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regularly for years. It consisted of sixty-four pages. The annual subscription was only Rupees two and a half. It strove to achieve the following objectives:

- (i) to present and explain the principles of *Tibb*
- (ii) to provide to readers necessary information on Modern Medicine
- (iii) to undertake a comparative study of Modern and Ancient Systems of Medicine
- (iv) to improve the methods of treatment under *Tibb*
- (v) to publish articles on complex diseases and their treatment
- (vi) to popularize *Tibb*.

The Journal succeeded in creating an urge in physicians and students of *Tibb* to write notes, explanations and articles and soon there appeared a large body of writers on *Tibb*.

Hakim Kabiruddin occupied an enviable position, both as a translator and a writer. He and his colleagues produced vast literature on *Tibb* in Urdu and removed the dearth of course-books. *Tibb* owes to him a debt whose enormity is evident.

MEDICAL ETHICS IN ISLAM*

ABDUL HAMEED

The attitude of Islam to health is a positive one. The Holy Qurʾān gives to heart the same position which the latter occupies in the human body. According to Islam, heart is the source of health as well as of all diseases—spiritual, psychological or physical. For this reason, the Qurʾānic commentators have, while dealing with diseases, bracketed the spiritual disease with physical disease. From some of the verses of the Qurʾān, the importance of physical health becomes evident. For example, we read in the Qurʾān:

قال ان الله اصطفاه عليكم وزاده بسطة في العلم والجسم

He said: God hath chosen him above you, and gifted him abundantly with knowledge and bodily prowess! (2:247)

In this verse bodily growth and physical health have been given as much importance as has been given to knowledge and an increase thereof.

So far as the Holy Prophet (peace be on him) is concerned, he refrained from presenting himself as a healer of physical disease. In the society of which he was a member, and in the circumstances in which he was performing the duties of the messenger of God, there was no medical system and no institution to impart the knowledge of health and medicine. However, like any other human being, he, his relatives and companions had necessarily to face physical diseases. The consequences of such an occurrence are dealt with in the Books of Traditions which have definite chapters on health and physical diseases. These chapters expanded in course of time and formed a basis for a new discipline—the *Medicine of the Prophet*.

A study of the Qurʾānic verses pertaining to health and physical diseases and the Books of Traditions dealing with this very subject leads us to the conclusion that the attitude of Islam and the Prophet (peace be on him) is a positive one. According to Islam and its followers, health is a natural state of every living being in this world, while

* The paper was presented at International Conference on Islamic Medicine, Kuwait (12-16 January 1981).

disease is an accident or a deviation from the normal state, that a human being is born healthy and normal but the attitudes of parents and the environment inflict the disease on him and weaken him. This belief or basic concept helped the architects of Islamic philosophy in laying such foundation of general as well as medical ethics as is missing from the medical ethics of many ancient and medieval cultures. In this way, the practice and response of Islam and the Muslims with regard to health and disease are different and it should be so. Whoever holds this belief and basic concept will consider the world to be in harmony with the existence and survival of man on this planet and not as a negation of man's continuance or in opposition of his health. The Muslim attitude is that all that is necessary for life—air, water, earth, heat, etc. is created by God for man and is to be used freely by the entire mankind. Also, a Muslim believes that God has put at the disposal of mankind innumerable resources which can be created. These are the famous Traditions:

لكل داء دواء

For every disease there is a remedy and

ما انزل الله داء الا انزل له شفا

God has not sent any disease without a remedy. This Spiritual law offers a comprehensive basis for Islamic medical ethics. If one studies the Traditions or books dealing with the Medicine of the Prophet, he would come across many principles and laws which would clearly reveal the characteristics of Islamic medical ethics. Take for example this Tradition:

المومن القوي خير و احب الي من المومن الضعيف وفي كل خير

A healthy believer is better. I like him more than a weak believer. There is goodness in everyone.

It is quite clear from this Tradition that Islam not only wishes to see its followers in a healthy state, but considers physical strength as superior, and that one should not fall ill but fully guard his health to ward off the disease. If, however, one is affected by disease, his capacity for patience and the ability to beat it out, are enhanced by those Traditions that deal with the virtues of patience. In one Tradition it has been said that the disease of a believer is the expiation of his sin and the instrument of his spiritual elevation. The material

that we find in the Traditions on such matters as the use of lawful things e. g. medicines, saving oneself and others from infectious diseases, following the principles of health even in prayers, concessions to one who is ill in the discharge of his religious obligations, due care to health while taking foods and drinks, eschewing gluttony, the virtue of paying visits to those who are ill, avoiding charlatanism and divination, justification for having a family physician, and so on, not only clarifies the Islamic viewpoint regarding medicine and health but also lays down the foundation of distinct and practical medical ethics.

We do not find as much material on medical ethics in books of Islamic or Arab medicine written in Arabic as there ought to have been. The reason probably is that medical ethics was never separated from laws of general ethics, and a physician was governed by the same ethical code which was in existence either before or after the birth of Islam. As civilization progressed, and literature on medicine proliferated, medical ethics became a full, though not quite an elaborate, subject. Many books were written on the subject, though I regret that they were not based on principles and practices which I have mentioned earlier. These books were based on Aristotle, Hippocrates, Nicomachus, *Kalila wa Dimna*, etc. and they enunciated principles different from those of Islam. I have every hope that whenever a serious study of Islamic medical ethics is undertaken, the Holy Qur'an and the body of Traditions will be taken into consideration, and the emerging ethical philosophy of Islamic medicine will be quite different from what it is now—more in tune with the core of the Muslim beliefs, and therefore more effective and useful.

When we scan the Arabic literature for material on medical ethics, we are faced with the peculiar situation that the great work of Ibn Sinā, *al-Qānūn fi'l-ṭibb*, which runs into five volumes spreading over some 2000 pages and a million words, is completely silent on medical ethics. Many other writers on Arab medicine have also left out a discussion on medical ethics. I give below a list of those works in which physicians have broached the subject. The list is certainly not exhaustive, but it will prove useful to everyone embarking on a serious and sustained study of the subject. I must acknowledge here that Manfred Ullmann's book, *Die Medizin in Islam*, which to date is the best study of the development of Islamic medicine, has proved greatly useful in the compilation of this bibliography.

Arabic manuscripts dealing with ethical side of Greco-Arab physicians, as noted in *Die Medizin in Islam* (pp 223 to 227) by Manfred Ullmann, Leiden, E.J. Brill, 1970.

1. *Kitāb Adab al-Ṭabīb*

By: Ishāq b. ʿAlī al-Ruhāwī (d. in 3rd century A.H.)

