

## Abstracts

### 1 Updated Asthma Guidelines

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**Objective:** Asthma is a chronic disease that affects about 20 million Americans, 9 million of whom are children. Asthma is a complex, multifactorial disease characterized by both airway inflammation and hyperreactivity. The treatment guidelines have been updated in 1997, 2002, and most recently in 2007. The objective of this presentation is to simplify and explain a summarized version of the updated treatment guidelines. The definitions of terms such as impairment, risk, and control will be explained in this context. The different approaches tailored to those 0-4 years, 5-11 years, and 12 years and older will be reviewed. The goal will be to share the latest updated guidelines so as to facilitate diagnosis and treatment of the various levels of severity of asthma.

### 2 EMR Selection: Choosing the Right System for Your Practice

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#### Objectives:

1. To provide small-to-medium sized physician practices master key concepts of evaluating, purchasing, and implementing a new electronic medical record (EMR) system.
2. To educate physicians in making the most out of their selection during negotiating vendor contracts.
3. To avoid costly mistakes made when purchasing a new EMR system

Adoption of EMRs by physician practices is widely viewed as a necessary element of the national strategy for healthcare improvement. President Obama's budget includes a health reform reserve of

\$634 billion for 10 years. The economic stimulus spending on EMR will boost the transformation of healthcare through information technology (IT).

The \$19 billion stimulus bill for health IT includes incentives and penalties to motivate physicians and hospitals to adopt EMR systems by 2011. There are more than 300 EMR systems on the market. Thus, selecting the right EMR for your practice could take an inordinate amount of time and diligent research just to determine which EMR works best for your practice. Physicians should be involved proactively whenever there is a major change in clinical practice. Their leadership is vital during their organization's transformation from paper- to electronic-based systems.

This paper explores EMR selection by providing a practical guide for physicians and health IT professionals in small- to medium-sized practices. It also addresses topics important to physicians as they redesign their practices to integrate EMR by assessing practice needs, choosing a system, and contracting. It will also cover lessons from negotiating EMR contracts, culture change, vendor selection, and operational redesign.

Tips will be provided by exploring potential pitfalls that may arise during EMR contract negotiations. Implementation of a national EMR system will have a significant impact on our health and healthcare. It enables caregivers to deliver higher-quality and cost-efficient care, helps patients be in charge of their health and provides physicians reliable monitoring systems. The definitive advantage of involving physicians in changing their clinical practice through adoption of EMR systems will play an essential role in healthcare safety and quality.

### 3 American College of Radiology Appropriateness Criteria®

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**Purpose:** In 1993, the American College of Radiology (ACR) recognized the need to establish appropriateness guidelines for the ever-increasing types of radiologic imaging. By employing these guidelines, physicians can enhance quality of care and contribute to the most efficacious use of radiology.

**Material and Methods:** The ACR Appropriateness Criteria® are evidence-based guidelines to assist referring physicians and other healthcare providers in making the most appropriate imaging or treatment decisions. The chair of the committee oversees the activities of 17 consensus panels (9 diagnostic and 8 therapeutic). The diagnostic expert panels are organized along organ system lines with the exception of panels on pediatrics and women's imaging.

More than 200 physicians are involved in the criteria development process. Each panel selects clinical conditions to be addressed based on the prevalence of condition, the variability of practice, the relative cost, the potential for morbidity or mortality, and the potential for improved care. The decision is based on scientific evidence and experience.

**Results:** The ACR Appropriateness Criteria® at the present time address more than 170 clinical conditions with over 900 variants. The appropriateness criteria are reviewed annually and updated by the panel as needed, depending on introduction of new and highly significant scientific evidence

The ACR Appropriateness Criteria® are intended to guide radiologists, referring physicians, and patients in making decisions about diagnostic imaging and therapeutic techniques. These are accessible on the ACR Web site at [www.acr.org/ac](http://www.acr.org/ac) and can be searched by condition or procedure.

These are also available for use with hand-held computers and can be integrated into radiology information, order entry, and electronic medical record systems to identify inappropriate exams before they are ordered.

