THE ISLAMIC HOSPITAL: A PRACTICAL EXAMPLE OF SOCIAL SOLIDARITY OF ISLAM

by Adnan Jaljuli, M.D. Aman, Jordan

Introduction:

Prophet Mohammad (Peace be upon him) said, “All creatures are but the servants of Allah, and whoever serves them best will be most favorite by Allah”.

"الخلق كلهم عباد الله واحمدهم إلى الله انفعهم لعباده"

This Hadith stresses the social solidarity concept which Islam has established in the society at large and among fellow Muslims, specifying the responsibility of the rich towards the poor, the strong towards the weak, and the healthy towards the sick and the disabled. The social solidarity concept in Islam is based upon interchange of compassion.

"أرحموا من هم أترى برحمة من في السوء، الرحمون برحمة الله"

Prophet Mohammad (peace be upon him) said, “Those who practice mercy will be blessed by the Most Merciful, have mercy on the earthlings and you will be blessed by those in heaven”.

Therefore, the concept of worship in Islam is so wide and comprehensive that it is not restricted to rituals only, but extended to relationships with others. Likewise, the concept of charity is very wide for it includes emotional support like a smile, a good word, and offer of any possible assistance. The sick is the most needy individual and needs all forms of support from the community. In supplying him with therapy and the convenient atmosphere that will facilitate his prompt recovery, the community fulfills its obligations. Islam stresses visiting patients and comforting them and considers this a right of the patient and a duty on the part of the society.

Establishment of Institutions for Side:

The first therapeutic measures took place in the Prophet’s (p.b.u.h.) Mosque, where Rafidah Alaslamiyah treated patients in a tent erected in the Mosque. This was later institutionalized with a staff of Muslim women who treated the wounded. Muslims followed these principles generation after generation, this time establishing larger hospitals, providing grants and endowments, and wide estates in order to help them carry out their human services. It is interesting to note that at a certain time Muslims established a post delegated to raise the spirit of patients and encourage them when Sultan Nour Eddin Zenki granted the Nouri Hospital in Damascus a big endowment specified for the staff whose job was to entertain patients.

The Islamic Hospital:

The ideals were to:
1. Establish an Islamic Medical Institution aiming at the attainment of Allah’s blessings through the provision of this human service to the sick and needy.
2. Present Islam in this field in a practical manner that rekindles faith in Islam comprehensiveness and its feasibility to organize the various walks of life in the same way giving further credit to Islam (Duat) and their ability to translate their sayings into tangible actions.

The goals were:
1. Therapeutic: guided by Islamic concept of solidarity and cooperation with various other therapeutic institutions both inside and outside Jordan.
2. Educational:
   a. Medical to train under and post-graduate students in affiliation with local medical schools and institutions.
   b. Nursing to establish a school for nursing and midwifery aiming at graduating believing nursing staff guided by Islam in the care for the sick.
   c. Research to encourage and support research into the Islamic medical heritage and publicize it.

The methods were:

In order to achieve these goals, a group of Muslims in Jordan founded the Islamic Charity Center Society in 1965. This Society had many Islamic social goals, one of which is to provide medical care through an Islamic Medical Institution (The Islamic Hospital). Subsequently it approached local philanthropists and some Arab governments directly and indirectly, presenting the idea and the goals and convincing them to support it financially. At the same time, various technical and medical committees were formed from its members which laid down the specifications for the construction of the hospital. As a result of intensive contacts with a specialized German firm, the blue prints were drawn.
In 1970, the cornerstone for the Islamic Hospital was laid, announcing the commencement of the project.

Visions and Obstacles:

The project was big and challenging to the few who believed in it, but had neither sufficient financing nor enough manpower to bring it into existence. Yet they offered their free time patiently and ceaselessly. They met regularly to study the phases of execution and follow-up of the project. They planned the means for collecting the necessary contributions and as the bricks were laid down over the other, more efforts were needed and more contributions were required. When people inquired about the project, the responsible few responded fearfully of the task they had taken upon themselves. Nevertheless, their belief in Allah and their reliance on His mercy helped strengthen their determination and attained most of their goals. However, the project was halted with each political and military crisis in the area since the required contributions had to come from philanthropists and governments which are influenced by the political instability.

As the difficulties mounted and the work halted, various skeptical groups suggested changing the goals of the project and the answer of the few was always, "No". Their determination to complete the project persisted believing that Allah will help them to finish it if He so wills.

The march went on on all fronts: on the one hand collecting funds and on the other hand spending long hours to set down the medical and technical studies. (Since we could not afford consulting services.) At this point I would like to stress that the project did not belong to any particular government for its budget, nor was it a share-holding company offering its shares in the stock market. It was, rather, a convent with Allah where the rewards for the contributions are granted manifold by Him. ("The parable of those who spend their substance in the way of Allah is that of a grain of corn; it grows seven ears and each ear hath a hundred grains. Allah giveth manifold increase to whom He pleaseth").

For this purpose we took further steps to promote and enchain the holy deal, whereby we set estimate figures for furnishing and supplying the various units of the hospital. These figures were circulated in leaflets amongst those whose support we solicited. Thus we were able to collect the majority of the project costs. The contributions came in bits and pieces, some as big as an x-ray unit or an operation theater, and others were as small as a few J.D.’s. Finally, our toils are bearing fruit, the fruit is ripe, and the project is now in its final stages.