It has been edited by J. C. Burgel and translated by Martin Levey (1967, Philadelphia). It is one of the most remarkable and earliest MS on the subject, one of the important Arabic works on medical life and profession. It deals with *Adab* and *Iʿtidāl* (respect and moderation towards medical profession).

2. *Kaifa Yanbaghī an Yumtaḥana al-Ṭabīb*

By: Ishāq b. ʿAlī al-Ruhāwī (d. in 3rd century A.H.)

The work was mentioned by the writer himself in his book *Kitāb Adab al-Ṭabīb*. This dealt with how a physician should be tested and examined so as to differentiate an efficient physician from an incompetent one. The MS is however untraceable.

3. *A treatise of medical ethics*

By: Abū Yāʿqūb Ishāq b. Sulaimān al-Isrāʿīlī (d. 320/932)

The treatise contains 50 aphorisms in its Hebrew translation.

A few quotations run like these:

“The medical man who predicts the elimination of illness brings blame on himself because in place of the possible he puts the necessary.”

“Let you attend to the visit and cure of poor and destitute persons, specially with preferential interest, because no work can be more meritorious than this.”

“You should give consolation to the patients and bring before their view the possibility of their recovery even when you are not convinced of it because therewith you support his nature.” “Let the medical men avoid to treat difficult illnesses because they cannot be cured and the patients will be irritated by their unwanted torture and by the cost of their treatment and your ability to cure will become suspect.”

4. *Kitāb al-Nāfiʿ fī Kaiḥiyat taʿlīm Ṣināʿat al-Ṭibb*

By: Abu'l Ḥassan ʿAlī b. Riḍwān (d. 460/1068)

This unpublished MS is housed in the Library of Dār al-Kutub, Cairo. It contains instructions on ethics for medical men. It is also a useful book on the art of medical teaching.

5. *Daʿwat al-Aṭibbā ʿala maḥhab Kalīla wa-Dimna*

By: Abu'l Ḥasan al-Mukhtār b. ʿAbdūn b. Buṭlān

The MS was edited by Bishāra Zalzal and published at Alexandria in 1901. It is a satire on physicians and is specially directed against ʿAlī b. Riḍwān. It has nothing to do with medical ethics positively, though it may have some negative value.

6. *Kitāb Tashwīq al-Ṭibbī* (composed in 464/1072)

By: Saʿīd b. al-Ḥasan

The MS has been published in facsimile from the copy housed in Gotha (Bonn 1968). Ikrām Shāh Tāshqandī has translated it. It was written with the aim of arousing a longing for acquiring the knowledge of medicine. However, it has also described qualities which medical men should possess.

7. *Kitāb Bayān al-Hāja ila al-Ṭibb wa adab al-aṭibbā wa-wasāyāshum*

By: Quṭb al-Din Maḥmūd b. Masʿūd al-Shirāzī (d. 710/1311)

This unpublished MS is housed in the library of Topkapū Sarāʿi, Turkey and in Cairo library. It highlights the importance of medical art and deals with professional and moral obligations to be imposed on medical men.

8. *Dhamm al-Takassub bi-Ṣināʿat al-Ṭibb*

By: ʿAbdul Wadūd b. ʿAbd al-Malik al-Ṭabīb

The MS is yet unpublished and is housed in the library of Ḥakīm Ughlū ʿAlī Pāshā, Istanbul.

The denunciation of money-earning through the art of medicine is the theme of this manuscript. The author is an unknown figure.

9. *Kitāb al-Ḥisba*

By: Shirāzī

In it the criteria were given which opticians, surgeons and medical men should fulfil. Nothing is known about its author. The MS is also untraceable.

10. *Kitāb Miḥnat al-Ṭabīb*

By: Abu Zakariya Yūḥannā b. Māsawaih (d. 243/857)

The MS does not exist today and is mentioned only by Ibn Abī Uṣaybiʿa and by Rāzī in his *Kitāb al-Ḥāwī*. Necessary outfit of a medical man is reported to be the subject matter of the book.

11. *Kitāb fi Miḥnat al-Ṭabīb wa ta'yīnihi*

By: Abū Bakr Muḥammad b. Zakariya al-Rāzī (d. 313/925)

The MS has been published in the Journal *Mashriq*, 1960. In it the author demands from the medical man purity, friendliness, solid knowledge of medical literature left by ancient writers. He also throws light on limitations of a physician.

12. *Kitāb al Manṣūri*

By : Abū Bakr Muḥammad b. Zakariya al-Rāzī (d. 313/925). It comprised ten books. It had a chapter on *Miḥnat al-Ṭabīb* (the profession of a physician). The MS is now untraceable.

13. *Tuḥfat al-Nāzir wa Ghunyat al-Dhākir*

By: Muḥammad b. Aḥmad b. Qāsim b. Sa'īd al-Uqbānī al-Tilimsānī (d. 871/1466)

What qualities a medical man must possess is the theme of this MS. It has been published in the Journal *Bulletin of the Oriental Studies*, 1965-66. The MS is housed in some library of Tunis.

14. Ibn al-Kḥammār, whose full name was Abū al-Kḥair al-Ḥasan b. Suwār b. Bābā Ibn al-Kḥammār (born: 331/943) dealt with the theme—medical profession, in his *Maqūla fi imtiḥān al-Aṭibbā*. The manuscript has been mentioned by Ullmann and Sezgin.

The above references given by Ullmann throw adequate light on the ethics of Arab medicine. However, there are some works on Arab medicine which have not been mentioned by Ullmann, e.g. 'Alī Al-Ḥasan 'Alī ibn al-Ṭabarī's *Firdaus al-ḥikmā*, al-Majūsī's *Kitāb al-mulkī*, Ibn Habab's *Mukhtarat fi'l-tibb* and Muḥammad Kāzim bin Ḥakīm Ḥaidar al-Ṭustarī's *Jāmi' al-Ṣinā'a*. It is true that these works deal with medical ethics in passing and offer no detailed treatment.

Ullmann has also referred to Shīrāzī's *Kitāb al-Ḥisba*. The existence of this manuscript could not be ascertained. *Ḥisba* was an important limb of the administration of the Muslim State.

We could get very few references to works in Persian dealing with medical ethics, but a careful survey of Persian and Urdu medical literature is likely to yield result.

Nizāmī 'Aruḍī Samarqandī has, in his *Chahār maqāla*, devoted the fourth chapter to 'The Science of Medicine and Instructions for the Physician' in which there is definition of the science of medicine, enumeration of the qualities of a physician, hints on diagnosis and

treatment, description of poisons, and a few entertaining and enlightening medical stories.