**Conclusion:** It is believed that this systemic process of criteria development will provide credible guidelines for radiology decision-making based on scientific analyses and broad-based consensus techniques. It is hoped that the result will be a cost-effective practice of high quality radiology.

## 4 Clinicians as Effective Researchers

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Consultant, and Chair Institutional Review Board  
King Fahad Medical City,  
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**Objective:** To address the commonly asked question: Can clinicians—family physicians—be effective researchers?

**Design:** This presentation deals with my experience in clinical research, which resulted in substantial research grants, some original observations, description of new diseases, and overall improvement in patient care.

**Materials and Methods:** The clinical experience gained in overseeing the care at Queens Hospital Center in New York of 3000-plus patients with respiratory failure and subsequently managing a large department of medicine at Nassau County Medical Center.

**Results:** Some key lessons learned in developing clinical research include the need for inquisitiveness, patience, perseverance on the part of the clinician-family physicians, along with a nurturing supportive environment and appropriate financial, emotional, and administrative support. The importance of collaboration and, finally, the need for appropriate data collection and following the Belmont principles need to be emphasized.

There are numerous examples of practicing physicians making astute clinical observations, which resulted in major advances. For example, asbestos as cause of serious diseases and folic acid as cause of megaloblastic anemia, etc.

**Conclusions:** Based on my experience in a busy respiratory critical care unit in New York and my extensive work in clinical trials, which led to a number of original contributions and discoveries of new diseases and drug interaction, the answer to the question is a most definitive “yes.”

## 5 Successful Practice Management in a Changing Medical Environment

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Clinical office and medical facility management are not part of the curriculum of current U.S. medical schools or postgraduate medical training. More important, the concept of effective office management, maintaining an overhead perspective, and establishing a retirement plan in alignment with decreasing reimbursement from health care insurance companies creates a significant quagmire for both young and seasoned practitioners. Oftentimes, young health care graduates are relinquishing the very thought of starting an office practice as an independent physician, jumping directly into hospital or large conglomerate employment. This may deprive the young physician from the opportunity to be an independent practitioner, thus he/she is obliged to serve only as an employee of the big medical corporations.

Ideal practice efficiency emanates from setting a yearly income and expense prospectus with realistic goals and expectations. Office overhead can range between 28 and 65% of gross income, depending upon the type of medicine and surgery practiced. This can have a significant impact on revenue, marketability, and ultimate practice success.

To establish a reasonable and successful plan for a medical practice, one must address the following:

1. Being a sole proprietor, S corporation, limited liability corporation (LLC), or a professional corporation (PC).
2. Office employees. These individuals are a very important part of your practice overhead and those under your office umbrella have to be cross-trained to multi-task.
3. Health care contract negotiations. Setting contracts that have a usual and customary rate (UCR) appropriate to your location and specialty are necessary. These should take into consideration cost of living increases.
4. Is it better to own the office space or rent or lease it and why?
5. Plan for effectively decreasing your practice tax

liability. This gives you and your practice the best opportunity to survive and protect your assets.

6. Retirement plans. 401(k)s, profit sharing plans, and defined benefit plans. Which is best for you and your staff?

7. Investment management strategies. Following Islamic principles of shariah. Making sure that the investments you make give you the outlook that you believe in.

8. Life insurance and disability coverage. How much do you need?

9. Malpractice coverage. If you live in a state that requires it, the overall cost of medical delivery is higher.

10. Should scheduling, electronic medical records (EMR), and billing be done in house or out-sourced?

The goal of this presentation is to address the basic plan needed to achieve an effective goal-oriented practice. This will give the new graduate and/or practicing physician a way to decrease budgetary expenses and improve other aspects of practice management. Today's practice strategy has to adapt to budgetary constraints imposed by avaricious healthcare insurance companies and our government's lack of insight into private sector health-care delivery and management challenges. Making even small changes will allow the practicing physician to deliver health care with knowledge of practice pitfalls.

