



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Code of Ethics *for* Healthcare Practitioners

The Saudi Commission for Health Specialties
Department of Medical Education & Postgraduate Studies



Translated by:

Ghaiath Hussein, MBBS, MHSc. (Bioethics)
Doctoral Researcher, Ethics, Society & History (MESH),
School of Health & Population Sciences
University of Birmingham,
Edgbaston, Birmingham
United Kingdom

Edited and Formatted by:

Vittoriana Crisera
Journal Manager, Journal of Health Specialties
Department of Medical Education and Postgraduate Studies
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

*IN THE NAME OF ALLAH,
THE MOST GRACIOUS, THE
MOST MERCIFUL*

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Medical Ethics Book Committee

The Medical Ethics Book Committee was formulated by resolution number 84669 from his excellency the Secretary General of the Saudi Commission for Health Specialties in 17/3/1432 H (20 February, 2011 G) to revise and update the second version of the booklet entitled “Code of Ethics for Healthcare Practitioners” that was published by the Commission in 1424 H/2003 G. The committee was composed of the following:

Professor Jamal Bin Saleh Aljarallah	Professor of Family Medicine King Saud University	Chairman
Professor Abdurrahman Bin Mohamed Al-Mazrou	Professor of Paediatrics King Saud University	Member
Professor Khalid Bin Ali Al-Wazzan	Professor of Dentistry Dean, Faculty of Dentistry King Saud University	Member
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Sheikh Dr Khalid Bin Abdullah Al-Shayie	Ministry of Islamic Affairs	Member
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Dr Adel Bin Saeed Bashatah	Assistant Professor of Nursing King Saud University	Member
Sheikh Fahd Bin Ibrahim Al-Themairi	Sharia Counsellor at the Ministry of Islamic Affairs and a Researcher in the Medical Ethics	Member
Dr Adnan Bin Zafir Al-Wadei	Respiratory Consultant King Fahd Medical City	Member

Reviewing Consultants

- His Highness Sheikh Abdullah Bin Mohamed Al-Mutlag - member of the Higher Council of Senior Ulama (religious scholars) and a Member Scholar of the Permanent Committee for Ifta’, and the Counsellor in the Royal Diwan.
- His Eminence Sheikh Hani Bin Abdullah Al-Jubair - Judiciary Inspector in the Higher Judiciary Council
- His Excellency Professor Mohamed Bin Ali Al-Bar, Consultant in the Islamic Medicine and Researcher in medical fiqh and medical ethics
- His Excellency Professor Omar Hassan Kasule Sr., Professor of Community Medicine at the Medical College in King Fahd Medical City and Head of the Medical Ethics Department

Committee Members of the First Edition (1420 H - 1999 G)

Professor Jamal Bin Salih Al-Jarallah	Professor of Family Medicine	Chairman
Professor Hassan Abu Aisha	(former) Professor of Medicine Faculty of Medicine King Saud University	Member
Professor Abdul Rahman Bin Mohamed Al-Mazrou	Professor of Paediatrics King Saud University	Member
Professor Khalid Bin Ali Al-Wazzan	Professor of Dentistry Dean, Faculty of Dentistry King Saud University	Member
Professor Mohamed Bin Ali Al-Bar	Consultant of Internal Medicine and Medical Ethics	Member

Committee Members of the Second edition (1424 H - 2003 G)

Professor Jamal Bin Salih Al-Jarallah	Professor of Family Medicine	Chairman
Professor Hassan Abu Aisha	(former) Professor of Medicine Faculty of Medicine King Saud University	Member
Professor Abdul Rahman Bin Mohamed Al-Mazrou	Professor of Paediatrics King Saud University	Member
Professor Khalid Bin Ali Al-Wazzan	Professor of Dentistry Dean, Faculty of Dentistry King Saud University	Member
Dr Saeed Bin Abdullah Al-Zahrani	Planning Consultant Ministry of Health	Member

Preface

Praise be to Allah, the Lord of the worlds, and may peace and prayers be upon the master of prophets and messengers, Prophet Mohamed, and upon all his followers and family.

Justice, mercy, and people's interests are among the basic principles upon which the Islamic regulations, that rule all aspects of life, are based. They have been characterized by the comprehensive nobility of their aims. The Muslim society was established on a group of regulations that the Sharia established which differentiates offensive acts from good ones, good from bad, right from wrong, and permissible from prohibited. The development of the regulations that regulate a society's different affairs is considered amongst the signs of societies' development in our times.

The medical profession is amongst the noblest professions in the human society, whether by virtue of its social value, its material values, or the noble value of human life itself and what is related to human life, health, and feelings. Ethics and etiquettes of the this profession have been set and taught to students in medical schools, as well as enforced by the international medical professional associations on their members. In addition, many of the countries have set up laws and regulations that specify the needed requirements to practise medical professions, guide doctors' behaviour, define their responsibilities, as well as regulate relationships among themselves and their patients.

Since the dawn of history, the medical profession has been characterised by the graveness of the responsibilities that fall on the shoulders of practitioners for what it takes: great knowledge, righteous manners, dedication in performance, altruism, and mercy upon all people without discrimination.

Although Islam teaches its believers to adhere to the best of manners, dedication, and excellence; such commitment is even more emphasized and ascertained upon those who belong to the medical profession. The Saudi Commission for Health Specialities issued the first and second editions of this book with title, "Ethics of the Medical Profession". It is now publishing the third edition of the book under the title, "Code of Ethics for Healthcare Practitioners", to include a wider range with the sole purpose of achieving higher level of excellence in this field as well as others.