Abu Sulaiman Muḥammad bin Ṭāhir bin Bahram al-Sijzi (Circa 370 A.H.) wrote his *Siwaneḥ al-ḥikmā* which is based on the lives of physicians and the books they wrote. The supplement to this book was written by Ab'il-Ḥasan 'Alī bin Abi'l-Qāsim Zaid al-Baihaqi (d. 565 A.H.). The Persian translation of this supplement is available under the title *Durrat al-aḥbār wa' lamā'at al-anwār*, and has been mentioned by Carl Brockelmann, though he does not give the name of the translator. This Supplement was edited by Prof. Muḥammad Shafī' of Punjab University, Lahore, and was published in 1351/1935. We find in this Supplement names of certain physicians who wrote, though cursorily, on medical ethics in Persian language. Some of the names are Abul-Kḥair, author of *Imtiḥān al-aṭibbā* (pp 157); Ḥakīm Abū Sahl Bakr bin 'Abd al-'Azīz al Naili al-Nishāpuri (d. 420 A.H.) (pp 101); Ḥakīm Abu'l-Qāsim 'Abd al-Raḥmān bin 'Alī bin Abī Ṣadiq al-Mutaṭabbib (d. 460 A.H.) (pp 187) and Ḥakīm 'Ain al-Zamān al-Ḥasan al-Qattan al-Marwazi, a physician and mathematician (pp 155).

Among the later authors who dealt with medical ethics in detail is the famous author of Indore (India), Ḥakīm 'Azam Kḥān (d. 1902). His monumental work *Rumūz-i 'Azam* contains an introduction to medical ethics in five chapters.

Ḥisba and the functions of the Muḥtasib

Of the many Departments established by Islamic States in medieval times, there was one for vigilance—known as the Department of the Police Superintendent (*Muḥtasib*). The Department was charged with the task of looking after the affairs of the markets and to ensure that the transactions were in accordance with Islamic law. This Department expanded when new cities came up, population increased and trade and commerce got stability. The increase in transportation necessitated the creation, in every State, of a Department which could look after the interests of common people. The *Muḥtasib* (Police Superintendent) enjoyed an important position in the total administrative set-up. In Iran the office continued till the 16th century and in Egypt till the middle of the 19th century and was revived in the Ottoman Empire in 1855 and in Syria in 1925. The first book on this office is by the famous physician 'Abdur Raḥmān bin Naṣr bin 'Abdullah al-Tabrizī known as Al-Shīrāzī who lived in the latter half of the 12th Century.

In his introduction he describes the immoral practices in which people of different professions indulged. The physicians were no exception.

The *Muhtasib* (Police Superintendent) regulated the dealings of physicians. He also took steps to maintain hygiene and a healthy environment. It was his duty to ensure that public baths were regularly cleaned; certain parts of the river-banks were kept unspoiled for the supply of clean and fresh water; the vessels of water-carriers were kept clean; the roads, streets and thoroughfares were free from dust, the shops selling coal were away from the inhabited areas; the hotels, restaurants and bakeries were properly ventilated and those working in them were dressed in sleeveless garments and dishes were covered to keep the flies and insects away.

The *Muhtasib* (Police Superintendent) did not allow a physician to set up his clinic until his ability had been tested and he had taken the medical oath. Every physician was required to note down details of the disease and the treatment and regimen to be followed. The head physician, or *Afsar al-Aṭibbā*, was appointed with the concurrence of the Police Superintendent. Oculists were tested in Ḥunain Ibn Ishāq's famous 'Ten Treatises on the Eye'. Only those oculists who knew the anatomy of the eye, its diseases and treatment and who could prepare eye-lotions or ointments were allowed to practise. The Police Superintendent was very strict with the quacks, whether they were physicians or bone-setters. The bone-setters and the surgeons were required to be familiar with anatomy and physiology. Blood-letting could be performed only by one who was quite familiar with the anatomy of the human body. He had to take an oath that he would not perform blood-letting on those below 14. The surgeons were first required to be trained in cutting the leaves of the beet-root. The Police Superintendent made sure that the same ability and experience were there in the veterinary surgeons as in other physicians.

The most difficult task of the Police Superintendent was to ensure that drugs were not adulterated. There were 3000 drugs in use in the 13th Century and the Police Superintendent had to recognize them. He also ensured that those who compounded the mixtures were properly trained by pharmacists and were knowledgeable in the current pharmacopoeias.

This brief sketch of the duties of the Police Superintendent is enough to suggest how strictly and how well the professions, particularly the medical profession, were regulated. The office of the Police Superintendent would not have been there but for the great

importance Islam attaches to individual and social justice which became the corner-stone of the policy of the Islamic State.

I must acknowledge here the help that I have received from Dr Sami Hamarneh's article on the Office of Police Superintendent which he published in *Sudhoff's Archiv*. This article was translated from the original English into Urdu by Maulavī A.H. Farūqī and appeared in *Journal Burhān* (Delhi) in March 1974.

We have so far used the term 'Medical Ethics' in a limited sense, rather loosely. The discussions on ethics, and particularly medical ethics, are so extensive and varied that one cannot easily encompass them. The theme of this paper does not allow a survey of these discussions. All that we shall attempt to do in this paper is to make a general survey of the practical aspects of medical ethics and to consider them with a view to draft a Code of Conduct for Muslim physicians and Islamic medicine, and to frame a comprehensive Islamic Oath.

The practical aspects of medical ethics in the ancient cultures are evident from the general ethical rules, oaths, etc. laid down for the physicians and priests. One finds instructions for physicians in the Code of Hammurabi of Babylon. The civilization of ancient Egypt was very favourable for the development of medicine, and we find whole chapters on health and disease in Egyptian literature, the position of the physicians in Egyptian civilization was well determined, and pharmacy had greatly advanced. Other countries had accepted Egypt as a leader in the field. Many Greek scholars appear to have borrowed heavily from Egyptian civilization.

It should be noted that the need for general rules, ethical codes and oaths arose from medicine and they were implemented by it. The reason is obvious: Medicine is linked up not only with health and disease but with the very life and death of an individual. Medicine and its practitioners thus enjoyed a position quite distinct from those who had adopted sociological and economic subjects. Medicine can well match religion for the close relationship it has with man's life.

We shall now turn to the Codes of Medical Ethics in three ancient civilizations—Chinese, Indian and Greek, and at the end we shall give a list of the Codes which history has preserved, or those that are important and have been framed by International organizations.

Medical ethics in China

Medical ethics was established in China in 7th Century.

Sun Ssu-miao (581-673 A.D.), the father of medicine in China, first discussed the duties of a physician in his book *The Thousand Golden Remeaies*. These duties have a certain resemblance with those mentioned in the Hippocratic Oath.