## 6

### Use of ePTFE-Covered Stents for Malignant Biliary Stricture

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**Objective:** Enthusiasm for bare metallic stents for malignant biliary strictures has waned due to increased rates of occlusion requiring secondary intervention. To this extent, the use of covered metallic stents in the biliary system (expanded polytetrafluoroethylene [ePTFE/FEP] coating) results in increased primary patency and decreased secondary interventions. We intend to demonstrate both

increased patency and the decreased need for secondary interventions with the use of the covered biliary endostents for malignant biliary strictures.

**Design:** Retrospective chart review.

**Materials and Methods:** The clinical inventory system was used to identify the placement of 28 Gore Viabil Endostents for malignant biliary strictures as palliation between May 10, 2005, and June 20, 2007. The clinical information system was then used to document patient outcome post-stent placement. Subsequently, the Social Security Index was then used to ascertain the cause and date of expiry. From this, patency values were determined and Kaplan Meier Curves derived.

**Results:** The cohort (n=28) consisted of 15 men and 13 women. The underlying neoplasm for the majority was pancreatic adenocarcinoma (25/28) with gastric, gallbladder, and small cell carcinomas of the liver and pancreas comprising the remainder. The mean age at stent deployment was 56 years. The median patency of the biliary endostent was 126 days. The patency ranged from 11-530 days. Only one patient presented with an occluded stent at 259 days requiring secondary intervention (1/28, 3.5%).

**Conclusion:** The use of the biliary endostents for the management of malignant biliary strictures as palliation demonstrates adequate patency rates as well as improving quality of life by minimizing secondary interventions. In the majority of cases (27/28, 96%), the biliary endostent outlived the patient.

## 7

### Interventional Oncology: A New Treatment Paradigm for Patients with Liver Cancer

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**Objective:** Hepatocellular carcinoma (HCC) is one of the most common fatal cancers in the world with an annual incidence of one million cases. The prognosis is invariably poor, resulting in mean survival rates of 6 months. Therapeutic options are limited

and clinical outcome for patients with HCC is extremely poor with median survival rates of less than 1 year. Image-guided interventions such as transcatheter arterial chemoembolization (locoregional therapy) have become the mainstay of therapy for those patients presenting with unresectable disease. Unfortunately, the results of these therapies have been mixed; primarily because the chemotherapeutic agents used have limited efficacy against liver cancer. Like most solid tumors, liver cancer relies on increased glycolysis for survival. This altered tumor metabolism creates a therapeutic window to target glycolysis for cancer treatment. A halogenated pyruvate analogue, 3-bromopyruvate (3-BrPA), has been shown to be a potent alkylating agent that inhibits glycolysis and tumor cell proliferation. This study will identify the molecular targets of 3-BrPA within glycolytic pathway and correlate efficacy with a survival study.

**Materials and Methods:** Identification of molecular targets of 3-BrPA: Human liver cancer cell lines were used in a proteomics approach to identify the molecular targets of 3-BrPA. Labeled 14C-3-BrPA treated cells were subject to SDS-PAGE electrophoresis followed by autoradiography. Subsequently, mass spectrometry was performed to characterize the proteins present in the radiography signals. Samples were then subjected to 2D gel electrophoresis, followed by autoradiography and peptide characterization. Activity of Glyceraldehyde 3-phosphate dehydrogenase (GAPDH) was determined after treatment with various concentrations of 3-BrPA (0-100 mcM). Functional analysis of GAPDH silencing was performed using small shRNA. Genomic DNA was isolated from both Hep3B and HepG2 cells after treatment with 14C-BrPA and subjected to scintillation counting to assess any 14C incorporation into the DNA.

The second part of the study was a survival study. VX-2 tumors were implanted in the liver of 32 New Zealand white rabbits. The animals were divided into a treatment group (n=22) and a control group (n=10). The treatment group underwent a 1-hour continuous intra-arterial infusion of 1.75 mM 3-BrPA in phosphate buffered saline (PBS) as compared to treatment with PBS alone (control group).

