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The Doctor-Patient Relationship: Providing Care to Muslim Patients in Europe

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Abstract: *The European Union is home to a growing number of Muslims. It is important that physicians and other health care providers understand the Islamic perspective with respect to physician-patient communication and relationships. Although there is a growing literature relating to how best to conduct a physical examination with Muslim patients, less writing has focused on the expectations of Muslim patients vis-à-vis the qualities anticipated and expected from their physicians. This article provides a short review of the qualities expected of the physician as reflected in the Qur'an and various hadith and compares these expectations to the obligations of respect for persons, physician truth-telling, and beneficence. The article concludes with a suggestion that health care providers adopt a perspective of cultural humility as an aid to better understand and communicate with their Muslim patients.*

Keywords: *Islam, physician-patient relationship, cultural humility.*

Introduction

As of 2010, the European Union was home to approximately 13 million Muslim immigrants.(1) The greatest number reside in Germany, where 4.8

million Muslims now constitute 5.8% of the country's population, and France, where 4.7 million Muslims account for 7.5% of the country's inhabitants. A total of 14 million Muslims reside in Russia, making it the largest Muslim population on the continent. It is highly likely that the size of Europe's Muslim population will increase, in part due to the influx of refugees and, in part, because the Muslim population tends to be younger than other Europeans.(2)

The growing number of Muslims in Europe suggests the need for physicians and other health care professionals to develop a minimal level of familiarity with the Islamic perspective on health, illness, and the physician-patient relationship. This article first explores the qualities that Islam expects of a physician providing care to Muslim patients. The article then discusses the concept

of cultural humility as a foundation for interaction with patients and their families. It must be stated at the outset, however, that the writer is not an expert on Islam and bases this writing on the extant literature and what is available through the Qur'an. Additionally, this discussion recognizes that differences in the interpretation of various provisions of Islam exist across diverse schools of thought and cultures. The discussion here is in no way meant to trivialize these differences or to essentialize beliefs, but rather to provide a general overview.

The Physician-Patient Relationship

It is important to recognize first and foremost that Islam sets forth a way of living life and relating to others. For adherents to the faith, observance entails significantly more than worshipping on a regular basis or eating or not eating specified foods. Rather, Islam sets forth a way of living life, relating to others, and relating to Allah (God).(3)

Guidance for the physician-patient relationship is found in the Qur'an, which contains Allah's revelation to the Prophet Muhammad, transmitted to him by the angel Gabriel over a period of 23 years.(4,5) Other important sources include the Hadith, a collection of sayings and deeds attributed to the Prophet Muhammad that were compiled by scholars after

his death, and *Shari'a*, or Islamic law. There are four primary schools of Sunni legal thinking (Hanafi, Shafi'i, Maliki, and Hanbali) and two main schools of Shiite legal thinking (Jafari and Zaidi).(6,7) The schools differ with respect to their interpretation of portions of the Qur'an, their (non)acceptance of specific *Hadiths* or the weight to be attributed to them, and the extent to which analogy and inference may be utilized in examining a question.(6-8) Other sources, albeit of lesser importance, include *ojma'*, consensus agreements about the moral or legal assessment of an act, and *qiyas*, referring to juristic reasoning by way of analogy.(5) *Fatwas*, or legal opinions, can be issued by specified clerics and serve as informal religious documents that consider the specific question raised within a specific context.(5)

Islam holds that Allah (God) created all life and that life is a gift from God that is sacred and must be protected.(9) Death, like life, is determined by Allah.(10) Although the physician is obligated to do his or her best for the patient, whether the patient survives or dies is ultimately the decision of Allah. Surah Âli 'Imrân 3:145 explains, "No soul can ever die except by Allah's leave and at a term appointed."(11) Surah Jonah 10:57 explains, "He quickeneth and giveth death, and unto Him ye will be returned."(11) Surah Al-Mû'min

similarly states, "He it is who quickeneth and giveth death."(11) A hadith of Sahih Bukhari further advises, "Narrated Abu Huraira: The Prophet said, "There is no disease that Allah has created, except that He also has created its treatment."(12)

However, a person suffering from illness remains obligated to seek treatment, as a hadith of Sunan Abudawud relates:

Narrated Usamah ibn Sharik: I came to the Prophet (peace_be_upon_him) and his Companions were sitting as if they had birds on their heads. I saluted and sat down. The desert Arabs then came from here and there. They asked: Apostle of Allah, should we make use of medical treatment? He replied: Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it, with the exception of one disease, namely old age.(13)

Islamic writings have long addressed questions of medical ethics. As an example, Ishaq ibn Ali al-Ruhawi, who lived during the second half of the ninth century A.D., authored *Adab al-Tabih (Practical Ethics of the Physician)*.(5) Al-Ruhawi characterized medicine as a Divine Art and sought "to elevate the practice of medicine in order to aid the ill and to enlist the aid of God in His support vocationally and otherwise."(5) He declared that a physician was obligated both to follow certain ethics to improve both

his soul and his moral character and to adhere to three articles of faith: that there is only one Creator who performs all acts willfully, that he believe in and have complete devotion for Allah, and that Allah sent His messengers to mankind to teach them goodness because man's mind is insufficient for the task. Although much of his text focused on patients' obligations to their physicians—to have faith in the physician, to follow the physician's instructions, to respect a physician according to his skill—he also emphasized the qualities needed of a physician, the dignity of the medical profession, and the removal of corruption of physicians.(5)

In doing his or her best for the patient, the physician is to treat the patient as a person, rather than as an illness or disease or body part.(14) Physicians are expected to be wise; in Unaani medicine, an Islamic healing philosophy that incorporates elements of ancient Greek medicine, the term for doctor is *hakeem*, meaning "wise one.(4) This apparent expectation has been somewhat confirmed by findings from empirical research. For example, respondents in a questionnaire study involving 650 individuals in Lebanon endorsed the following traits as desirable in physicians: moral traits (41%), interpersonal traits (36%), and scientific traits (19%) The traits

deemed to be the most undesirable were a lack of interpersonal traits (57%), a lack of moral traits (40%) and a lack of scientific skills (3%).(15)

The Qur'an provides guidance as to what may be meant by "moral traits." The moral physician can be expected to tell the truth. Surah *Âli 'Imrân* 3:110 provides, "Ye are the best community that hath been raised up for mankind. Ye enjoin right conduct and forbid indecency; and ye believe in Allah"(11) Surah *Al-Baqara* 2:42 implores the believer to know and reveal the truth: "O people of the scripture! Why confound ye truth with falsehood and knowingly conceal the truth?"(16) Surah *Az-Zumar* 30:32 queries, "And who doth greater wrong than he who telleth a lie against Allah, and denieth the truth when it reacheth him? Will not the home of disbelievers be in hell?"(16)

Various hadith similarly exhort believers to remain be truthful. Two hadith of Sahih Bukhari teach as follows:

Narrated Abu Huraira: The Prophet said. "The signs of a hypocrite are three: 1. Whenever he speaks, he tells a lie. 2. Whenever he promises, he always breaks it (his promise). 3. If you trust him, he proves to be dishonest. (If you keep something as a trust with him, he will not return it.)"(17)

Narrated Abu Huraira: The Prophet said, "Whoever does not give up false statements (i.e. telling lies) and evil deeds, and speaking bad words to others, Allah is not in need of his (fasting) leaving his food and drink."(18)

The religious obligation to tell the truth is consistent with the secular ethical obligation to disclose the truth to the patient. How this is to be done varies across individuals, families, and cultures, with some patients preferring to hear all of the details and other preferring to know as little as possible, with full disclosure to be made only to their family members.(14)

The obligation to disclose the truth and the characterization of a forged statement or false witness as one of the biggest sins suggests what secular medicine would conceive of as informed consent. A hadith of Sahih Bukhari relates:

Narrated Anas bin Malik: Alah's Apostle mentioned the greatest sins or he was asked about the greatest sins. He said "to join partners in worship with Allah; to kill a soul which Allah has forbidden to kill; and to be undutiful or unkind to one's parents." The Prophet added, "Shall I inform you of the biggest of the great sins? This is the forged statement or the false witness." Shu'ba (the sub-narrator) states that most probably the Prophet said, "the false witness."(19)

This suggests that the writing on a record must be authentic, that the

physician may not record that which is not true and that the agreement to proceed with a treatment may not be forged.