**The Secretary General of the Saudi Commission for Health Specialities
Professor Abdul Aziz Bin Hasan Al-Sayegh**

Translator's Preface

The Saudi Commission for Health Specialities has given a lot of attention and effort to the ethical issues related to healthcare practice in Saudi Arabia. The continuous updates of this book are only just one example of such efforts. In addition, this important and timely step of translating the last edition of this Code of Ethics for Healthcare Practitioners book into English is to be praised and welcomed. There are many practitioners that do not speak Arabic in the Saudi healthcare system and they need to know the regulations in order to have some guidance, should they face any of the ethical issues mentioned in this book.

In this preface, I will briefly explain some of the main concepts that were mentioned in the Arabic edition and then summarize the methodology I used to translate this book.

Basic Islamic Concepts and Terminology Used in the Book

The Arabic edition of this book was written mainly with Saudi, or other Arabic-speaking Sunni Muslim practitioners in mind. Therefore, there are many religious terminologies that were used without explanation, assuming that the reader is aware of them. Many of these terminologies may seem incomprehensible for non-Muslims. Therefore, I preferred to start with a very brief explanation of these terms. The reader can seek further information about Islam and its principles from the authentic resources which will be referenced at the end of the page. Another easy way is to contact the Religious Affairs Department available in the healthcare facility you work in.

1. Quran

It is the Muslim's holy book. They believe that all the words are from Allah, the Arabic word for god which is usually followed by the letters SWT (Subhanaho Wa Taala, which means 'the glorified and exalted'). The Quran was revealed to His messenger Mohammed - peace be upon him (PBUH) through Gibril (Gabriel). It is divided into 30 sections, called Juzu and it consists of 114 Chapters (Suwar – plural of Chapter [Surah]). Each chapter (Surah) is divided into verses (Ayat – plural of verse [Ayah]). In this book, whenever a verse (Ayah) is mentioned, it will first be written along with the name of the Surah and Ayah number in Arabic, followed by its English translation. For example, Allah (SWT) said, **يٰۤاَيُّهَا الَّذِيْنَ ءَامَنُوْا**, "يٰۤاَيُّهَا الَّذِيْنَ ءَامَنُوْا مَعَ الصّٰدِقِيْنَ" (التوبة ١١٩) "O you who have believed, fear Allah and be with those who are true." (Tawba [Baraa'], 9:119). This refers to Ayah number 119 in the 9th Surah of the Quran called Al-Tawba (or Baraa').

All Muslim scholars have unanimously agreed that the Quran is the main source of legislation, followed by Sunnah.

2. Sunnah and Hadith

Sunnah is a collective term that refers to whatever prophet Mohammed (PBUH) said, did, approved or disapproved doing, explicitly or implicitly. Generally, it usually refers to what he said, while teaching his companions.

What the messenger of Allah (PBUH) said is called **Hadith**. The sayings of the prophet were carefully reported to narrators who documented them very well in

various books. The most authentic of which are 6 books, named after the scholar (narrator) who compiled the Hadiths in each book. They are usually referred to as Sahih, which means correct or authentic. The commonly referred to Hadith books include: Bukhari, Muslim, Ibn Majah, Al-Tirmidhi, Abu Daoud, Al-Nasaie, and Imam Malik. In this book, every Hadith is translated and referenced.

Every hadith is classified according to its degree of authenticity as follows:¹

- a. **Sahih - sound.** Imam Al-Shafi'i states the following requirements in order for a hadith to be acceptable, "each reporter should be trustworthy in his religion; he should be known to be truthful in his narrating, he should understand what he narrates and knows how a single different expression can alter the meaning, and he should also report the wording of the hadith verbatim not only its meaning".
- b. **Hasan - good:** It is a hadith from a known source and unambiguous reporters.
- c. **Da'if - weak:** It is a hadith which fails to reach the status of Hasan.
- d. **Maudu' - fabricated or forged:** It is a hadith whose text goes against the established norms of the Prophet's sayings, or its reporters include a liar.

3. Ijtihad

Many of the ethical dilemmas resulting from the recent developments in medicine (see the thirteenth chapter) have not been directly mentioned in the primary sources of legislation (i.e. Quran and Sunnah). Therefore, authenticated religious scholars (Ulama) have developed an intellectual methodology, known as Ijtihad, to find recommendations and religious rulings for issues which were not clearly resolved by the primary sources alone. The religious decisions are attained through various methods.² For example, by reaching an unanimous agreement (Ijmaa) among the scholars, or a majority agreement (Rayoul-Jomhour). There is also the method of measurement or comparison of the new issue (being discussed) on which there has been no previous decision on a similar issue for which there was a clear decision (Qiyas). More on the methods of Ijtihad can be found in more details in the literature (for example see OH Kasule in "Medical Ethics from Maqasid Al Shari'at", ISHIM, 4;7).

4. The Islamic Schools of Jurisprudence (Al-Mazahib)

Islam can be called an 'evidence-based religion'. This is because its legislative rulings (Fatwas) and judgments are all based on a source, usually referred to as 'Al-Daleel' (the evidence). This 'evidence' has ranks, with the most powerful being those with a clear statement about an issue in the Quran. For example, the obligation to perform 5 prayers daily as well as pay Zakat (the Islamic equivalent of taxes), etc. are all issues explicitly stated in the Quran. Therefore, there is unanimity about such issues among all Muslim scholars as there is unanimity that the Quran is a book protected by Allah (SWT) and that it was written during the life of prophet Mohammed (PBUH) as dictated by Him.