**Results:** Identification of molecular targets of 3-BrPA: Mass spectrometry identified 14C incorporation at 37kDa corresponding to GAPDH. Subsequent

immunoprecipitation confirmed GAPDH as the primary target of 3-BrPA. Enzyme activity assays showed 3-BrPA inhibited GAPDH and GAPDH knock-down by shRNA resulted in colony suppression. Analysis of genomic DNA from 14C-BrPA treated cells showed no incorporation of 3-BrPA into the DNA.

Survival analysis showed that rabbits treated with a continuous intra-arterial infusion of 1.75 mM 3-BrPA survived significantly longer (55 days) than control rabbits (19 days). Further, no toxicity was seen in any of the surrounding normal liver parenchyma.

**Conclusion:** This study demonstrates the complete blockage of glycolysis by 3-BrPA by preferentially binding to GAPDH resulting in cancer cell death. Additionally, the locoregional delivery of 3-BrPA in liver tumors resulted in a significant survival benefit with no damage to surrounding normal tissue. We combined the biological specificity of an anti-glycolytic alkylating agent 3-BrPA, with the physical specificity of a continuous local infusion using locoregional techniques.

## 8

### Breast Cancer: Incidence and Risk Reduction Strategies for Muslim Countries

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**Objective:** Evaluate the incidence, risk factors, and impact of risk reduction strategies on the morbidity and mortality of breast cancer in Muslim countries.

**Design:** Review of literature.

**Materials:** Literature search, World Health Organization database on cancer registries

**Results:** The incidence of breast cancer in the Muslim world ranges from highs of 58.9, 52, and 50.1 cases per 100,000 in Bosnia, Lebanon, and Pakistan respectively, to a low of 13.2 in Oman. In comparison, the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) of the United States reports 90.9 cases per

100,000. The incidence is increasing in Muslim countries with changing reproductive patterns and socioeconomic status, while the incidence is on the decline in the Western world. Breast cancer also presents at a younger age and in a more advanced stage in Muslim countries. The transformation of a premalignant cell to a clinically detectable cancer occurs over several years. The risk factors for breast cancer include obesity, physical inactivity, and supplemental hormones, in addition to genetic and other factors. Simple modifications in lifestyle can lead to substantial reductions in the risk of developing breast cancer. Specific medical interventions, such as anti-estrogens and prophylactic surgeries, have also proven to be effective at reducing incidence in high-risk women.

**Conclusion:** The nature of breast cancer, with its many modifiable risk factors and prolonged time of evolution, make it an ideal disease for preventative interventions. A campaign to introduce risk reduction and early detection strategies, as well as specific medical intervention in high-risk women in the Muslim community can help decrease the incidence and mortality of breast cancer significantly. Every effort must be made to remove the stigma associated with this disease, to allow every Muslim woman the best chance for survival. This will require a joint effort by the community, physicians, government, and religious institutions.

## 9

### Science of Worship

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The presentation looks into the rationale behind worship (*ibāda*) and the neurophysiological changes that accompany the act of worship.

The study involved researching the Glorious Qur'an for verses on worship and the relevant traditions of Prophet Muhammad ﷺ. The study of neuroanatomy and neurophysiology was extremely important in correlating the Qur'anic knowledge with the latest known neuroscientific information.

The search resulted in the discovery of a large number of verses and traditions of closely related

shades of meaning of worship, of which only a few relevant verses were selected.

The first verse selected was related to the purpose of creation where Allah ﷻ said “And I created not the Jinn and mankind except that they should worship Me (Alone).” (Qur’an: 51: 56) This led to the search for establishing the connection between creation and worship, and between action and worship. This called for arranging certain verses in proper order to get a complete meaning of these relationships. To qualify man’s action to be considered as worship, a rather detailed exploration of the Prophet’s tradition “Reward of action will be based on intention” was necessary. Intention was defined as the “prescriptive will of Allah,” the center of which is most likely the prefrontal cortex and the limbic system.

To establish the existence of natural instincts of worship in creation, reference was made to the verses translated as “primordial covenant” (Qur’an: 7:172) and “fiṭra of Allah” (Qur’an: 30:30) and to the genetic code of heredity in chromosomes.

