a situation in the particular circumstances. The primary principles in such solutions is based on facilitation and protection of the higher intents of Shariah (Maqasid-e-Shariah).

Having said that it is also important to understand that Islam has outlined guiding principles for various problems and some of these can only be relaxed in extreme needs (see the chapter on "Application of the principle of Dharurah and Rukhsah in Medicine").

In this document, by gender "interaction" we mean "the working together of male and female in the same institution" in line with the basic principles and rules & regulations as defined in Islam. The mitigation is primarily under the principle of necessity and compulsion that gender interaction may be accepted in medical institutions and hospitals. Islam does not allow free gender "intermixing" which usually means an environment where male and female may freely

talk, chit chat, work, eat & drink and hang out without any regard to the Islamic rules & regulations.

Let it be clearly understood that what is better & ideal and principally the correct course of action, is that both genders have separate health care system in which they cater for their own needs. However in the current time it is not possible. So we have to evolve a system of working where we may be able to stick to the Islamic principle to the maximum extent. It is under the principle of "Dharurah and Rukhsah" that leniency in gender interaction may be granted.

The Muslim scholars (*Fuqaha*) have elaborated the solutions in these areas according to the principles of Islam through their verdicts. It is the responsibility of the relevant people including administrators working in the health care system to implement such verdicts in the Muslim institutions including hospitals, keeping in mind all the compulsions, reasons and needs of a particular situation. It is the responsibility of the Muslim doctors, teachers, administrators and managers to establish a regular system of training and nurturing Islamic values in students, teachers and all health care workers. They should also continuously strive to provide an environment according to the Islamic culture inside the Hospital.

When there is fear of Allah & remembrance of the Last Day, in the hearts of the people then the mitigation and leniency provided will not be abused and used only to the extent of need.

Some basic Etiquettes have been mentioned below which may be used as guideline for gender interaction in various situations.

Etiquettes for dress code

The following should be kept in mind by both, men & women.

1. The dress should be concealing and covering the whole body; that is only those parts should be revealed which Allah has permitted.
2. It should not be so thin that parts of the body may be seen through it. This doesn't come under the definition of a 'concealing dress.'
3. It shouldn't be so tight or close-fit that the contour of the body parts may be observed.
4. No gender should wear dress that is generally specified for the opposite gender in that society. Women imitating men in dress code or men imitating women, both are prohibited and the messenger ﷺ has cursed the men and women who do that.
5. Muslims should not imitate Non-Muslims in dress, considering it a pride for them.
6. It should not lead to arrogance and pride.
7. Outside their homes, female should avoid beautification & fragrance that would lead to temptation of others.

Etiquettes for examination

The basis of Islamic teachings is for men & women both to have separate work environments. The permission of interaction has been provided due to necessity; e.g. Non availability of an equally competent doctor of the same gender. In such situations if male doctors or nurses have to examine female patients or female doctors & nurses have to examine

male patients or look after them, the following etiquettes should be kept in mind.

1. The eyes & heart should be safeguarded.
2. Only those parts should be examined which are necessary & relevant for diagnosis and decision making.
3. The presence of another female or a mahram (محرم i.e. those with whom marriage is not permitted under Islamic law) should be ensured while examining female patients by male doctors. Seclusion should be completely avoided. However in such instances the confidentiality of the patient should be taken into consideration and decisions should be made according to the situations.
4. Patients should be encouraged that they should consult doctors of the same gender for examination, except where equally expert and experienced doctors are not available.
5. While lifting up a patient of the opposite gender, it is better to ask the accompanying attendant for help, however when situation requires one may lift up the patient himself or herself.

The etiquettes of conversation with opposite gender

The followings should be considered while conversing with opposite gender .

1. Conversation should be limited to the extent of need.
2. Gaze should not be kept towards the opposite gender to the possible extent.

3. While conversing in sensitive matters, extra care should be taken in the use of words so that the "garment of shame" (حيا), morality and respect is maintained. This should be especially observed during the mention of sexual matters and in such situations roundabout (indirect relevant words serving the purpose) words may be used and provocative words must be avoided.
4. Asking for irrelevant personal information and unimportant details should be avoided.
5. If a female doctor or nurse has to talk to male patients or their relatives, then there should be no attraction and softness in the conversation. The conversation should be straight forward, focused and to the point. The tone should be rather hard but not rude or harsh. It is to avoid any one falling prey to misunderstanding.
6. If a male doctor talks to a female patient, then (keeping the matter of confidentiality in mind) the conversation should be held in the presence of another woman or mahram.
7. Care should be taken regarding the Islamic covering & dress code.