Simultaneously, the organizational plans for staffing the hospital as well as rules and regulations which regulate the hospital operations are being completed.

The Hospital:

It is a 325 bed hospital, built on a plot of land 17,000 m² in area composed of eight floors with a total surface area of 15,800 m². It is a general hospital equipped to receive all types of cases. Attached to it is an annex containing out-patient services for all specialties, a cultural center with a general Islamic library, a reading room, conference rooms, and a lecture hall that can accommodate 600 auditors. To integrate science and faith in one concept, we made sure to erect the hospital Mosque which is under construction at present. Meanwhile, blueprints were drawn for the nursing school building. This planned project will prospectively accommodate 150 female nursing students as well as provide housing for 200 female nurses.

Islamic Features in Operation:

1. Waqf: It is well-known that hospitals in general are not a good financial investment, let alone a charitable hospital keen on providing medical services at reasonable rates for the well-to-do and at reduced or free rates for the needy. Therefore, we established a Waqf for the hospital whose returns may cover a part of the hospital expenses. Furthermore, we hope to exert efforts along the same line to expand this Waqf continuously.

2. Needy patients fund: To fulfill the goals of the hospital within the framework of Islamic social solidarity we have founded the Needy Patients Fund. The revenues of this fund come from Zakat, charities and grants of governments, firms, individuals as well as the income of the Waqf. Upon request, the fund may cover some or all of the hospital expenses of a particular patient after an adequate check of his socio-economic situation. However, physicians’ fees on such patients will be free in proportion to their respective cases. The more the fund receives, the more the hospital is enabled to fulfill its message of Islamic social solidarity. Our forseeable aim for such revenues is to cover the expenses of one-third of the hospital beds.

Faith In Action:

Our policy is to recruit faithful and sincere Muslims who dedicate their lives for the course of Allah.
adhering to (Taqwa) and thus carrying out their duties to their best. We hope that this spirit will extend to the patients using the hospital through their interaction with its staff, reminding them of their subordination and the need to Allah, inculcating in them that medicine may come from the physician, but recovery and cure can only come from Allah ("And when I am ill, it is He who cures me").

In addition to that, we hope this same spirit of (Taqwa) will impress both the patient's family and his visitors through good treatment and devotion in service. A programmed Islamic instruction will be implemented for the staff through lectures, conferences, and pamphlets inciting them to abide by Islamic disciplines of conduct and reminding them of their vocation. These programs will be carried out by well-versed Muslim (Duat) who will, in addition, be available to comfort patients and deepen their faith in Allah, this being a great help for patients to tolerate their sufferings and retain their hope for recovery.

Conclusion

Thus, the Islamic Hospital in Amman came into existence. We pray for Allah that it will be a practical application of Islamic teachings serving patients, professionals and scholars in all the fields I alluded to in the beginning; thus serving the society within the framework of Islamic philosophy.

SMOKING AND MUSLIM COUNTRIES: THE IMMEDIATE AND SERIOUS THREAT

by Ahmed Taha
M.B. Beh., D.M. M.R.C.P. (U.K.), M.S.C. (Lond.)
Member, Executive Committee of the Islamic Medical Association of U.K. and Eire

Cigarette smoking is the major environmental cause of death in Western countries. At least 50,000 men and women in U.K. die from its effects every year. Lung cancer and heart attack are the two important diseases caused by smoking. In the United States lung cancer death rates have increased fivefold between 1945 and 1975, and in women are expected to exceed those for other cancers in the next decade. In U.K. about a quarter of 40,000 deaths in men and women under 65 who die each year from heart attack are believed to be due to cigarette smoking, and 90 percent of 37,000 deaths from lung cancer each year can be attributed to cigarette smoking. In 1974 it was estimated that about £400 million was spent in U.K. on the cost of treatment, sickness and loss of production time from work as a result of smoking related diseases.

The risks of smoking are not confined to Western nations. Cigarette consumption is rapidly increasing in many Muslim countries, whose population is the target of promotional drives by cigarette manufacturers, and smoking threatens to become one of tomorrow's major health hazards. Hopefully Muslim countries will study the consequences of cigarette smoking in the West and act before these diseases press too heavily upon them and stretch their resources for health care.

Cigarette Consumption and Promotion

Smoking is becoming a common and widely accepted social habit in Muslim countries, especially amongst the children and adolescents. One half of the population of Turkey is considered to be smokers. In Nigeria more than a third of men and 40 percent of boys in secondary schools in one big city were found to smoke. A survey conducted in four villages in Malaysia showed that 56 percent of men and 20 percent of women were regular smokers. The prevalence of smoking is higher in urban than in rural areas, where only men used to smoke, but the proportion of women who smoke is now rising as in Egypt. In Senegal 80 percent of urban men, but only 15 percent of rural men smoke cigarettes. Cigarette consumption in most Muslim countries rose steeply in the last years. In Egypt, the Eastern Tobacco Company's cigarette sales increased by 23 percent between 1976-78, and imported cigarette sales went by 25 percent between 1977-78. Cigarette consumption in Libya doubled between 1967 and 1976. (Fig.) The world's largest airlift of cigarettes is operated from Britain to Sudan and Somalia. About 210 tons of cigarettes are carried every month to both countries.

Not only do individuals become dependent on cigarettes but so does the economy of a country either