In depth study of relevant neuroanatomy and neurophysiology were necessary to understand the neuroscientific changes that accompany and follow the act of worship.

In my study I have found that science has proven every aspect of Qur’anic information on neuroanatomy of worship, and there is strong correlation between the act of worship and the neurophysiological changes.

In conclusion, worshippers are urged to submit in total, both in body and mind, when intending to worship Allah the Creator ﷻ.

## 10 Mental Health Issues of Muslim Americans

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The concept of “psychic unity” has helped us to apply psychiatric theories, research findings, and rehabilitation techniques developed in one cultural

setting (West) to clients immersed in another culture. However, during the past three decades, research findings from cross-cultural psychiatry have demonstrated that individuals’ beliefs regarding health and sickness are deeply rooted in the socio-cultural traditions that are shared by members of their social network.

To respond to the growing needs of psychiatric problems encountered by Muslim Americans, many social service centers have been established during the past two decades. We now have a growing body of research data covering a wide range of contemporary issues facing Muslim Americans with respect to ethnic identity and mental health. This presentation will examine what kind of emotional and psychiatric problems are most prevalent in the Muslim community and how clinicians address them. We will further explain what kind of therapeutic approaches mental health professionals have used, and what treatment strategies were found effective in psychosocial rehabilitation of Muslim Americans.

## 11 The Impact of Negative Media Images – The Case of Muslims/Arabs – A Review of Research in Neuroscience, Psychophysiology and Social Psychology

*Alex Kronemer<sup>1</sup>*

*Jawaad Abdul Rahman<sup>2</sup>*

<sup>1</sup>*Executive Producer*

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*Unity Productions Foundation*

*Potomac Falls, Virginia*

It has been suspected that media images of violence and humiliation of Muslims and Arabs have a negative impact on those groups. How do these images affect identity formation “in terms of the emotions, beliefs and behavior toward others.” The United Nations Alliance of Civilizations Media Fund has commissioned six studies to answer these questions with labs at Harvard, Massachusetts Institute of Technology, and The New School.

This presentation will highlight key findings from the research. For example, “That being witness to a slight or violence against a group member may cause a stronger desire for retaliation than experiencing a slight or harm for one’s self.”

Finally, the presentation will discuss Hollywood

engagement initiatives to provide more accurate, nuanced, and balanced images of the groups in question.

## 12 Is Prophetic Medicine a Holistic Approach to Medicine?

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Tampa General Hospital  
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It is well known that certain Muslim jurists and scholars such as Imam Bukhari, Imam Muslim, and Imam Tirmizi did exhaustive research to collect the sayings and traditions of our beloved Prophet ﷺ. They then presented their collected works as “Al Hadith” of the Prophet to the populace. Not only were these authenticated, as to their degree of authenticity, but each of the witnesses, or the chain of witnesses was scrutinized in depth, to ensure their veracity and truthfulness. Thereafter, degrees were assigned to each saying or tradition depending upon outcome of this, in depth research. Thus each hadith had to undergo this rigorous analysis before being accepted for inclusion in the works (Al Hadith) of these scholars.

Later jurists such as ibn Qayyim Al-Jawziyya were then able to collect the Hadith and Sunnah related to hygiene, diseases, and remedies into scholarly works for the general populace, who held great reverence and love for the Prophet and desired to know his opinions on every subject, including these medical subjects. Never claiming to be a physician himself and many a times directing his *sahaba* (companions) to seek the help of a doctor, he none-the-less on many occasions gave advice on simple ailments, as well as other illnesses, that he encountered during his lifetime. These were all faithfully recorded and collected and came to be termed as “Prophetic Medicine”.

This presentation examines the fact that the trend set by the Prophet ﷺ to treat disease

states by medicines as well as prayer, diet and counseling set a trend of “holistic approach to medicine”, and indeed was the first such approach recorded in history.