The etiquettes and restrictions for traveling for meetings and workshops etc

Many times the hospital staff has to travel for professional development to attend meetings and workshops etc. It is required to keep the knowledge up to date and share information with other fellows for the overall benefit of mankind. There are little issues when it is a day trip and the distance does not fall in the definition of 'travel' (السفر). The generally agreed definition of 'travel' (السفر) in the Islamic Law

is the “distance” of at least 48 miles. It is important to realize that the travel should be for educational purposes and not for recreation & entertainment. When travel is obligatory for women they should have a mahram with them. Islamic law doesn't allow traveling without a mahram.

In the case of unavoidable educational and training needs, institutes should be mindful of the following instructions.

1. The travel should only be restricted to unavoidable educational need and return should be made as soon as the educational need is fulfilled.
2. Male mentors / supervisors should accompany the male and a female to accompany the female students/young doctors. The supervisor should be an honest and a trust-worthy person.
3. The female supervisor should not be alone and her mahram should also accompany her.
4. Care should be taken in the matter of dress-code and unnecessary beautification & adornment should be avoided.

The etiquettes & methods for preventing gender interaction

During hospital care etiquettes and steps should be observed to minimize gender action without jeopardizing the quality of care. The following is suggested accordingly;

1. The visiting time should be specified and visitors should only come during that time.
2. If it is possible for the hospital administration, they should provide curtains for each bed. If this

is not possible, then at least they should make arrangements where the ward-staff informs the women regarding the entry of men at the time of visit so that they can cover themselves. This same procedure should be adopted at the time of initiating rounds in the female wards by male doctors.

3. Visiting men-folk should safe-guard their gaze and come to their female patient and try to sit in such a place where the gaze wouldn't fall on other women.
4. They should try to keep their stay as brief as possible. Even in normal circumstances, the ruling from the ahadith (أحاديث) – i.e. the traditions of the Prophet Mohammad (ﷺ) is to keep the visiting time short.
5. If possible, then the doors for entry & exit for men & women should be kept separate.
6. Separate waiting rooms& washrooms should be arranged.
7. Separate offices & staffrooms etc. for hospital staff should be arranged.
8. Separate working stations in diagnostics (Laboratories and Radiology etc.) should be arranged.
9. Separate arrangement should be made for library, canteen and other such facilities for female staff.

* This document is based on the recommendations of "Shariah Advisory Board" of Peshawar Medical College, Prime Foundation Pakistan.

Interaction Of Hospitals & Working Doctors With Pharmaceutical Companies*

General Principles

- Patients' rights are of prime importance; there should be no relationship or activity that leads to patients being overburdened or provided wrong information.
- Avoid unnecessary burden or personal favors that may lead to indulgence in unethical activities.
- Clear violation of Islamic principles is understandably wrong; one should try to avoid even those activities that may lead to such acts.
- Support from Pharma companies should not be Personalized (self serving or conditional [deal(s) based on mandatory reciprocations] in any form.

Gifts, promotional items and meeting pharmaceutical representatives

- Doctor may accept low priced promotional items for general distribution amongst doctors community irrespective of their rank, position or practice. The doctor must not feel obliged / influenced by receiving such items.

- Doctor should not accept items for personalized use or of expensive value e.g. mobile phone, computers, air conditioner etc, even if it bears a product's name as reminder.
- Text or reference-books, medical journals, CDs or similar material may be accepted if they serve a genuine educational function.
- Samples of a product/drug may be accepted by the doctor for patient use only and ideally used for poor patients. These items are "not for sale" and thus should not be sold on any pretext nor used to oblige any person.
- Doctors may meet the medical representatives only in spare time and not during the official working time or outdoor while patients are waiting for their turn for check up in hospital.

Continuous Medical Education (CME) Meetings, Conferences in hospitals

- Such meetings are primarily for sharing new research, experience and gaining technical skills or specialized procedures. Doctors may attend to general hospitality and meals arranged during such meetings, but it should always be secondary to the main purpose of the meeting. However lavish meals should be avoided in such meetings.
- Lucky draws, games or similar recreational activities and social events like musi-

cal concert etc, following such meetings, should be avoided.

- Such meetings should not be held in the prime (active) timings of hospital/clinic, at the cost of patient dealing or official work.
- Institutions/ Hospitals should be satisfied that such meetings are not just for the sake of an activity, and serves a genuine educational need.
- Doctors and administrators should not compel, influence or coerce pharmaceutical companies for financial or other support for such meetings.

