ROLE OF A MUSLIM PHYSICIAN*
“A SYMPOSIUM”

PART I

By S.A. Thokan MBChB (Natal) D.A. (S.A.) Dip O & G (S.A.)

Those who believe, suffer exile and strive with might and main in Allah’s cause with their goods and their persons, they have the highest rank in the sight of Allah. They are the people who will achieve salvation: The Holy Qur’an

The above ayah has clearly outlined the concept of struggle in order to establish truth. Thus a sustained struggle is a sine qua non for promoting all that is good and checking negative and evil forces. At the same time there should be a clear concept of ‘tauheed’; a proper understanding of which, confers freedom from all other fetters, that is, one is responsible to the one supreme creator and as long as one follows that code of conduct, one need not be subservient to all other superstitions and ‘ISMS’. Unreserved acceptance of these two principles, viz: Tauheed and struggle, as a framework from which to operate, will put the role of the Muslim Doctor in its true perspective.

Examining the problems facing a young man, during his training as a doctor or paramedic one finds that invariably he does not have a clear idea of his heritage and hence cannot draw any inspiration from it. Names have been distorted in such a way that they are barely recognizable as being those of Muslims. For instance, Jabir ibn-Hayyah is universally known Gerbar, Al Razi as Razé; Al Quliyat as Coligat, and so on.

In addition owing to a distorted image of Islam many of the ‘firsts’ in medicine are not known to the vast majority of Muslims — e.g., Ibn Al-Nafs, physician to Haroun-ul-Rashid, was the first to describe the Pulmonary Circulation, Jabir ibn-Hayyan discovered mercury; Damascus was the first city to provide a hospital for lepers (during the Ummayyad period) whilst in the West up to 600 years later such patients were burnt by decree of the ruler, Al-Abbas, the Ommayyad Caliph was the first to recommend an examination for medical competence.

Even the scientific method appears to be part of the Muslims’ heritage not only from a medical point of view but also in other spheres e.g., Imam Bukhari’s meticulous compilation of Hadith. Thus an important role of the muslim doctor is to study our past heritage in order to project into the future.

Educationists the world over have recognized serious shortcomings in our educational system. Curricula in general have become wholly materialistic. Demands in the scientific and professional fields have laid emphasis on purely technical pursuits at the expense of moral and spiritual development — i.e. The emphasis is on curriculum rather than on character; on earning a living instead of on how to learn.

The essence of knowledge as understood by muslims is the purpose and meaning of life — the true values as distinct from the false — and the way to peace and happiness. Hence for a muslim doctor his profession is not his God. Instead, his professional conduct has to be subservient to true Islamic values. Moreover, the muslim medical teacher should inculcate a sense of morality side by side with the usual secular instruction, to his students.

Now let us examine the role of the muslim doctor in the field of preventive medicine. He certainly has an important role to play provided he has found his true identity — that is, undergone a process of self-realization. The Islamic way of life, its concept of bodily cleanliness and its mental outlook can be living examples for his patients.

To assess the importance of Islamic sense of values, one only has to look at diseases like pancreatitis and cirrhosis and injuries due to motor vehicle accidents, in all of which alcohol has a major role to play. The significance of Taharah (body cleanliness) can be appreciated by studying diseases like balanitis, carcinoma of the cervix, gonorrhea, syphilis and scabies in all of which poor personal hygiene plays a major role. In the field of psychiatry conditions like ‘anxiety neurosis’ and depression can be ameliorated if the value of ‘Sujud’ and the concept of ‘Tawakkalu Illallah’ are appreciated. These examples represent only the tip of the iceberg. There are many other aspects of the Islamic system that can be shown to be of value in the prevention and treatment of diseases.

In terms of community work the muslim doctor has a very important role to play since the medical profession in general is viewed with reverence by the public owing to a distorted sense of value. Nevertheless, by becoming part of the Islamic movement (ummah) we as health care professionals have to take an interest in broader problems and not restrict ourselves only to medical issues. The role of the muslim doctor should be critically examined by each one of us in the light of the following questions: —

1) Where do I come from?

* Reproduced from the Proceedings of the Annual Convention of the South African Islamic Medical Association by kind permission.
2) What is the purpose of life?
3) What am I doing or where am I going?