## 13 Islamic Bioethical Deliberation: The Case of Brain Death

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### Objectives:

- Summarize the constructs of Islamic Shar’iah Law
- Summarize Muslim juristic discussions and deliberation on brain death
- Contrast the positions of Sunni jurists regarding the permissibility vs. impermissibility of neurologic criteria for death
- Examine contemporary approaches of, and constructs within, Muslim bioethical discourse

The bedrock of Islamic ethical discourse lies within the Shariah sciences, which give shape to both moral guidelines and principles as well as legal injunctions and proscriptions. With the advent of new medical technologies and the modernization of healthcare systems, Muslims have attempted to enter the bioethical discourse by injecting “Islamic positions” derived from Shariah sciences. These efforts are often not systematic, differential in their adherence to the legal tradition, and at times subverted by modernist, revivalist, and reformist agendas. This presentation will utilize the discussion on the permissibility of brain-stem death as a criterion for legal death from the Academy of Islamic Jurisprudence in Makkah. The relevant juristic deliberation will shed light on the sources, principles and objectives of Islamic law. Contrasting the arguments on the permissibility and impermissibility of the criterion will demonstrate applicative juridical deliberation and the plurality inherent to Islamic ethical deliberation. Lastly we will present contemporary approaches to, and constructs within, Muslim and

Islamic bioethics and discuss possible frameworks for Muslim medical organizations involvement

## 14 Religious beliefs about Epilepsy among Saudi Population: Community-Based Study

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**Background:** It has been acknowledged that religious and complementary therapies are commonly practiced among South Asian and African communities. In Saudi Arabia, some people believe that epilepsy is caused by jinn and has to be cured by non-medical therapy. However, this interferes with medical treatment and would certainly result in serious consequences to patients, their families, and society. In our practice, we see some patients who, as a result of stopping or not accepting medications, suffer disabilities, burns, car accidents, and death. Unfortunately, this happens even among religious, well-educated people. So far, there is no scientific documentation of the extent of the problem and its impact on the Saudi society. Therefore, the misconception that epilepsy is caused by jinn is a great health concern and has to be addressed and corrected.

**Objective:** The study aimed to evaluate the prevalence of the belief that epilepsy is caused by jinn in different regions of Saudi Arabia and to survey opinions regarding the effectiveness of medical treatment of epilepsy and the effectiveness of religious therapies. The study would help in setting future educational programs about epilepsy in the Saudi community.

**Methods:** This is a qualitative study. A questionnaire was designed to study how much knowledge the community has about epilepsy and its beliefs about jinn as a cause of epilepsy. The questionnaire also explored the demographic characteristics in each region such as gender, employment, education, and questions relating to attitudes toward epilepsy. Data will be collected from male and female volunteers above age of 15-years, who can understand and

answer the questions listed in the questionnaire, All geographi, and south will be included in the study.

**Results:** So far, 700 volunteers, from the eastern and central regions, of both sexes, with age range of 15-72 years, were randomly enrolled. Preliminary results collected from the study showed that 30% of the responders believed that epilepsy is caused by jinn. Ten and twelve percent of the responders in the eastern and central regions, respectively, indicated that epilepsy should be treated by religious therapies and that there is no place for medical therapy.

**Conclusion:** Although Riyadh is a densely populated (7 million), multicultural and highly developed city, a significant percentage of the population holds the belief that epilepsy is caused by jinn. This study clearly documents the magnitude of the misconception about epilepsy in the Saudi community. Therefore, further research is needed to study other possible socioeconomic contributory factors.

## 15 Rapid Diagnosis of Typhoid Fever by a Point-of-Care Test

Waheed N. Khan

Azko, Inc.

North Bethesda, Maryland

Typhoid fever, a worldwide problem, is an enteric infection caused by *Salmonella typhi* and *para-typhi*. It is characterized by high fever, rash, generalized and severe abdominal pain that can result in major complications, including intestinal perforation, intra-abdominal bleeding and even death. Typhoid fever is endemic in most parts of the world and is prevalent in countries with poor sanitation and living conditions, a major public health concern. Typhoid fever can lead to high morbidity and mortality if left untreated or treated inappropriately. Early and accurate diagnosis of the infection is critical to prevent serious illness. However two problems prevail in the commonly used diagnostic tests. The first is that culturing the organism from blood or stool is time-consuming and difficult. The second is that available serological tests are inaccurate and expensive. A point-of-care test is introduced based on the solid state enzyme linked immunosorbent assay (ELISA) technique that results in significant improvement in the diagnosis of typhoid fever. This