Another important work on medical ethics is *The Medical Talks* written by Chang Kao in 1189 (Chang Kao, *Medical Talks Vol. 10, pp 31-39, 1189*). In a special chapter he collected twelve stories of retribution in order to warn physicians against professional faults. Gratuitous service was specially recommended. Lust and riches were considered to be immoral. The inducing of artificial abortion was severely denounced.

In the Ming Dynasty, the question of medical ethics was discussed by many physicians. Hsu Chun-fu (Hsu Chun-fu, *General Medicine of the Past and Present, Vol. 3, pp 11-14, 1556*) compiled a section on this subject under a special title: "The Medical Way". At the same time Kung Hsin (Ch'en Meng-lei and others, *A Compilation of Ancient and Modern Books: Section of Medicine, Vol. 518, p. 6, 1723-34*) wrote a maxim for reputable physicians. The maxim, which was instructive and concise, is given below:

"The good physician of the present day cherishes kindness and righteousness. He reads widely and is highly skilled in the arts of his profession. He has in his mind adequate methods of treatment, which he adapts to different conditions. He cares not for vainglory, but is intent upon relieving suffering among all classes. He revives the dying and restores them to health: his beneficence is equal to that of Providence. Such a good physician will be remembered through endless generations."

Kung Ting-hsien (Kung Ting-hsien, *Ten Thousand Diseases are Cured, Vol. 8, p. 59, 1587*) son of Kung Hsin, set ten requirements for physicians in content very similar to the maxim given above. About thirty years later, Chen Shih-Kung wrote his *An Orthodox Manual of Surgery*. In his Manual he has stated five commandments and ten requirements for the physicians. He laid great stress on professional secrecy, responsibility, deportment and compensation. Attention was also given to the obligations of a physician towards other physicians. The importance of advancement of medical knowledge was pointed out and rules for

social intercourse were also suggested. (*An Orthodox Manual of Surgery, Vol. 4, pp 125-128, 1617*).

In 1695, Chang-Lu (Chang Lu, *Chang's General Medicine, Vol. 1, pp 1-4, 1695*) wrote a book on general medicine, with ten commandments for physicians in the first chapter. The physician's self-control and his duties towards his patients have been emphasized. In the early 19th Century Huai Yuan (Huai Yuan, *Medical Drill, Vol. 4, pp 43-47, 1808*) also stated six maxims for physicians in his book.

An analysis of the code of ethics discussed by the physicians and medical historians of China through the ages will lead to the conclusion that the Chinese believed that the physician was an agent of God and he received Divine guidance from Him. A very good point in Chinese medical ethics was that the physicians were educated to treat all classes of people equally and not to make any distinction among them. Another golden principle of the medical ethics of China was that the physicians were asked to render gratuitous service to the poor which has become a common practice in the public hospitals of the modern world. The medical practitioners and historians of China fully understood the relationship between the social problems and the medical problems. It is true that there were some practices in the medical profession of ancient and medieval China that may be considered unethical in the modern world, specially in the West. But these need not be discussed here.

Medical ethics in ancient India

Ethics and morality formed an important part of the medical education of *Vaids* (physicians practising the Ayurvedic system of medicine) in ancient India. These are fully discussed in the works of Charaka, Sushruta and Bhao Prakash. In the eighth part of the *Charaka Samhita: Shutar Isthana* details of the qualifications of a real *Vaid* have been given. It is stated what he should eat and how he should eat; how he should treat the women and what relation should he have with them; how he should perform the *hawan* and how he should acquire medical education. It also explains the relation of the teacher and the taught in the art of medicine. A good *Vaid* must not only have the theoretical knowledge of medicine but also possess the practical experience of treating the sick. He should be an expert in all the eight chapters of the Ayurveda. It is stated that a medical student must be free from passion, anger, greed, pride,

jealousy, lying, fraud, laziness and other bad habits. He should have his hair and nails well cut and dress himself in white or mauve garments and should always speak the truth and respect the elders. He has to take permission from his teacher for eating, sleeping and even for reading and writing. If he does not follow these instructions he will become an atheist and his medical education will be of no use. It is added that the student should treat the Brahmins, the old and poor, friends, pious hermits, and travellers by giving free medicine as if he was treating his own relations. If he acts according to these instructions he will get the reward but he should not treat the butchers, bird-catchers, low caste people and the criminals.

A person who had studied the Vedic books of medicine but had gained no experience and one who had acquired practical experience but had not studied the medical books, was not to be considered a perfect physician. It is stated that such a person was a bird with one wing only. Anyone who had neither studied the Shastras nor acquired practical experience should never aspire to rise to the rank of a physician and the medicine prescribed by him may have a temporary soothing effect but it was actually like a sharp sword or lightning or poison.

The qualifications of the royal physician and specially the supervisor of the royal kitchen have been discussed in the Vedic books. Such a person should belong to a high family and have a clean mind, a clean heart, a cool and moderate temperament and a good moral character. He should be kind, intelligent, of good nature, hard working, free from pride, greed and laziness.

The education of a *Vaid* should not necessarily be confined to medical books or to practical experience but also to all kinds of religious books. It is stated that all persons are not fit to acquire medical education. Before accepting a student, the real *Vaid* must see that he is either a Brahmin or Khatri or a Vaish belonging to a high family and possessing extra-ordinary qualities of head and heart.

The *Kalyana Karaka* also explains the medical ethics of ancient India which a physician is expected to follow and explains the qualities that a good physician should possess. They are as follows:

“The physicians should not undertake treatment on account of lust, love or greed; not even friendship, enmity or affection for a kinsman should be the reason for treatment; the expectation of earning a reward or fame should not tempt a

physician to give treatment. Only one urge and aim, kindness or mercy, i. e., humanitarian feeling should lead the physician to practise the art of healing. He must be a speaker of truth, a man of courage, endowed with patience, blessed with a lucky hand that has achieved numerous cures, one who has witnessed and also practised notable methods of treatment, one who does not get upset under any adverse circumstances.

“The patient, the physician, the medicine and the nurse are the four limbs of treatment. The physician is more important than the other three.

“Profound study of medicine and practical skill in administering medicines ensure success in treatment. If either of these is lacking the life of the patient would be in danger. So, only a physician who is equally proficient in theory and practice and is wise and has secured the permission of the King (or the State authorities) should undertake treatment of the sick.”