However, there are many issues that are mentioned in the Quran without details. For example, the Quran emphasized that performing prayers is a corner of faith;

¹ Source: <http://www.islamic-awareness.org/Hadith/Ulum/hadsciences.html>

² More on Ijtihad can be found here: www.ishim.net/ishimi/ijishim4_7_8/Vol4No7/kasule.doc

yet it did not explain how to perform them in detail. These details were derived from the Sunnah, which includes what prophet Mohammed (PBUH) said or did as reported by his authentic companions. However, the definition and criteria of a Hadith's authentic reporter varies from one narrator to another. This explains the variation of hadiths stated in different hadith books which has made the rulings concluded from the sources of Sunnah vary slightly depending on the criteria adopted by each scholar for the authentic 'evidence'.

There are four main schools of Islamic jurisprudence (Fiqh), each of which is referred to as 'Mazhab' (plural is Mazahib). Each Mazhab is named after its founding scholar, known as Imam, who developed and adopted this school (Mazhab). They are namely the Mazahib of: Abu Hanifa, Malik, Al-Shafiee, and Ahmed Ibn Hanbal. There are other scholars and Mazahib, however, the dominant Mazhab in Saudi Arabia is that of Imam Ahmed Ibn Hanbal.

5. Islamic Laws (Sharia) and Religious Rulings (Fatwa)

The term 'Sharia' literally means 'the law' or 'the ordained way'. In its general definition, it refers to the overall Islamic system for religious, moral and legal regulations related to the human life. However, when mentioned alone, it usually refers to the original set of Islamic principles, regulations and laws. Muslims should always seek knowledge about what the Sharia says in regards to all aspects of their life issues, not only those related to worship.

6. Scale of Acts Permissibility in Islam

The rule in Islamic Sharia is that all acts are permissible, unless there is evidence that changes this status of permissibility. However, not all life issues or acts have the same level of permissibility or prohibition. The following is a summary of such a scale:

- a. Things that every Muslim *must do* are known as **Fardh**. If he/she does not do it, it is considered a sin that requires repentance. For example, performing prayer 5 times a day.
- b. Things that Muslims *should have to do* are known as **Wajib**. These are usually complementary deeds that are needed for Fardh. For example, certain movements should be done in order for prayers to be complete.
- c. Things that are *preferable or recommended* for Muslims to do are known as **Mustahab**. The person will be rewarded for doing these deeds but will not be considered a sinner for not doing them. For example, it is good to start greeting someone with the greeting of Islam, but not doing this does not count as a mistake or sin.
- d. Things that are generally *permissible* are referred to as **Mubah**. There is generally no reward for doing them and there will be no punishment if not done. For example, all foods and drinks are permissible unless the clearly forbidden few ones, such as the ingestion of alcohol or eating pork.
- e. Things that are *disliked* are known as **Makrooh**. A Muslim is rewarded for not doing these deeds but will also not be punished if he/she does them. For example, eating garlic or onion before group prayers.
- f. Things that are forbidden are known as **Haram**. A Muslim will be punished for doing such deeds and rewarded for abstaining from them. For example, lying and stealing.

- g. Major sins are known as **Kabair Al-Zonoub**. Muslims who do these deeds will have harsher punishments. For example, alcohol ingestion, murder, adultery and backbiting are among the major sins.

Sources for Translating Different Sources

The translation of Quranic verses (Ayat) was obtained from the King Saud University Quran Project website (<http://quran.ksu.edu.sa/>). The hadith translation was obtained from The Hadith Library (<http://ahadith.co.uk/>). The translation of Islamic rulings (Fatwas) was obtained from the General Presidency of Scholarly Research and Ifta in the Kingdom of Saudi Arabia (<http://www.alifta.net/>). Finally, the translation of the legal terms was obtained from the Bureau of Experts at the Council of Ministers in the Kingdom of Saudi Arabia (<http://www.boe.gov.sa/MainLaws.aspx?lang=en>). The Law of Practicing Healthcare Professions can be found in English in this link: (<http://www.boe.gov.sa/ViewSystemDetails.aspx?lang=en&SystemID=164#search1>).

Note about the Footnotes and the Dates Used

You will find two types of footnotes in this book. First, there are the ones put by the contributors of the original Arabic edition of this book. Second, there are additional footnotes that I thought should be added to clarify a concept or emphasize a point. The translator's notes are clearly distinguishable from those by the authors. I emphasize that these notes express only the translator's views and do not necessarily reflect by any means those of the Saudi Commission for Health Specialities.

There are two types of calendars used in Saudi Arabia. First, the official calendar is that known as the Hijri calendar, which uses Arabic names for the months and starts from the year of the immigration (known as Hijra in Arabic, hence the name Hijri) of the messenger of Allah (PBUH) from Makkah to Medina. The second calendar used less officially, is the Gregorian calendar. The Hijri calendar relies on the lunar motion, so it is only a year of 354 or 355 days, i.e. about 10 days less than the Gregorian calendar. Where possible, and needed, I have added the Gregorian date followed by CE, while Hijri date is only followed by (H).

Note about the Use of Brackets

The Arabic language is characterized in some degree on the understanding of the listener/reader. This characteristic causes some sentences in Arabic to have omissions indicating that the reader or listener has spontaneously understood the meaning of the sentence despite these omissions. This may seem strange but this is a kind of common sense for most of the Arabic speaking people, especially those with better knowledge of the Arabic language.

