

Islamic Reflections on Health Care

What Islam is all about is adequately summarized in the Qur'ān as Allāh addresses Prophet Muḥammad [PBUH]: "We have sent you for none else but mercy to the worlds" (21:107). The rest is detail. The primary detail is the five principal goals of Islamic Shari'ah, viz. the preservation and protection of: Life, Mind, Religion, Ownership and Offspring. The enormous mass of Islamic jurisprudence over the ages is merely further detailing, classification and subclassification of these, deriving rulings based on the Qur'ān and the "Sunnah" (teachings of the prophet), either in text or within their context by a process of deductive reasoning called "Ijtihād". This latter is the built-in-mechanism of the Shari'ah by which it caters for new issues, times and places.

Under the item of Life, health care occupies a significant place amongst a very extended scope that pursues the "chain of causation" to far lengths and poses obligations on the individual and on society/state towards attaining and maintaining health. The injunctions of the Qur'ān and Sunnah about nutrition, physical fitness, care of the environment and other prophylactic practices to avoid harm are plenty, but beyond the limited space of this article. When health is afflicted, its restoration is Islamically both a right and a duty. As this entails a cost, it follows that those who cannot meet the cost, totally or partially, shall not be excluded, and should be the collective responsibility of society whose members, as prophet Muḥammad ordained, "Are like the one body: if an organ is afflicted, then all the systems shall rally in response." It was upon this concept of solidarity expressed in mutual rights and duties that 'Umar ibn al-Khattāb (the second guided caliph) decreed that if a person in a community died because of hunger (poverty), then that community should pay his "Diyah" (blood money) as if they killed him. The scholars extend this principle to cover persons who cannot afford medical expenses. Responsibility rests with the government to ensure that this is done. In his capacity as head of state, Prophet Muḥammad stated, "I am the caretaker of those who have no one to care for them." The sense of responsibility expressed in the prophet's words, "Each of you is a shepherd and is responsible for his flock," was taken very seriously by the Islamic government, to the extent that Caliph 'Umar ibn 'Abd-ul-Azīz said, "If a mule stumbled in Iraq (he himself lived in the capital, Damascus), I see myself responsible for it before Allāh on the Day of Judgement why I did not pave the road properly for him."

This trend is not to be confused with the issue of capitalism versus socialism, for the Islamic system long antedates such classification and, moreover, it was a system of free economy and private enterprise where individual charity was religiously highly commendable and was complementary to no small degree to state efforts, especially through the "Waqf" (endowment) system. Not only were the poor treated for free, but their families were issued financial support to cover the period their bread-winner was out of work. Sensitivity and compassion toward the poor was an integral part of medical education (e.g., Raze's book: *The Character of the Doctor*), and had its place in every Islamic "Oath of the Doctor" since that of Hālī 'Abbas (9th century) until now.

Historically, health care evolved through many phases. In most

cases, private practice co-existed with a state-run service that grew to a national health service in some countries. The current system in the United States, handled by insurance companies and largely separated from government, makes use of the inherent vigor of private enterprise, which is the hallmark of a capitalistic society such as that of the U.S.A., and obviously is better suited to cope with the progressive complexities and technological advances in health care. And yet, the system is open to a number of criticisms, none of which should be ignored. Perhaps the first is that it lacks universality, leaving people without access to care and others who after retirement might have to spend their life savings on an illness. It ignores health care as a basic human right, considering it a saleable commodity and this is Islamically and humanely unacceptable. Although distant from the rich, politicians and businessmen, they still have to heed and address this consideration. Sometimes one glimpses a shade of insensitivity bordering on cruelty towards the poor and underprivileged in our country. The commercialization of medicine has also led to the emergence of three phenomena that must be curbed not only to preserve the spiritual and moral underpinnings that are the essence of medical care, but also the the purpose of cost containment, this being cited as the big riddle in any meaningful health system. These are the obsessions of capital with a one-way trend of growth and further growth, the medico-legal transformation of the doctor-patient relationship and, hence, the rise of litigation as a career and the unbridled and unquenchable greed across the board from insurance and drug companies to hospitals and, finally, doctors. An effective, just and fair health system will inevitably lead to some decrease of profit, especially to the big companies. This, however, would be justifiable under the Islamic judicial rule, "Public welfare overrides private welfare." Some equilibrium should be restored, and the medical market should maintain a spiritual dimension even if the general financial market does not. This is good for the should of both the nation and the investors. It pays, but regrettable, in other terms than this visible, quantifiable and all too sanctified dollar currency.

But health care is not an isolated field in the life of a nation that can be disentangled from the other walks of its life. Social trends and lifestyles have a direct bearing. How much in terms of life and health is exacted by drugs, alcohol, smoking, violence and old and new sexually transmitted diseases? And how much in terms of dollars do they cost, and what if they could be put to better use, including the further improvement of health care? Preventative medicine should prevent ailments by preventing their causes, even if these are outside the conventional borders of health care, and hence, it should not be solely the duty of the health care system. Life is an integrated totality. A lot of good can transpire if the mood molding gigantic machine of the media and art industries take their role more seriously and aim at the proper goals.

Hassan Hathout, MD, PhD

101 N. Grand Ave.

Apt. 2

Pasadena, CA 91103