The Holy Qur'an provides all the answers. Nevertheless I wish to touch on 3 concepts viz:

1) 'Taqwah': which is an essential aspect of Islamic thought. It is translated as fear of God, restraint, etc., but difficult to define in a few words. Hazrat Omar (RA) explained thus: 'Imagine you are going through a small path at night and it is pitch dark, and you are bare foot and on this path are thorns. The way in which you will pass through this path gives you an idea of this concept of Taqwah, and this is the way in which we have to pass through life, with cautiousness, with fear of God, with hope in God and His mercy.

2) 'Tasqiyah': which is a constant struggle to improve one 'Nafs' — i.e. to improve one's personality. The Qur'an says: 'he who purifies his soul truly succeeds and he that corrupts fails.'

3) Personal responsibility, that is one is accountable for one's actions on the day of Judgement.

Using these concepts we can instill self-esteem in the Muslim medical community as a whole, whilst at the same time guarding against arrogance.

In conclusion, scientific knowledge should be used for the betterment of mankind and not to his disadvantage. Each one of us hitherto did not know what we know now and let us be grateful for what we have learnt and in this gratitude apply the knowledge for His sake.

PART II

Moosa, A., M.B., Ch.B. (Cape Town) M.R.C.P. (U.K.)

First let me define what I believe a Muslim doctor should be and unless we understand this we cannot discuss truthfully what his role in South Africa should be.

Some people say that a Muslim doctor is one who practices 'Islamic Medicine', this brings me to the question 'What is Islamic Medicine?' Is there such an entity called Islamic Medicine? Are we perhaps falling into the same trap as people in the past who tried to make Socialism 'Islamic Socialism'? When talking of Islamic Medicine are we not really talking of Medicine within the framework of Islam?

These are two totally different concepts. The concept of Medicine within the framework of Islam is not the same thing as Islamic Medicine. There are many of us who might think of Islamic Medicine in the sense of Arab Medicine, or Prophetic Medicine, or 'Unani' Medicine, or the Medicine that flourished in times gone by. However, for me Islamic Medicine is the Medicine that I would practice as a Muslim. In otherwords, I am a Muslim first and a doctor or Health Care Worker second, and not the other way around. When I look at life in this way and practice medicine with this outlook then the Medicine I am practicing is Islamic Medicine.

Let us now discuss the Islamic viewpoint of medicine and medical science and in the end of it I hope we will be able to come down on that concept in terms of day to day life in South Africa and what our responsibilities as Muslim health care professionals should be in South Africa.

We can look at the Islamic viewpoint of Medicine under a number of headings:

A) THE VIEWPOINT IN RELATION TO THE SCIENCE OF MEDICINE

Islam encourages scientific investigation and the acquisition of knowledge. It is for this particular reason, that medical science during the glorious years of Islamic Rule achieved the pinnacle of success that it did. The injunctions in the Qur'an and the Hadith from our Nabi (SAW) are quite clear in guiding mankind to seek knowledge. But the Purpose for which one is seeking knowledge should be very clear, as it is clearly defined. It should not be for self glorification, nor to become a Professor, nor to win the 'Nobel Prize'. It should only be to please Allah whose vicegerents we are on this Earth, to please Him whose trusteeship we have accepted on this earth. So when we undertake an investigation or scientific research let it be quite clear why we are doing it. We are doing it to please Allah and no more.

Science (i.e. true science) should lead us closer to Allah. When we investigate, when we do research, when we analyse, we do all this to try and understand His creation and in doing so (i.e. by trying to understand His creation) we are drawn closer to Him. That should be the purpose of Scientific Investigation so that through science, be it medical science or any other science our Iman, our Faith, is made stronger. On the other hand we also know that having the Right Faith also gives scope to science -- Islam encourages Science and Scientific investigation and as we know this would then bring us closer to Allah and strengthen our Faith.

I want to remind you of a verse in the Qur'an with which all of you are familiar 'Iqra' — 'Read' — but it
did not stop there at 'Read'. It says, 'Read in the Name of Thy Lord and Cherisher'. There is a condition to seeking knowledge and that is that it must be for Him and in His Name, and it should never be for your own self-glorification. So remember that while Islam encourages scientific research there is a condition attached to this and a purpose behind it for which you are doing the research.