On the other hand, sentences can be quite lengthy. Many of the paragraphs in the Arabic edition of this book are composed of a single sentence. This may be hard to be followed by non-Arabic-speaking readers. Thus, I tended to make some sentences shorter, without changing the words, and within the text you will find two types of brackets to help you understand the meaning.

The rounded brackets (...) are used for referencing the Quranic Ayat or Hadith. They are also used to add an example or clarifying a statement. For example, if the original Arabic statement mentioned both the patient and the practitioner, and then used a third person without determining who is meant by "he/she" or "his/her" I have added the intended meaning between two rounded brackets. The square brackets are only used for the omitted words, without which the meaning of the sentence may be distorted.

Final Note about Practice in Saudi Arabia

For the last few decades, the Kingdom of Saudi Arabia has been welcoming hundreds of thousands of healthcare practitioners from all over the globe, regardless of their country of origin or religion. As any other civilized country, it has its own regulations along with deeply-rooted social customs that are largely based on Islam as a cornerstone. Obviously, the Kingdom has been adopting the Islamic Sharia as the main regulations and legislations reference, as clearly stated in the Basic System, which is more or less the constitution of the country. The healthcare system is not an exception. Therefore, it is reasonable to expect many of the issues that healthcare practitioners face in their practice will be seen, analysed and resolved from the Islamic perspectives. This book has to be seen within the efforts of the SCFHS designed to help not only the non-Arabic-speaking practitioners to have a better ethical guidance, but also for the non-Muslim Arabic-speaking practitioners to have a better understanding of the basics of the Islamic approach to such issues.

Disclosure

I disclose that I have no conflicts of interests.

Ghaiath Hussein, MBBS, MHSc. (Bioethics)
Birmingham, United Kingdom

Introduction

(A) Medical Profession Ethics and Regulations

Professional ethics: These are the guidelines derived from the values and principles concerned with the modalities of proper conduct when practicing his/her profession.

Professional regulations: These are the rules and legislations that regulate the practice of healthcare professionals. Breach of these regulations may lead to disciplinary acts which consequently make them similar to the laws of the land.

The aim of this book is to enhance medical professional etiquettes and establish ethical guidelines concerning professional and personal attitudes that ought to be followed by any healthcare practitioner.

Accordingly, professional ethics clarify what *ought to be* done by the practitioner while regulations determine what *should* be done by the practitioner. It is significant that regulations should be rooted and based on professional ethics.

Healthcare practitioner: As defined in this book, healthcare practitioner is a qualified person who directly provides or helps in providing healthcare to patients, whether in the form of diagnostic, curative, or rehabilitative services that affect health condition.¹ This includes physicians, dentists, pharmacists, nurses, and healthcare technicians in: radiology, nursing, anaesthesia, laboratories, pharmacies, optometry, epidemiology, prosthetics, physiotherapy, dental care and fixation, diagnostic imaging, nuclear medicine, laser equipment, surgical operations, etc. This also includes psychologists, social workers, nutrition specialists, public health specialists, midwifery, paramedics, speech and hearing therapists, occupational rehabilitation therapists, medical physicists, as well as other healthcare practitioners.²

It should be highlighted that the duty of all healthcare practitioners is to comply with the system of practicing healthcare profession and its executive regulations issued by the Royal Decree (resolution number (M/59), dated 4/11/1426H) based on the Ministers' Council (resolution number 276, dated 3/11/1427H) which were issued by the Minister of Health (resolution number 39644/1/12, dated 14/5/1427H), including any future amendments.

It is also worth noting that the executive regulations specified the following: "Enact the guidelines of healthcare professional ethics and other guidelines that are endorsed by the Commission for healthcare practitioners".³ Therefore, the commitment to follow these guidelines is considered a commitment to the system of practicing healthcare profession in Saudi Arabia.

¹ See Implementing Regulations of the Law of Practicing Healthcare Professions No. 4/2L, p. 16

² See Article 9 of the Law of Practicing Healthcare Professions, p. 15

³ See Article (5/2L) of the Implementing Regulations of the Law of Practicing Healthcare Professions, p. 25

(B) Honour of the Healthcare Professions

Islam has made the preservation and conservation of human life rank second after preservation of religion. Thus, Islam has prohibited killing a human being except for mandated legal retribution (Qasas), and has forbidden assault on human beings. Allah SWT has said, *”مَنْ أَجَلَ ذَالِكَ كَتَبْنَا عَلَىٰ نَبِيِّ إِسْرَائِيلَ أَنَّهُ مَنْ قَتَلَ نَفْسًا بِغَيْرِ نَفْسٍ أَوْ فَسَادٍ فِي الْأَرْضِ فَكَأَنَّمَا قَتَلَ النَّاسَ جَمِيعًا وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا.”* (المائدة: 32) “Because of that, We decreed upon the children of Israel that whoever kills a soul unless for a soul or for corruption done in the land - it is as if he had slain mankind entirely. And whoever saves one - it is as if he had saved mankind entirely.” (Al-Ma’idah, 5:32)

The healthcare profession has become one of the noblest professions because it is related to human soul, health and life preservation which is the most precious thing. As a result, healthcare practitioners are entrusted with patients’ secrets and most private matters.