Medical Research

- Hospitals may allow doctor(s) to participate in drug trials or other research but the research must meet the current scientific, ethical and legal requirements / regulations and must conform to the internationally recognized principles of Good Clinical Practice.
- Funding for medical research or study should only be received through IRBs or other bodies established for this purpose.
- Investigators involved in a trial may accept an honorarium against the time of their involvement in a clinical trial /research study but should not take part in subsequent marketing or promotions of the product or procedure.
- It should be without any conflict of inter-

est. All benefits must be disclosed to the employer / the institution and should be with the written permission / consent of the institution when it consumes official working hours.

Pharmaceutical support for hospitals

- Doctors or those holding administrative positions in welfare hospitals can request for aid and cooperation provided that it is a welfare organization working for public interest and cannot meet its own expenses. Pharmaceutical companies may be requested for provision of articles like computers, medical devices, photocopying machine, books, journals, furniture etc which are solely meant for the patients benefit or educational purposes. All these materials shall be the property of the organization.
- Doctors should not request companies for such help for personal clinics or private hospitals of commercial nature.
- Companies may be requested for printing of educational and informative brochures for the welfare of patients. The company may print its name on these, however the name of medicine / product should not be written on such brochures or booklets.

اللَّهُمَّ أَرِنَا الْحَقَّ حَقًّا وَأَرِنُ قَنَا اتِّبَاعَهُ وَأَرِنَا الْبَاطِلَ بَاطِلًا وَأَرِنُ قَنَا اجْتِنَابَهُ

“O Allah show us the truth as the actual reality and grant us the ability to follow that and show us the untrue as actual false and grant us the ability to avoid it”.

* This document has been extracted from the joint document developed by Pakistan Islamic Medical Association (PIMA) and Peshawar Medical College, Prime Foundation Pakistan, on “Doctors-Pharma relations”.

Checklist For Hospital

The Hospital		Yes	No	May Be
1	is Neat and clean, all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	is Professionally run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	is Excellent in services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	has a Caring Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff wears Islamic Attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SOPs are Islamic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Staff (Doctors & others) follows Islamic Ethics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Staff is satisfied with the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Staff feels ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Administration takes and analyzes the feedback from all the patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Guiding principles are based on Maqasid/Qawaid-e-Shariah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	is truly Ibadah friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	has a Vision & Mission, just for the pleasure of Allah ﷻ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





CHECKLIST FOR HOSPITAL

The Hospital		Yes	No	May Be
1	is Neat and clean, all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	is Professionally run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	is Excellent in services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	has a Caring Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff wears Islamic Attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SOPs are Islamic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Staff (Doctors & others) follows Islamic Ethics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Staff is satisfied with the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Staff feels ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Administration takes and analyzes the feedback from all the patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Guiding principles are based on Maqasid/Qawaid-e-Shariah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	is truly Ibadah friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	has a Vision & Mission, just for the pleasure of Allah ﷻ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

.....

.....



CHECKLIST FOR HOSPITAL

The Hospital		Yes	No	May Be
1	is Neat and clean, all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	is Professionally run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	is Excellent in services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	has a Caring Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff wears Islamic Attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SOPs are Islamic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Staff (Doctors & others) follows Islamic Ethics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Staff is satisfied with the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Staff feels ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Administration takes and analyzes the feedback from all the patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Guiding principles are based on Maqasid/Qawaid-e-Shariah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	is truly Ibadah friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	has a Vision & Mission, just for the pleasure of Allah ﷻ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

.....

.....



CHECKLIST FOR HOSPITAL

The Hospital		Yes	No	May Be
1	is Neat and clean, all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	is Professionally run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	is Excellent in services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	has a Caring Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff wears Islamic Attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SOPs are Islamic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Staff (Doctors & others) follows Islamic Ethics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Staff is satisfied with the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Staff feels ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Administration takes and analyzes the feedback from all the patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Guiding principles are based on Maqasid/Qawaid-e-Shariah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	is truly Ibadah friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	has a Vision & Mission, just for the pleasure of Allah ﷻ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

.....

.....



CHECKLIST FOR HOSPITAL

The Hospital		Yes	No	May Be
1	is Neat and clean, all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	is Professionally run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	is Excellent in services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	has a Caring Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff wears Islamic Attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SOPs are Islamic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Staff (Doctors & others) follows Islamic Ethics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Staff is satisfied with the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Staff feels ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Administration takes and analyzes the feedback from all the patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Guiding principles are based on Maqasid/Qawaid-e-Shariah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	is truly Ibadah friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	has a Vision & Mission, just for the pleasure of Allah ﷻ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

.....

.....

FIMA MEMBERS - 50 COUNTRIES



INTERNATIONAL NETWORKING

2005 – Approved as Special Consultative Status to the United Nations ECOSOC (New York)