B) THE ISLAMIC VIEWPOINT OF THE HEALTH CARE PROFESSIONAL

The basic principle that we as health care professionals must understand is that Allah is 'Shafec' 'The Healer', and that we are merely the instruments of divine action and not the true healers. Therefore when we cure a patient or improve his health, we are merely Allah's instruments to carry out that particular professional duty of healing. If we accept that as the basic principle, then our entire action towards the patient will be determined by the principle. We will start off by saying 'Bismillahirrahmanirrahim' when we examine our patient. When we have treated him and he is better we will say 'Alhamdulillah'. It is this particular approach to our patient - an approach that is based on the fact that we are Muslims, that we are humble, that we are sincere that we are honest, that we respect the dignity of man — be he Muslim or non-Muslim, is what forms the basic of our professional responsibilities towards our patients.

C) THE ISLAMIC VIEWPOINT ABOUT ILLNESS IN GENERAL

Illness is not what many people believe: a punishment from God. Illness is not the Wrath of God on us. Illness is a means: in fact any struggle for that matter is a means; so that we may expiate our sins, and in so doing bring ourselves nearer to our Almighty.

The Islamic concept and approach to Medicine or health in general is exactly that which the WHO has only in recent years accepted. The WHO now defines health as the state of physical and mental well-being. Previously the WHO defined health as the state of absence of disease.

Our Prophet (SAW) has enjoined on us to 'ask God for health, for no one is given anything better for certain than good health.' He did not say, 'ask Allah for protection against illness' — he said quite clearly 'ask Allah for Health', and it is only 1400 years later that the world has woken up to the fact that health is not merely an absence of disease, but it is a positive aspect of attaining physical and spiritual well-being.

THE ROLE OF THE MUSLIM DOCTOR IN SOUTH AFRICA

You alleviate poverty by understanding what the causes of poverty in South Africa are. Once you have understood this you will be able to eradicate or attempt to eradicate those causes.

What are the causes of poverty in South Africa? Poverty is the prerogative of the underprivileged Black community of South Africa. You may be unaware or blind to this fact, but let me take off the blinkers from some of you who might not want to accept this. In our country poverty is equal to Blackness. But why should that be so in South Africa which is a rich country? It is a country full of resources both material and in terms of manpower. The answer comes down to the policies of those that happen to have the reins of power in their hands. In other words the policies of this country's political party that is in control are such that it is producing or providing the very circumstances that lead to poverty, ill-health, malnutrition, G.E., etc. If we as Muslim health care professionals are really to tackle the problems of poverty and the problems of ill-health in terms of all our communities then, besides the short term aspect of treating and providing relief of pain and suffering, we must prevent the cause behind the ill-health. As Muslims and Muslim health care professional we are involved in what is going on in South Africa as a whole. The factors that impinge on health are far wider and are based on the very political, social and economic systems of this country. Our role in this stems from the fact that we are Muslims first, that we believe in the unity of Allah, that we believe in all the Prophets, that we believe in the finality of our Prophet Muhammed (SAW), that we accept the Qur'an as the authentic word of Allah and are guided by that word. If we accept this then our actions as doctors must be guided by the Islamic principles. This inevitably leads us to take a positive stand on issues that effect our underprivileged and oppressed communities. If anybody wants to say that Islam and politics should not mix, I would advise him to go back to that source, the Qur'an and to read it and understand it. There is no way that the Qur'an divorces politics from Islam, because Islam is a total way of life. It is not a religion as some of our opposition forces have been trying to suggest to us — that if you are a religious body why don't you join some other religious body and practice your religion through them?

In conclusion I urge the Muslim health care professional not to let anyone direct you away from the Straight Path — the path as laid down in the Qur'an and demonstrated to us practically by our Prophet (SAW). Let no one stray from that path, because if we allow ourselves to stray from that path then we will end up as the past history of Islamic Movements have shown. Let us be strong in our Faith, let us be Steadfast, and let us be proud of being Muslims and let us proclaim this to the world. We have nothing to hide, nor fear and if we are truthful and if we
believe in ‘La ilaha illal lahu Muhammadar Rasoolullah’ then Allah is with us.