Scholars and wise men have unanimously agreed on the high rank and nobleness of the medical and healthcare professionals, as stated by Imam Shafiee,¹ “two sorts of people are indispensable to mankind: the scholars for their religion, and the doctors for their bodies”. Alrazi² mentioned in his chapter on doctors: “that they [the doctors] have collected characteristics that no one else has,” [for example, there is] a unanimous agreement among both the religious and authoritative people on the preference given to their profession”. In addition, “The lay people have dire need for them, and they (the doctors) continuously strive to explore the unknown in knowledge and improvement of their profession, as well as their unflinching concern to make others happy and comfortable”.

Thus, a healthcare practitioner should strive to excel in his/her work and seek perfection in performance while ensuring to adhere the noblest of manners which Allah (SWT) has gifted to those who fulfil people’s needs, erase their pains, and resolve their problems.

Of course, there are some characteristics which need to be emphasized in order to achieve this level of nobleness in the medical and healthcare profession, among which is practicing it with dedication and excellence, as stated by prophet Mohammed (PBUH), “Verily, Allah loves that when anyone of you does a job he should perfect it”.³ Consequently, all healthcare practitioners should consider the patient’s right through their good behaviour and attitude.

¹ Mohamed Bin Idrees Alshafiee (150 - 204 H / 767 - 820 CE) is the third of the four Imams of the Islamic jurisprudence (Fiqh), and he is the founder of the science behind the principles of Fiqh. [translator]

² Abu Bakr Bin Yahya Al-Razi, a Persian scientist and doctor (250 - 311 H / 864 - 923 CE). He wrote “kitab-al Hawi fi al-tibb” (the comprehensive book on medicine), which included all the known medical information from the Greek times up to now. This book is said to be the main reference of medicine in Europe for 400 years following its publication. [translator]

³ Reported by Abu Yalaa, Baihaqi, and Tabarani; it is a good hadith. See the Series of Authentic Hadith (No. 1113)

(C) Sources of Healthcare Professional Ethics

Professional ethics and etiquettes are sourced from the glorious guidance of Islam that urges the best of manners, good performance, and understanding that Allah (SWT) observes all our deeds, as the messenger of Allah (PBUH) said, "I was sent to complete the best of manners."¹

Professional ethics are also sourced from what people have agreed on as good manners, differing from one community to another.² Another source is what has been gained from other cultures, if it does not contradict with the Islamic Sharia. Finally, it could be sourced from the results of scientific research,³ and the rules upon which the profession is established.

(D) Healthcare Profession Honour

Pioneer Muslim doctors have shown much interest in professional ethics and etiquettes, some have even written about it. Among those who have written a whole book is Abu Bakr Mohamed Ibn Zakaria Alrazi (died in 313H/925CE), who wrote "The etiquettes of the medical practitioner", which has been referenced within other medical books. Likewise, there are those who have had their quotes written in biography like the book entitled "The News of Spring in the Ranks of Doctors", written by Ahmed Bin Al-Qasem Bin Khalifa, also known as Ibn Abi Usaibia' (died in 668H/1279CE). Moreover, some scholars have had a special interest in this field like Abu Abdullah Mohamed Bin Mohamed, known as Ibn Al-Haj (died in 737H/1337CE) who wrote the book "The Entrance" in which he included the etiquettes of healthcare practitioners in a way that could be considered a concise summary of what is agreed on today. In addition, there is a huge heritage of literature on what Muslim doctors have written on ethics that you can refer to.

Manners in Islam have a set of characteristics that makes them distinguished from what has been found in the systems and rulings of other civilizations. These characteristics include the following:

1. Of godly origin

Islamic ethics are not a result of human efforts or temporary systems, instead they branch from the rulings of the Creator of mankind, who knows best what suits and ruins them. There have been etiquettes endorsed by the Islamic legislations, some were endorsed based on what people have agreed on as good acts, and some were left without specific mention as they were included under the general texts and interests which the Islamic Sharia strives to achieve.

2. Intended as acts of worship

A Muslim is motivated by his/her faith to pursue the best of manners, as an act which brings him/her closer to Allah and seeks this to be counted as a good deed. The messenger of Allah (PBUH) said, "The faithful people with the most perfect

¹ Reported by Bukhari in the book of "Al-Adab Al-Moufrad", and Imam Ahmed; it is a good hadith. See the Series of Authentic Hadith (No. 145)

² For example, the people's custom of welcoming or bidding farewell to one another

³ For example, the studies that have shown doctors with good listening skills had a main role in making the patient convinced with his/her doctor.

faith, are those with the best manners”.¹ Thus, healthcare practitioners who do not commit to their responsibilities and duties merely to preserve their reputation, achieve materialistic and social success or due to the of fear of punishment, but essentially as an act of worship to Allah SWT by being obedient to Him, following His rulings, and the path that leads to His satisfaction.

3. They are stable and applicable principles

Muslim healthcare practitioner’s attitude does not change by being a person in authority or a subordinate, neither with the poor/rich nor with the weak/strong. He/she should treat everyone equally and courteously at all times, whether in private or public setting. The source of this stability is due to the fact that Muslim healthcare practitioners pursue these best of manners as an act of obedience to Allah (SWT) and not for their personal interests or whims.

(E) Role of Role-Models

The theorization of ethics is a matter of establishing facts and reiterating values leading to the right way. In reality, good ethics do not pass on to the new generations only through theories; instead they pass on when senior generations share life experiences and practical situations with the younger generation and become their role-models. This will encourage them, as successors, to follow and surpass their predecessors. As a result, health college professors and every member in the healthcare team play important roles in inspiring good professional ethics by becoming excellent role-models.