noninvasive screening test for *S.typhi* and paratyphi from a stool sample takes 10 minutes to perform and offer immediate result. The test kit (Typhoid Check) is self-compacted and contains all the working tools and reagents, requiring no other material or specialized training for its performance. Unlike the Widal, test this typhoid test is specific for *Salmonella* antigen, it is very simple to use and can be performed in a doctor's office while the patient waits. As compared to blood or stool cultures, which are 40% accurate, this test is 98.5% accurate. Furthermore, this test is Federal Drug Administration (FDA) 510K approved and has a FDA certificate to export. More than 50,000 typhoid fever test kits have been exported to West Africa.

## 16 Medical Care for Economically Challenged Families

*Malika Haque, MD, FAAP  
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Pediatrician Nationwide Children's Hospital  
Columbus, Ohio*

**Objective:** This presentation will describe the process involved in the formation of a free clinic in Columbus, Ohio. The clinic will provide much-needed health care to the increasing number of medically uninsured population of all faiths and cultures. This free clinic is designed and operated by the Muslim physicians and health care professionals of Central Ohio.

**Design:** The clinic will be open at the Ohio State University campus 4 hours per week in the evenings.

### Results:

1. Provide culturally sensitive patient care to the uninsured population of all faiths and cultures in these troubled economic times.
2. Student and resident teaching.
3. Research.

**Conclusion:** It is gratifying to reach out and help those in need and to motivate other communities to follow the pathway.

## Abstract Accepted but not Presented at Conference

## 17 Islamic Bioethical Deliberation: The Challenge and Promise

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### Objectives:

- Examine contemporary approaches of and constructs within Muslim bioethical discourse,
- Compare approaches to Sharia issues in other nonmedical professional fields and other religious traditions,
- Discuss the role of organizations and institutions in advancing the field of Muslim bioethics

Is there an agreed, formal approach to Islamic ethical discourse relevant to the practice of medicine in the United States? If so, why do we not pursue such an approach if we agree it is central to the practice of our faith? Do we have the human, organizational, and institutional resources to take such an approach here in the United States? What are the challenges to building those resources, and the consequences, if any, of not building them?

This presentation will examine the above questions by comparing the state of the art in Muslim bioethics in the United States to other disciplines and other religious groups. The fields of Islamic home finance and *zabiha* meat production in America will be used as comparative models against which we can study the growth of important fiqh questions raised by American Muslims every day. We will then construct a framework that we believe should be the basis for Muslim bioethics discussions in the United States.

*Presented during Luncheon  
on Saturday, July 4*

**18** American Medical Mission to Gaza

*Ismail Mehr, MD; Labib Syed MD, MPH;  
Irfan Galaria, MD, MBA*

**Objective:** A group of American physicians and surgeons—The American Medical Mission (AMM)—was organized to respond to the tremendous humanitarian crisis that developed in Gaza, Palestine, immediately following the Israeli invasion of that country. The AMM strived to provide medical relief and aid to the civilians injured as a result of the conflict.

**Design:** AMM group efforts were coordinated by the Islamic Medical Association of North America

and was supported by several other foreign United Nations-chartered relief organizations in Egypt and Gaza. The AMM group entered Gaza roughly 5 days following the cease-fire, and spent 7 days in Gaza providing medical support. The group’s efforts were based out of the Al-Shifa Hospital in Gaza.

**Results:** Physicians in the group were able to coordinate their efforts with local physicians to provide care to those wounded in the war. Physicians were also able to perform complicated, elective procedures that could not be performed by local physicians. Physicians also strived to teach local physicians newer techniques in providing medical care.

**Conclusions:** Because of the recent invasion and complicated political landscape in Gaza, Palestine, there was a significant need for advanced medical skills and basic medical equipment. The humanitarian crisis in Gaza remains significant, and there continues to be a dire need for medical support.

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