We as health care professionals, have the right of freedom of association, just as anybody else whether they are Capitalists or Marxists or Communists. We all have the right to co-exist, co-habitate and associate with whomsoever we want, in keeping with ‘democratic principles’ – whatever that might mean because I have yet to come across a country that is truly democratic.

Islam is not a religion in that narrow sense. Islam involves a whole way of living. It is an ideology that has a right to exist, just as much as any other ideology has a right to exist.

PART III
Gardeec, M.R. LLM RCP (Irel) LLM RCS (Irel) DPH (Glasg)

As Salaamu-Alaikum, dear brothers and sisters. The Qur’an is our guide to the totality of life: physical, material and spiritual. Islam means surrender to His will and if that is your claim, brothers and sisters, then you have to test your patience and your endurance which no doubt will be hard to cultivate, but which Insha’Allah will be forthcoming. ‘You are the best community that has been raised up for mankind. Ye enjoin right conduct and forbid indecency and ye believe in Allah.’ So remember, that in the execution of your mission, the promulgation of ‘La illaha illallah’ one must have qualities, both of the head and the heart, without which Islam cannot be brought to its natural fulfillment. Remember, ‘The best of mankind is he who serves mankind.’ There is no doubt that the best of medical men is the teacher of Islam — the one who brought the message — our Prophet S.A.W. Let us see what the Hadith has to say about Muhammed S.A.W. as a medical man. He laid down certain rules such as:

1. Medicine is in accordance with God’s Law.
2. For every disease there is a cure: —
3. During epidemics of widespread infectious diseases like cholera, etc. our Prophet S.A.W. forbade people from coming from one district into another that was preventive medicine — 1400 years ago.
4. He agreed that treatment by surgery is also essential. He himself performed some basic operations like taking out arrows from the body and so forth.
5. He also recommended nursing of patients and ‘cupping’. ‘Cupping’ is taking out of the blood, and it was used for Rheumatism, headache and blood pressure.
6. He also prescribed medicines!
   i. Honey: The Qur’an says that this comes from the body of the bee, in which there is healing for man. Some research done on honey at a recent conference found that when it was taken over a period of time, peptic ulcers were cured. In Denmark honey has been used as a dressing for hastening the healing of wounds.
   ii. Black Seed: has the property of making things dry and contracted. This was used after child birth, colds and coughs.
   iii. Henna leaves: used on wounds, cuts, and bruises due to its soothing effect on pain.
   iv. Dates: “If seven dates are taken in the morning,” according to our Rassol S.A.W., “neither poison nor insomnia will be a problem.”
   According to our Prophet S.A.W., the various verses of the Qur’an can be used as therapy.

These examples serve to highlight our rich heritage. They should inculcate in us an urge to apply these measures in our daily medical practice. The Muslim doctor should be constantly aware of the following verse from the Holy Qur’an: ‘When I am ill, it is He who cures’ and not the doctor nor the drugs, but belief in Allah.

For the sake of clarity, I have divided the role of the Muslim health care professional into local, national and international areas. Locally, the services which we are rendering as medical professionals should be based on need and priority. Some form of medical care should always be supplied at all times. The services should reach the whole population, rather than just an urban minority. The role of a doctor or health professional in developing communities differs from that in a developed community. The doctor has an educational role which is closely allied to his therapeutic one. What I am alluding to is the problems of malnutrition so commonly seen in your practices. As Muslims, you should identify that problem, then bring it to the notice of the relevant authorities in order to find a solution.

Due to the rapid social industrialization of the various communities, social disorganization has been increasingly noticeable in the various communities. The problem is further compounded on account of the legislation which defines and restricts the development of 3 of the 4 racial groups which make up the population of South Africa. Serious social consequences may be seen in the high rates of infant mortality, illegitimacy, venereal diseases, violence and alcoholism.
The process of acculturation or assimilation into Western society has brought with it many other problems. The conflict between the child and the parent slowly surfaces, as the former begins to realize the need to be accepted in a different society, in opposition to family customs and tradition. As values change and the family links become weakened, problems are becoming increasingly noticeable. Young adults are being presented at various clinic and consultation rooms with psychological problems. They are not properly understood, supervised or supported, thereby resulting in delinquency and other social problems. Much research is needed on these problems and who could be better than you professionals who are directly at the point of contact. You should ally yourself with those who are doing this type of research, together work out and formulate a policy on how to deal with a particular problem.