¹ Reported by Abu-Dawoud and Tirmidhi; it is a good hadith. See the Series of Correct Hadith (No. 994)

Chapter 1: Healthcare Practitioner Ethics

The following are examples of ethical standards that healthcare practitioners should demonstrate and work on developing within him/herself and among those who work with him/her; especially when he/she recognizes that he/she is a member in a group whose members complement each other in the medical field.

(A) Devotion and Feeling the Worship of Allah (SWT)

Among the values a healthcare practitioner should possess is earnest devotion to Allah (SWT), perceiving His presence through sincere spiritual commitment and worship. Allah (SWT) said, (الذاريات ٥٦) “وَمَا خَلَقْتُ الْجِنَّ وَالْإِنْسَ إِلَّا لِيَعْبُدُونِ” (Adh-Dhariyat, 51:56). “I created the Jinn and mankind only that they might worship Me” (Adh-Dhariyat, 51:56). Consequently, if Allah (SWT) did not create mankind other than to worship Him; then worship of Allah (SWT) is in all our deeds, including what we do as healthcare practitioners making it one of the most mandated duties. The messenger of Allah (PBUH) said, “The reward of deeds depends upon the intentions and every person will get the reward according to his intentions.”¹ Therefore, it is up to each individual Muslim healthcare practitioner to have devotion in all his/her deeds for the sake of Allah (SWT), and perceive the presence of Allah (SWT) in all his/her activities, plus understand that he/she will be judged for every small and big act he/she has done.

(B) Demonstration of the Best of Manners

1. Truthfulness

Truthfulness is the main trait of a faithful person, as Allah (SWT) said in the Holy Quran, (التوبة ١١٩) “يٰۤاَيُّهَا الَّذِيْنَ ءَامَنُوْا اتَّقُوْا اللّٰهَ وَكُوْنُوْا مَعَ الصّٰدِقِيْنَ” (التوبة 119), “O you who have believed, fear Allah and be with those who are true.” (Tawba, 9:119). Truthfulness is not only about telling the truth, it is also about truth of the intention, truth in the deed and performance as well. Thus, it includes all human relations. It is not appropriate for someone who is a role-model to others, in knowledge and honesty, to be accused of lying let alone being known as a liar. Of course, there is no doubt that the healthcare practitioner, whom people seek due to their calamities of pain and sickness with complete trust in his/her deeds and words, should not be found otherwise [a liar]. If found to be a liar, his/her knowledge and skills will not help him/her restore the lost trust.

2. Honesty and Integrity

Healthcare practitioner is entrusted with human souls and bodies, thus, he/she should reflect upon it appropriately. Allah (SWT) said, describing the faithful, (المؤمنون ٨) “وَالَّذِيْنَ هُمْ لِأَمَانَاتِهِمْ وَعَهْدِهِمْ رَاعُونَ” (المؤمنون 8), “And who are keepers of their pledge and their covenant,” (Mu’minun, 23:8)

3. Humbleness and Respect for Others

Healthcare practitioner should be humble and never display arrogance towards his/her patients or demean them, whatever be their position. He/she has to respect all those he/she deals with, including the patients and/or their family members. This makes him/her in a more respectful status. And whoever humbles

¹ Reported by Bukhari and Muslim

him/herself for the sake of Allah (SWT), He will raise his/her position. The messenger of Allah (PBUH) said, "He, whoever has even a weight of a mustard seed of arrogance in his heart, will not enter paradise."¹

4. Patience and Forbearance

The medical profession is a challenging and hard career. Healthcare practitioners deal with different types of people in the community which requires a high level of patience, forbearance and tolerance. A patient healthcare practitioner tolerates the behaviour of his/her patients and excuses the annoyance of some [patients] considering their pain and illness. Healthcare practitioners should not confront the patients' irritability with anger or retaliation by stopping to treat a patient who has used inappropriate language, or by dereliction in fulfilling the patient's right to full care.

5. Passion and Love

Healthcare practitioners should be loving, passionate and lenient towards his/her patients as well as refrain from insulting them by saying what could make them weak or lose hope. A successful healthcare practitioner considers the psychological state of his/her patient, and uses ways that would help them get rid of illusions by delivering the truth about their illness in a considerate manner with diligence and accuracy that suits the level of the patient's understanding, intellectual and psychological abilities.

6. Moderation and Fairness

Moderation is considered one of the basic principles which Islam calls for - no surfeit and no negligence.

Allah (SWT) said, "وَكَذَلِكَ جَعَلْنَاكُمْ أُمَّةً وَسَطًا لِتَكُونُوا شُهَدَاءَ عَلَى النَّاسِ وَيَكُونَ الرَّسُولُ عَلَيْكُمْ شَهِيدًا" (البقرة 143), "Thus We have appointed you a middle nation, that you may be witnesses against mankind, and that the messenger may be a witness against you." (Baqarah 2:143). Therefore, a healthcare practitioner should be fair and unbiased in treating his/her patients. This is because they submit their affairs to the healthcare practitioner, based on their trust in him/her and their need for his/her advice as well as service. It is not permissible for a healthcare practitioner to abuse this trust and look down on the patients' rights, whether it is the right to appropriate medical care or in terms of financial costs that overburden the patient, patient's guardian or employer.

(C) Self-accountability

Healthcare practitioners have to judge themselves before being judged by others, or having their mistakes widely publicized. Self-accountability includes everything, even the smallest of blunders and lapses. For example, to compliment some people at the expense of others (even to a small extent), irrationally give advantage or delay, be late for his/her patients' appointments, or speak irresponsibly.