Both the Qur'an and hadith suggest that physicians are also expected to treat their patients compassionately. Surah *An-Nahl* 16:90 advises: "Lo! Allah enjoineth justice and kindness, and giving to kinsfolk, and forbiddeth lewdness and abomination and wickedness. He exhorteth you in order that ye may take heed."(11) A hadith of Sahih Bukhari relates, "Narrated Jarir bin 'Abdukkah: The Prophet said, "He who is not merciful to others, will not be treated mercifully."(20) This trait can be likened to what in secular bioethics would be considered the humanistic practice of medicine and/or the ethical requirement that physicians seek to maximize good and minimize harm.(21)

Cultural Humility as a Basis for Interaction

Much has been said about the need to be culturally competent when providing care to individuals of cultures other than our own. Indeed, it is important to have a basic understanding of critical issues and how best to approach them, e.g., confidentiality, informed consent, disclosure of diagnosis, acceptability of various procedures such as transplantation, life support,

abortion.(9,22) It is important to recognize, however, that preferences vary across cultures and individuals, despite the existence of many commonalities. Accordingly, reliance on only what is written in the literature as a guide for interaction with patients is inadequate because what can be learned from the literature may or may not be relevant to the individual patient, just as epidemiological findings about a population may or may not be accurate with respect to a specific individual.

In order to be a wise provider, it is important to go beyond a basic understanding of commonalities across Muslim groups and understand and interact with one's patient as an individual. The concept of cultural humility rests on the basic assumption that in each and every interaction, there is something that we do not know or understand.(23) This approach focuses on the development of critical consciousness in order to change not only knowledge and explicit behaviors, such as not referring to individuals with racial slurs, but also attitudes. It is a process that requires lifelong self-reflection, self-critique, learning, and transformation. Unlike the informative learning of cultural competence that focuses on the acquisition of knowledge, cultural humility is a method of

transformative learning that ultimately produces enlightened change agents. The ongoing effort to engage in self-evaluation and learning suggests that individuals must identify their own biases and learn to manage them so they do not interfere with one's communications and relations with patients.¹ Such personal reflection is essential for one's development as a humanistic physician, a well-accepted goal of medical learning.^(24,25)

The process suggested by cultural humility requires active engagement, a commitment to reciprocity on the part of all individuals, and the exercise of humility in each and every encounter. This perspective necessarily changes the balance of power between the care provider and the patient. By understanding that there is something that he or she does not know about the patient, the provider implicitly recognizes that the patient is the expert when it comes to his or her own health information. This stance also requires that the provider engage in active listening to the patient, a feature of the humanistic practice of medicine.⁽²⁶⁾ This approach is consistent with the expectation of humility that is evident in a hadith of Sunan Abudawud:

Narrated Iyad ibn Himar (al-Mujashi'i): The Prophet (peace_be_upon_him) said: Allah has revealed to me that you must be humble, so

that no one oppresses another and boasts over another.⁽²⁷⁾

Conclusion

The Qur'an and hadith serve as a guide to living for Muslims; Islam is a way of life, not merely the participation in specified activities, such as attendance at worship services. The qualities demanded of adherents to the faith are expected of physicians in the service of their profession and their relationships with their patients: honesty, respect for the patient, compassion, and humility. These characteristics are consistent with the standards and expectations of both secular bioethics—truth-telling by physicians to their patients, respect for persons, and beneficence—and with the humanistic practice of medicine. The similarity between the standards suggested in the Qur'an and hadith for interactions by physicians with their patients, on the one hand, and Western bioethical standards and humanistic practice on the other, should help to facilitate interactions between Western-trained physicians and other care providers and their Muslim patients.

Notes

1. As an example, views about Muslims vary widely across Europe's countries. In general, the United Kingdom, Germany, France, Sweden, and the Netherlands hold favorable views, but

perceptions of Muslims are much more negative in eastern and southern Europe. (1) This research finding suggests the need for each provider to engage in self-evaluation to assess the existence and extent of any bias that he or she may have, whether positive or negative in nature, regardless of one's origin. Of course, views about Muslims differ, as well, outside or Europe.

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