However, many problems, unfortunately, are a result of the social ills of a community as a whole. These can only be dealt with on a community basis. This will require local health personnel to examine the responsibility towards the entire community they serve, more critically. What is required is not special privileges, but special consideration of the difficulties. In terms of medical care, this means a realization on the part of those who provide services that the clinical need of the patient needs translation into demands. This can be deflated or inflated by personnel and family attitude on the one hand and that of the medical profession on the other.

On a national level, the service role of the university is imperative. Some universities have established chairs of family health, community medicine, community pediatrics, community obstetrics, etc... the latter being tripartite posts, backed by university, province, and State. These university departments should act as part of a research agency e.g. to construct models for an integrated health service in S.A., to help adapt health service models from elsewhere to avoid mistakes that others are making to introduce innovations for dealing with unmet needs on a multi-disciplinary basis and to help to initiate and to improve existing facilities and services through proper scientific research. These are all our commitments — however epidemiology of community medicine has really come to the forefront at the moment.

The I.M.A. itself can play the role which it could if it had the absolute support of you. There is a growing recognition in that improved health education could take much strain off our present health care system by improving the ways in which the health services are being used. If we are Muslims, there is a Muslim health education too. This is especially so if one is seeking wider expression of health than that usually implied in the narrow concept of diseases and medical care. There is a need for better coordination of scientific education. For instance, Ahmed-El-Kadi stated sometime back, in S.A. that nowhere in the scientific literature is there a mention of the Creator. There is a need to write and edit scientific textbooks establishing the link between the Creator and His creations, in order to strengthen our faith. In this regard the medical schools and research institutions require collaboration on a national and international scale. If the medical schools are not prepared to do so, then the I.M.A. can make a start.

We have just talked about some of the medicines that were prescribed during the time of our Prophet S.A.W. This is the most opportune time for us to come to the forefront. We should use the available information from the Hadith and the Qur'an, and do research on the various remedies.

Let us examine the ethical issues which are now coming to the forefront. There is an urgent need for organization and coordination between national and international Islamic institutions in terms of research and establishment of Islamic medical jurisprudence. It is about time that our research potential be harnessed so that we can come to an agreement on major issues such as family planning, birth control, sterilization, abortion, alcohol containing drugs, organ transplantation and pig derived medicine such as insulin, heparin and gelatin capsules.

As there are many Muslim professionals all over the world, communication is vital. There is again a need for contact at national and international levels for professional reasons. This may pave the way in the not too distant future for the resurgence of the Islamic medical mind. Surely, we have not forgotten that it was the Arabs who had given a tremendous impetus to the science of medicine. They invented chemical pharmacy, they opened dispensaries and they were among the first to put up organized hospitals. Today, however, our Arab brothers have to import people and technology from outside their countries.

In conclusion I would like to make a few suggestions:

1) There is a need for some sort of an international Islamic organization. In such a forum, Muslim health professionals could play a vital role — not only in providing relief during major catastrophes, but also in helping wealthy Islamic countries coordinate relief work and assist other less fortunate Islamic and Third World countries, e.g. the World Bank has its own health department, recommending aid to developing countries, but at what cost? Why can't the recently formed Islamic Development Fund have a similar and more effective department? But with an Islamic influence?

2) A close liaison must be maintained in all sectors of the medical field so that we can tackle our health problems more rationally, but do remember Brockington's words; he said 'Health cannot be
imposed on a people — it must be bought in partnership.
Finally, I would like you to remember that ‘La-illaha-illalah’ is the greatest integrating factor of muslim life. Allah alone becomes your sole protector, provider, friend, helper and refuge giver of life and death, prosperity and adversity, peace and contentment at heart that ward off anxieties as, only we could reduce it into faith and action. The message of Allah is the magic word that the Prophet S.A.W. brought and gave to the entire Ummah, which changed the entire course of Human history in a short span of 80 years, which the Roman empire, in spite of its greatness, could not achieve in 800 years. It needs no Prophet to tell you, when you have the Qur’an as the teacher, and the Holy Prophet S.A.W. as an example. Your success and happiness is assured if we are prepared to do our Islamic duty to all whom we serve.

I leave you with a thought: ‘He is your protecting friend, a Blessed Partner and Blessed Helper.’

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