The *Kasyapa Samhita* lays down the following precepts for the guidance of the new medical graduates:

“The physician should wear clean white dress; dress his hair and tie it in a knot. When walking on the road, he must look ahead, far and wide on all sides and proceed forward. When he meets others or others meet him, he must accost them first. He must be friendly to all. He should not visit the patient's residence uninvited. In the patient's house, he should look at none else, except the patient; should not cut jokes with maid servants and with other women in the house; should not refer to their names discourteously; should not talk with them too much on any subject, and should not exhibit excessive affection for them. He should not talk to them or sit by their side in private; should not go to the house of the patient without giving previous intimation; should not reveal the secrets of the household nor exaggerate the bad qualities of the family. When unfavourable or serious symptoms appear in the patient, he should not inform the patient. He should not attempt treatment of a patient whose death is certain or a patient who has an incurable disease or a patient who has not got the necessary facilities for the treatment. He should not have any enmity

with other medical colleagues; and may consult them and decide the treatment. If some envious opponents criticize his procedure, he must convince and win them over by his knowledge and experience. He should always speak clearly, without ambiguity and doubts, sweetly and ingeniously, in a simple and ethical tone; avoid controversies and act according to the law of *Dharma*.

"In this manner, the physician who desires the good and welfare of the world, lives a life of righteous conduct and attains happiness, both in this world and in the next."

This medical ethics of ancient India reveals that a great emphasis was laid on the theoretical and practical education of the physicians and on the formation of their character and noble habits. A physician had to achieve the happiness not only of this world but also of the next world. It was basically a religious concept. One good point in the medical ethics of ancient India is that the physician was instructed to treat the poor and rich patients equally. It may seem unethical or strange that the physician was instructed not to treat the low caste people and the criminals but it is also to be noted that low caste were not excluded from medical education. One good feature of Indian medical ethics was that the medical practice was considered a humanitarian service and physicians were advised to consult among themselves in a serious case of illness.

Greek Medical ethics

Detailed information about the qualities, qualifications, character and personality of a physician are provided in Greek medical books. It has been stated that a physician should be intelligent, reliable, kind, friendly, good-looking, and saintly. He should possess not only medical but also metaphysical knowledge and must possess a good character. The Greeks considered God as the origin of medicine. They regarded the art of medicine as Divine. All the early Greek physicians were also philosophers. The most important of the Greek physicians of antiquity was Hippocrates, "the father of medicine" who died in 370 B. C. "Medicine", he said, "was a gift from God" and must be regarded as such. Apart from the Hippocratic Oath he also wrote a testament in which he explained certain principles of life to be followed by the physicians.

An analysis of the Hippocratic Oath shows that the physician had to follow an elaborate code of ethics and was responsible for all his actions to God and to his teacher. Through this Oath the physician took a vow that he would not give deadly medicine to anyone; would not administer poisonous drugs to anyone and would not prescribe any medicine for women that may lead to abortion.

In the testament of Hippocrates the qualifications of a student of medicine have been discussed in detail. He should belong to a noble family and possess good intelligence, piety and bravery. His conversation should be sweet; he should be free from greed of money; and have complete self-control. He should not be coward or dull. He should make himself an equal partner in the suffering of his patient, be kind to him and guard his secrets because patients sometimes do entrust them to the physicians. He should dress his hair well, neither shaving it off completely nor keeping long hair. He should cut his nails regularly and properly. His garments should be soft and white. While walking he should not walk fast as it expresses anger nor he should walk slowly as it expresses a defect of his soul.

The well-known Greek philosopher Plato said that a physician who talks and laughs much cannot be considered as trust-worthy. He would give out his ignorance and foolishness due to his talkativeness which is undesirable. It is most pleasing for him to observe silence most of the time and he will not indulge in such conversation as is not true to facts. One should not trust a physician who is a liar because he attempts to make right a statement which is wrong and gives the impression of truth about something which is false.

The great philosopher Aristotle made valuable contributions to the science of medicine. It has been stated that "he did more to advance the science and enlarge the scope of medicine than any other man since Hippocrates." The *Firdaus al-Hikmā* quotes Aristotle as saying that all sciences are noble but there are some that are nobler than the others; for example, the science of medicine which is the noblest of all sciences. This is due to the fact that the subject matter of this science is human body which is the noblest of all bodies. The good of this world and the world to come cannot be achieved without good health and good health cannot be achieved without moderation of the four humours and this moderation is not possible without a good physician.

All the physicians of antiquity in Greece and Rome followed Hippocrates not only in the system of medicine but also in medical

ethics. Galen, the most important physician of the 2nd Century A.D. also realized the value of ethics and philosophy in medical practice. He considered Hippocrates as the most important example of the ideal philosopher-physician. Galen on being asked why he attended the seances of music and singing, replied that he attended them because he wanted to know the temperament and inclination of people. Therefore, it is desirable for any physician to attend such seances with this object in view.

If the discussions on medical ethics scattered in the works of Greek philosophers and physicians are collected together, they will form a voluminous book.

We now give a list of important medical codes which history has preserved, or those that are important and have been framed by International Organizations.

The Oath according to Hippocrates in so far as a Christian may swear (C. 3rd-9th centuries).

Fredrick II, Medieval Law for Regulation of the practice of Medicine (C. 1240).

On the precautions that physicians must observe (C. 12th-14th centuries). Henri de Mondeville on the morality and etiquette of surgeons (C. 1320). Samuel Bard, in *A Discourse upon the duties of physician* (1769). Thomas Percival, 'Of Professional Conduct' (from *Medical Ethics*, 1803).

American Medical Association, First Code of Medical Ethics (1847) revised 1903, 1912, 1947, 1955.

Lewis S. Pilcher, Code of Medical Ethics (1883), Chinese Medical Association—Chinese Medical Code 1932.

World Medical Association Declaration of Geneva (Sept. 1948, 1949) Amended (Sydney) 1968.

World Medical Association, Declaration of Oslo, 1970.

American Medical Association, Principles of Medical Ethics (1957).

American Hospital Association, Statement on a Patient's Bill of Rights (1973).

U. S. Department of Health, Education and Welfare, 'full citizenship and legal rights of the retarded person' (1976).

The Nuremberg Code 1947.

World Medical Association, Declaration of Helsinki (1964).

Note: These details of medical ethics in the three ancient civilizations have been taken from my article "Medical Ethics in Medieval Islam"—*Journal Studies in Philosophy of Medicine*, New Delhi, Vol. I. No. 2 pp 109-115.

World Medical Association, Declaration of Helsinki (1975). (Revised).

West German Abortion Decision 1976.

Parliamentary Assembly of the Council of Europe, 'On the rights of the sick and dying' 1976.

Code for Nurses: Ethical concepts applied to Nursing, 1973.

Code of Ethics of American Psychological Association, 1973.