¹ Reported by Muslim

(D) Avoidance of Trivialities and Pettiness

It is not appropriate for a healthcare practitioner to indulge in affairs that are religiously repugnant or socially reprehensible, like backbiting, tale-bearing, talking too much, arguing, laughing too much, or saying socially unacceptable words - especially while performing his/her duties. It is also preferable for a healthcare practitioner to refrain from the demeanours of virility, though it may not be religiously prohibited, such as chewing gum while working, untidy appearance, wearing strange and socially unacceptable clothes, which may be acceptable in other countries other than the Kingdom.

Chapter 2: Duties of Healthcare Practitioner Towards Patients¹

The relation between a healthcare practitioner and his/her patient is based on mutual trust and honesty between the two. It is the duty of the healthcare practitioner to deliver comprehensive medical care to his/her patients according to their medical needs with accuracy and proficiency in order to satisfy the patient's best interests while respecting the patient's dignity, and considering the patient's rights. All of this should be within the ethical framework dictated by the Islamic Sharia and professional duty, including the following:

(A) Good Treatment of Patient

It is the duty of a healthcare practitioner to treat his/her patient kindly in all conditions, and this [good treatment] includes the following:

1. Being welcoming by smiling at patients.
2. Listening attentively to patient's complaints and empathising with his/her suffering.
3. Being discreet when asking a patient questions related to his/her condition by choosing the most appropriate words for the situation which does not embarrass the patient, unless needed, especially when other people or patients are near.
4. Show humility and refrain from arrogance, demeaning, mocking, sarcasm towards a patient, regardless the patient's scientific or cultural status.
5. Respect the patients' points of view, understand their customs and social norms, especially in relation to their personal affairs; but this does not mean not to advise them appropriately.
6. Fairness in the treatment of all patients with no discrimination against them in the level of healthcare based on the differences of their social status or based on personal feelings towards (or against) them.
7. Gentle handling of all patients while performing physical examinations.
8. Refrain from committing religiously forbidden acts, such as unnecessary exposure of patient's private parts, staying alone with a colleague or a patient of the opposite sex, as will be detailed later.
9. Reduce the patient's physical and psychological suffering as much as possible with all the available materialistic and psychological means to make the patient feel cared for.

(B) Achieving Patient's Interest and Guarding His/Her Right

The healthcare practitioner should meet the patient's interest, as explained below:

1. Limit the medical investigations, prescriptions or surgical procedures to the extent needed for the patient's condition.
2. Refrain from using diagnostic or therapeutic measures that are not recognized or scientifically proven, unless within the known scientific and regulatory restrictions.

¹ See Section Two of the Law of Practicing Healthcare Professions, p. 29-34

3. Tell the patient or whoever is acting on his/her behalf as soon as possible about the patient's health condition, its causes, its possible complications, as well as the benefits of the diagnostic and therapeutic procedures. Additionally, introduce them to appropriate alternatives in diagnoses and treatment in a clear and honest way.
4. It is the doctor's duty to refer any patient to another doctor who is specialized in the patient's health condition, or has more effective means of treatment; if the patient's condition necessitates it [such referral]. The doctor should not delay such referral whenever it is in the patient's interest with full presentation of the information needed for the patient's treatment.
5. Respect the patient's wish to be referred to another healthcare practitioner, or have their information recorded in their medical record, or be given the medical report that explains his/her medical condition. The doctor should not refrain from meeting the patient's wishes and should facilitate the patient obtaining these reports and information.
6. Continue delivering the appropriate medical care to the patient over the whole duration of the patient's illness, as long as it may be.
7. In case of the absence of the directly responsible healthcare practitioner, the practitioner should make sure that the patient receives the appropriate medical care during his/her absence.
8. Continue delivering the medical care needed for the patient in emergency situations until such care is no longer needed or until transferred to another qualified doctor.
9. Educate the patient about his/her condition in particular and in general, as well as how to maintain his/her health with suitable ways and means of protection from diseases.
10. Respect the patient's scheduled times and refrain from any delay on them.

(C) Patient's Consent

The adult conscious patient's permission (consent) should be sought (whether the patient is male or female), or from his/her representative in case the patient is not competent to decide, before any medical or surgical intervention. This is because the human's body and soul are from the person's privacies that no one should deal with unless with prior permission. For a patient's consent to be considered valid; the following conditions must apply:

1. The healthcare practitioner should present enough information in a language that the patient can understand about what he/she will do, and what is required from the patient, the possible consequences of the patient's decisions, as well as potential complications and risks.
2. The patient should be able to understand and appreciate the information that he/she has been provided so that he/she decides with full consciousness, awareness and conviction.
3. The patient's consent should be made voluntarily without pressure or coercion.
4. The consent should be written at the time the healthcare practitioner will perform any intervention that includes possible risks, like surgical operations, biopsy, or similar procedures.

- **Woman's Consent**

The conscious adult woman has the right to give consent to any medical interventions that is related to her, including surgical operations, except for what is related to reproduction, like the use of family planning methods, hysterectomy or other procedures. In such procedures, the acceptance of the husband must be obtained too. In emergency and life-threatening conditions, the woman's consent is sufficient.¹

- **Incompetent Patient's Consent**

If the patient cannot give an informed consent, for example in case of unconsciousness, or whose consent is not usually considered valid like children,² or the insane; his/her legal guardian should be the person to give this proxy consent, whether for surgical or alike interventional procedures. If obtaining the consent of the legal guardian was not possible, amid fears of potential loss of life or severe harm to the patient, then the healthcare practitioner can do these interventions without consent. For the non-interventional procedures on an incompetent patient, it should be sufficient to have the consent of one of the present parents or accompanying healthy person, if he/she is competent to give such a consent.