Ethical and Religious Directives for Catholic Health Facilities.

Ethical Codes are now to be found in most professions.

Sometimes the breach results in penalties; for example, lawyers resorting to unethical practices invite fine, censure or suspension from practice. Professional ethics is to be distinguished from morality in general which is more personal and individualistic.

Though professional ethics goes back to the time of Hippocrates who is famous for his medical code, it became widespread in medieval times through guilds. The concept and rules of professional ethics vary from country to country and from profession to profession. Standards of professional ethics have been formulated extensively in the United States where in 1908 the 'Canons of Legal Ethics' were formulated, and supplemented in 1928. The 'Principles of Medical Ethics' were adopted in 1912. Other codes have covered Engineering, Education, Law, etc. These Codes have served to formulate general principles which are significant in themselves. Thus the Codes, whatever their limitations, played a very effective role in developing professional ethics.

Ethical problems arise in the medical profession because of quack cures which prevent proper diagnosis and treatment. In the United States the doctor is prohibited from patenting cures or results of medical research as well as from advertising commodities—a rule which does not obtain in Europe.

Ethical rules and regulations of the profession are likely to suffer from over-formalization. Often they lack a sense of relative values.

When we start pondering over medical ethics, we are faced, apart from the relationship between medicine and ethics in general, with the problems of philosophy and even law. The study of close relationship between religion and ethics is interesting as well as useful. Just as the problem of good and evil and determinism and free-will continues to be devoted to the domain of ethical philosophy, no comprehensive definition of the right and wrong in medical ethics on which there could be any agreement among the physicians has been

found. That is why in the ancient civilizations the duties, rights and limits of medical systems and physicians have been controversial and undetermined which reflect the variety of civilizations whose study will be found interesting.

In ancient Greece, where many arts and sciences flourished, different schools of philosophy were born, an important branch of which was ethics and which was promoted by Socrates, Plato, Aristotle and Pythagoras until it became a distinct discipline through the personality of Nicomachus.

Ethics, like religion, encompasses the various aspects of human life, and though ethics in certain civilizations cannot be discerned as a systematic discipline, one can see its soul at work, reflected in the various branches of knowledge and in society. This is why even before the ethical formulations of Nicomachus, the Hippocratic Oath, though it had not been reduced to writing, was a model of which Hippocrates was a living embodiment. This Oath was so comprehensive that many principles of medical ethics became simply an elaboration of it. Many medical codes were written in the light of the Hippocratic Oath. In spite of the variety of cultures and civilizations, and in spite of the long passage of time, some of the principles of the Hippocratic Oath stand firmly even today as before, e.g. showing respect to the teacher—a principle which we find repeated almost in same words in the medical codes of today. May be, their importance is not as great as it was in the past. Keeping the confidence of the patient is another principle which is embodied in the medical codes of all civilizations and enjoys the same importance today as before. Abortion is a controversial issue. In some countries arguments are advanced in its favour and it is being legalized. In other countries there is opposition to abortion. In the Hippocratic Oath, from the time it was written to the last century, abortion was held illegal. In all civilizations of the past it was condemned. The use of poison was not justified and there was always unanimity, as there is today, on their restrictions. Different laws and acts for the use of poison are to be found in every country. That modern medicine is administering poisons to keep the people 'alive' is another story. Most of the medicines belonging to the modern medical systems have boxes containing the word 'poison'. A debatable issue of Medical ethics today is that of euthanasia. Literature on this issue is piling up, but as in the Hippocratic Oath all ancient civilizations have condemned it. Because medicine had

a kind of sanctity attached to it, the Hippocratic Oath made a distinction between those who were equipped to teach it and those who were not. In this age of socialism, this distinction may be unacceptable, but in so far as the problem of drawing a line for higher education is concerned, and which is today engaging the attention of educational experts, the Hippocratic view cannot be totally disregarded. The principles of the regimen for the patients that we find in the Hippocratic Oath have been in force in different ways. The concept of the life being sacred has differed in degree in different civilizations, but its importance is well recognized. To be mindful of the patients, and to reckon their interests as one's own, is to be found in every medical code and oath. In the Hippocratic Oath it has been given its due place. The Hippocratic Oath is not, and should not be lagging behind in condemnation of adultery. Every civilization condemned it and considered it as an offence. On the adherence to or deviation from the Hippocratic Oath depended the fame or disrepute of physicians.

The codes of medical ethics are to be found in every civilization, and as I have said before even the most ancient civilizations of Babylon and Egypt had some kind of code of conduct for the physicians. However, this code of conduct first appeared in the form of an oath in the time of Hippocrates.

The moral qualities of physicians have been stressed in various oaths and codes of medical ethics, particularly in the codes of China and India which hardly leave out any quality which could come under that term. The Muslim physicians have been demanding in the moral qualities of the physicians.

Qualities of a Physician

Kind, righteous, highly skilful in his profession, fond of study, expert in adequate methods of treatment, careless of fame, reliever of suffering among all classes, restorer of health, beneficent.

(Ch'en Meng-Lei)

Scholar, hardworker, tireless, determined, reliever above all other considerations, merciful, pathetic, etc.

(Sun Ssu-mio)

Bachelor, bearded, truthful, vegetarian, unarmed, attentive, humble, obedient, praying for the welfare of all creatures, well-clad,

self-possessed, mindful, concentrated, devoted, helpful, learned, free from boast, friendly, etc.

(Charaka Samhita)

Free of all evil desires, free of anger and envy, of harshness and meanness, of indolence and greed, passionless, truthful, clean and tidy, bachelor, mindful of elders, obedient and devoted to his teacher, etc.

(Susruta Samhita)

The physician must not be vengeful, envious, hasty, sad, vexed, or greedy; on the contrary he must be forbearing in regard to faults, indulgent with people, steady, erudite, soft, humble, quick to goodness, contented, thankful, and with great praise as being far from sin, virtuous, and clean inside and outside. A true physician is the foremost of the people in station, highest in rank, greatest in worth, and most truthful in speech.

(Al-Adab al-Ṭabīb, Chapter II, by Al-Ruhāwī).

Gentle-natured, good in behaviour, intelligent, having self-devotion, knowledgeable in human nature.

(Nizāmi ʿAruḍi Samarqandī—Chahār maqāla).

Meticulous, clean, well-groomed, cheerful, soft-spoken, devoid of greed, good-looking, sympathetic to the patients, gentle and kind, secretive, pleasant in manners, self-respecting, well-versed in the arts, well-dressed.

(Abū Bakr Muḥammad bin Zakariya Rāzī)

Gentle-natured, straight in thoughts, highly intelligent, having sound opinion, extremely wise, full of erudition, having chaste eyes, having a good hand, self-contented, shrewd in guess, skilful.

(Muḥammad Kāzim bin Ḥakīm Ḥaider Ṭustari).

Good-statured, healthy, well-proportioned, good-looking, gentle-mannered, having soft hand, having well-spaced fingers, beautiful in complexion, having a lock of hair neither scanty nor quite thick, having big black eyes, cheerful, wise, noble in thought, intelligent and clever, patient, secretive.

(Ḥakīm Fāḍil Abul Ḥhair)

Gentle-tempered and well-behaved, chaste, self-devoted, steadfast to his creed, very wise, very intelligent, noble in thought, known for truthfulness, trust-worthy, large-hearted, etc.

(Ḥakīm ʿĀzam Ḥhān)

These details lead us to the conclusion that Al-Ruhāwī's *Adab al-Ṭabīb* is the only book that treats the ethics of Arab medicine at length. J. C. Burgel has edited it, and the late Prof. Martin Levey translated it into English (Philadelphia, 1967), filling a big gap. It is proper that we say something about *Adab al-Ṭabīb*.

Ishāq Ibn ʿAlī al-Ruhāwī wrote a book entitled *al-Adab al-Ṭabīb* which exclusively deals with medical ethics. The dates of his birth and death are not known but it is quite possible that he flourished in the last part of the ninth century. This work has not yet been published in a critical edition and one manuscript only is available at the Sulaimānia Kutub Ḥhāna, Istanbul (Ms. No. 1658). Its contents have been analyzed in an article entitled "Medical Deontology in Ninth Century Islam" by Martin Levey. This earliest work on Muslim medical ethics is based on Aristotle's *Metaphysics* and Plato's views on the Soul. Al-Ruhāwī has also drawn from the works of Hippocrates, Galen and the Stoics, Pythagoras, Epicurus, Democritus, Zeno; al-Kindī and Ḥumain bin Ishāq have also been mentioned as sources. The main object of this treatise "is 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."

Al-Ruhāwī's book should be studied in the background of the social conditions prevalent in medieval Islam when the quacks and charlatans were active. The first chapter deals with the loyalty and faith which a physician must possess and the ethics he must follow to improve his soul and moral character. Thus the moral character of the physician was considered to be of prime importance. He believed that the physician is an agent of God and only He is the giver of health. Therefore it is absolutely necessary for a physician to have full faith in God. He remarks: "Know that with the moderation of these powers in man his moral character may be virtuous and praiseworthy and his soul pure and clean. When these powers come out without having undergone a moderating influence, then his moral character is ruined."

Chapters II and III of this book discuss preventive medicine of the time and the attitude of the physician towards the patient and

the method of therapy. Chapter III deals with religious morals and medical ethics as the following paragraph shows:

"The physician must not be vengeful, envious, hasty, sad, vexed, or greedy; on the contrary (he must be) forbearing in regard to faults, indulgent with people, steady, erudite, soft, humble, quick to goodness, contented, thankful, and with great praise as being far from sin, virtuous, and clean inside and outside. When a physician possesses these meritorious morals, he should not meet with ignorant people, so as not to descend to their ignorant level."

The fourth and fifth chapters give necessary advice to the servants of the patient and his visitors and chapters seventh to ninth are devoted to the conduct of the physician with regard to his patient and nurse. Hippocrates is quoted to the effect that the conduct of the medical art involves three factors, the illness, the patient, and the physician. The last two have the obligation to work together against the illness. The headings of Chapters XII and XIII are "On the dignity of the art of medicine" and "On the respect due to a physician according to his skill and the necessity to honour him above royalty and virtuous people."

A true physician is described as "the foremost of the people in station, highest in rank, greatest in worth, and most truthful in speech." Al-Ruhāwī adds that it is not possible for any person to achieve the rank of an expert physician without the help of God who bestows the knowledge of this science on those "whose hearts are pure, with a sharp intellect, who love the good, have mercy, sympathy, and chastity."

The strong faith in the omnipotence of God as reflected in the education and training of physicians leads to the conclusion that the medical ethics of Muslims was based on religious ethics.

In Chapter XIV al-Ruhāwī advises the physicians to correctly assess the requirements of their patients and meet those requirements through treatment. This treatment should be based on useful things. The following chapters discuss the qualifications of those who are fit to acquire medical education; how one should practise medicine; the description of quacks and charlatans; what necessary action the government should take in order to eradicate them from the society and the details of the examination which the physicians should pass before they were permitted to practise medicine. He asserts that a person fit to study medicine must necessarily possess a virtuous soul. The author comes out with a bitter criticism of the charlatans

and quacks who prey on women and innocent people. In his opinion the best way to eradicate them from the society was to make them appear at a public examination and pass it. He recommends this examination to the rulers for all those persons who aspire to rise to the rank of a physician. It must be based on the medical practice of Galen and Hippocrates covering the entire gamut of medical knowledge prevalent at that time including a test of the candidate's moral ideas and back-ground. The candidates were to undergo a theoretical as well as a practical examination. The details of the subjects in which they were to be examined have been given.

This short list of codes of medical ethics given above clearly shows that they have become more meaningful and enlarged and have so grown in number that to survey them is by no means easy. It would be a tall order to draw a list of the codes or oaths of all international associations of medicine and allied sciences and if the codes or oaths of organizations of medicine and allied sciences in various countries, were also included in the list, we would have to face volumes covering thousands of pages, whose study would nevertheless be interesting. Such a compilation of codes and oaths must be published for a systematic study of the subject. Here we would only suggest that the Muslim physicians who are participating in this First International Conference on Islamic Medicine should draft and place before the house a comprehensive medical code and oath which could later serve as a model for other codes dealing with Muslim surgeons, nurses, pharmacists, etc.

Having dealt with codes and oaths of medical ethics, it would be proper if we turn our attention to medical testimonials which the physicians personally gave to their students. In ancient times, the clinics of the physicians served as class-rooms for those wishing to enter the medical profession. The physicians taught and trained their students with great care, and offered their own clinics for practical training. The physicians were never stingy in teaching their students the secrets of diagnosis and treatment. They did everything to make their students successful physicians. Many famous physicians who flourished in the Indo-Pakistan sub-continent were the product of this kind of education and training. One of them is Ḥakīm ʿĀzam Khān (d. 1902) of Indore (India). He was a great

Note: Details of al-Ruhāwī's *Adab al-Ṭabīb* have been taken from my article "Medical Ethics in Medieval Islam" in *J. Studies in Philosophy of Medicine*, New Delhi, Vol. I, No. 2, pp 117-119.

writer and an outstanding personality in treatment and a good teacher. We give below a translation of the testimonial which he granted to one of his disciples, Muḥammad Najmul Ḡhanī. We hope this testimonial would prove interesting reading and throw light on one particular aspect of medical ethics. It reads as under:

God alone merits praise who has exalted the great scholars through his mercy and award. And peace to the precious pearl that was the most important link, full of glitter, in the chain of the Prophets. We also submit, in the Court of the Almighty, our petition for peace and mercy to the companions of the Prophet, religious leaders and those who followed the right path. We also submit that the ocean of knowledge contains many streams and rivers and canals. The greatness of knowledge and Arts lies in research and investigation. Their beauty unfolds when knowledge and Arts become comprehensive and are not narrowed down. The virtue of an Art depends on the extent of its usefulness. The more it is useful, the more meritorious it is. The knowledge of medicine should come up to this standard. My dear nephew Muḥammad Najmul Ḡhanī (may God keep him) son of Maulānā ʿAbdul Ḡhanī (may God prolong his life and fulfil his desires) started acquiring medical knowledge in his hometown, Muṣṭafabad, popularly known as Rampur. He gained experience in different branches of medicine and studied many books under me. These included *Qanūncha, al-Mūjaz, al-Aqsaraʿi, al-Nafisi, al-Sadidi, Sharḥ asbāb wa'l-ʿalāmāt* and *al-Qānūn* of Ibn Sinā. Later, he worked on distinguishing diseases by examining the urine. I found him clever and skilful, wise and open-minded, befitting a physician. On this basis I gave him the permission to show his performance in the same way as my experienced and alert teacher and great scholar, Maulavī Ḥakīm Nūrul Islām (may God grant his soul eternal peace and a place in the paradise), had given me. He was fully acquainted with the problems of education and training and had himself the honour of having been a student of the great scholar of the time and master of medicine, ʿAllāma Ḥakīm Asad ʿAlī, who himself was a student of the teacher of teachers, Socrates of his time, Hippocrates of his day, Muṭamad al-mulūk Nawāb Saiyyad ʿAlvī Khān. I have given to the dear person (Ḥakīm Najmul Ḡhanī) the

permission to practise medicine after examination and ascertaining his self-confidence. I instruct him not to treat a patient until he has become fully acquainted with the quality of his temperament. I instruct him to be virtuous and upright and to shun glory, artificiality, and claims. This is my will and advice. It is God who keeps an eye on every thing.

I am a humble creature, mindful of my helplessness and short-comings, named Muḥammad ʿĀzam Khān, entitled Nāzim-i Jahān. Dated: Monday 5 Shawwāl 1305 A. H.

In modern times, medical ethics has become quite comprehensive. Medical ethics, medical philosophy and history of medicine have become distinct and definite disciplines. There is hardly any department of human society which is not covered by these disciplines. Consider, for example, the following themes of medical ethics which have raised much dust: Medical experimentation on human subjects, suffering and dying, rights and priorities in the provision of medical care, telling the truth, abortion, sterilization, genetic revolution, transplantation, control of human behaviour.

My interest in Medical Ethics is quite old and I have tried to put it in practice whenever and wherever possible. With me it has grown to the point of faith. I have tried to present through my paper, of course, very succinctly, some important material on the subject including the new facts which came to my notice on further study.

My only regret is not to have enough time to arrange the matter in this paper more systematically. I shall do it as soon as I get an opportunity and make it more comprehensive.

This paper contains details about medical oaths, codes, declarations, certificates, etc. and I have been able, while writing this paper, to study them in comparison with one another. It is regrettable that our files have been almost completely silent on medical institutions in Islamic countries. However, with the help of old books, the Charter and Constitution of the WHO, the Charter of Human Rights of the United Nations, and almost all the Codes and Declarations of the World Health Organization, I have been able to prepare a draft of medical oath, suitable for Islamic Medical Associations and Muslim physicians, which I shall present at the end. It contains the Islamic principles and directions in a preamble dealing with health, medicine and treatment, and the ten points of

the Oath incorporate the essence of all the oaths I have surveyed.

With this preamble, an Islamic Medical Code can be framed easily. This Code may also include some of those present-day problems to which I have made a reference at the end. The Code having been drawn up, individual countries may frame rules and regulations in accordance with the Code keeping their own problems in view. Later Oaths and Codes for other medical disciplines e. g. surgery, nursing, pharmacy, etc. may be drawn up.

ISLAMIC MEDICAL OATH
(A draft)

WHEREAS Islam has a distinct concept of health and disease—health a natural human state and disease a temporary phase;

AND WHEREAS Islam holds physical health and spiritual health as interdependent;

AND WHEREAS Muslims believe that Allah has so created this earth that man may live on it in health and continue the process of procreation—He having produced an effective remedy for each disease;

AND WHEREAS Islam declares that this earth belongs to Allah, directs that the earth and its people be treated as one single unit as Allah does, gives full value to human life and maintains no distinction among different classes of people;

AND WHEREAS Islam equates the act of relieving the sick of their sickness with prayer;

I, therefore, in the name of Allah, the One without partners, the absolute Healer, do hereby solemnly declare, affirm and undertake:

- 1) That I shall dedicate my life to the service of those who are ill; never violate—under any threat, pressure, coercion or temptation—the divine law, the general moral principles and the ethical code of my profession;
- 2) That I shall give full respect to human life—from its earliest stage—the conception;
- 3) That I shall render medical service to every patient, irrespective of his or her colour, creed, race, belief, nationality, ideology or political affiliation;
- 4) That I shall, as far as possible, treat poor patients free of

charge, accept from the well-to-do nothing more than my fixed fee; restoration of the health of my patients remaining my immediate and ultimate purpose;

- 5) That I shall guard the secrets of my patients at every cost and attach to their honour the same importance as to my own;
- 6) That I shall do my utmost to maintain, protect and enhance the honour of my teachers and Alma Mater;
- 7) That I shall restrain my patients from the use of poisonous and intoxicating drugs and substances, never abet a criminal in his crimes, nor be a tool in his hands;
- 8) That I shall extend medical service and advice to co-professionals, when needed, and consider their health and comfort as my own;
- 9) That in matters of abortion I shall observe all religious, moral and legal restrictions, give precedence to the health and life of the pregnant and even though there be permission of law for abortion, adopt the least harmful measures when it becomes an unavoidable medical necessity;
- 10) That, in short, I shall spare no effort, however exacting, in serving the sick according to the dictates of my conscience and in upholding the dignity of my vocation.

May Allah keep me on the right track, help me in the discharge of the responsibilities I have undertaken, save me from every perversion, degradation and depravation, Amin!