(D) Reassurance of Patient

The healthcare practitioner should use his/her skills to reassure the patient and alleviate his/her suffering, in accordance with the teaching of the messenger of Allah (PBUH), "The Prophet said, "Facilitate things to people (concerning religious matters), and do not make it hard for them and give them good tidings and do not make them run away (from Islam)".³ This includes doing the following:

1. Look out for and explore the patients' psychological needs.
2. Provide the patient with sufficient clear information about his/her condition, which would help to reassure and eliminate his/her fears.
3. Positive interaction with the patient's feelings and concerns, and to correct his/her wrong conceptions and information about his/her illness and treatment.
4. Give the patient enough time to understand what is said to him/her, and to express his/her feelings towards the disease or treatment without forcing [the patient to finish]
5. Remind the patient that the illness is a test from Allah (SWT), and that it is a chance to have his/her sins forgiven and mercy given [from Allah (SWT)], while choosing the appropriate time and place.
6. The healthcare practitioner shall reassure the patient of his/her readiness to take care of him/her and stand by him/her. This should be ongoing through all the phases of the illness, even in incurable diseases. In addition, the reassurance should include:

¹ See the Council of Senior Scholars' Resolution No. 93

² A child is defined as any person from birth until maturity

³ Reported by Bukhari and Muslim

- **Praying for the Patient**

It is from the helping factors for the patient to cope with his/her illness and have his/her spirit soothed when the healthcare practitioner demonstrates the manners of the noble prophet (PBUH) in praying for his patient to be cured, as it was from his guidance (PBUH) that if he comes to a patient, he holds the patient's hand and says, "O Allah! The Lord of the people, the Remover of trouble! (Please) cure (Heal) (this patient), for You are the Healer. None brings about healing but You; a healing that will leave behind no ailment" and said, "whoever visits a patient whose time (of death) did not come, and says near him seven times, I ask the Glorious Lord (Allah), the Lord of the glorious throne to heal (cure) you; Allah will cure him from that illness".¹

- **Breaking Bad News**

There is no contradiction between reassuring the patient and telling him/her about his/her condition, even if it is serious and fatal. It is the right of the patient to know his/her health condition, illness, symptoms, and prognosis in general terms. If the patient requires more details, he/she should be answered with that [request]. Informing the patient is the duty of the treating doctor and should not be left to doctors more junior to him/her, especially if these doctors do not have sufficient experience. When breaking such news, the following should be considered:

1. Gradual approach and preparing the patient psychologically to receive the sudden undesirable news.
2. Limit [yourself to] the information that suits the patient's knowledge and understanding of his/her health condition without the minutiae that would increase his/her worry.
3. Choose a suitable time and place to tell the patient. Preferably at the time in which the patient is psychologically, physically settled and ready to receive such news. It is also preferable to inform one of the people the patient trusts after obtaining his/her consent, as this would facilitate the treating doctor's job in breaking the bad news.
4. Take enough time and attention to inform the patient, so the doctor breaks the news tranquilly using effective skills in communication.
5. Focus on the positive sides that would restore hope in the patient's soul following the messenger of Allah's (PBUH) advice, "Facilitate things for people, and do not make it hard for them and give them good tidings and do not alienate them",² for example, by telling stories of how others overcame their illness, and the scientific advantages in this field [of the patient's illness] in particular.
6. Continue in alleviating the patient's physical and psychological sufferings and provide the required care. Do not abandon the patient or neglect him/her so that he/she does not feel the doctor has lost hope in his/her condition.
7. The doctors should assess whether it is better telling a patient only part of the truth, and/or limit this [disclosure] to the patient's family; if the doctor sees this is in the patient's best interests.

¹ Reported by Abu Dawoud

² Reported by Bukhari

8. The doctor and the healthcare practitioners should receive enough training on effective skills of communication for dealing with such cases.
9. The healthcare practitioner should refrain from telling the patient something he/she is not authorized to disclose.

(E) Maintaining Patient's Secrets - Confidentiality¹

The Islamic Sharia has asserted the significance of keeping the patient's secrets and confidentiality. The knowledge of the health practitioner about the patient's secrets does not entitle him/her to disclose them or talking about them in a way that would lead to their disclosure, except for the following exceptional conditions:

1. If the disclosure is to protect the patient's contacts from being infected or harmed, like contagious diseases, drug addiction, or severe psychological illnesses. In this case, disclosure should be confined to those who may become harmed.
2. If the disclosure is to achieve a dominant interest of the society or to ward off any evil from it. In this case, the disclosure should be made only to the official specialized authorities. Examples of this condition are the following:
 - a. Reporting death resulting from a criminal act, or to prevent a crime from happening.
 - b. Reporting of communicable or infectious diseases.
 - c. If disclosure is requested by a judiciary authority.
 - d. To defend a charge against a healthcare practitioner alleged by the patient or his/her family in relation to the practitioner's competence or how he/she practices his/her profession. Disclosure should be only before the official authorities.
3. If the disclosure to the patient's family or others is useful for the treatment, then there is no objection to such disclosure after seeking the patient's consent.
4. The healthcare practitioner can disclose some of his/her patient's secrets when needed for the education of other healthcare team members. This should be limited to the purposes of education only and to refrain from disclosing what could lead to the identification of the patient and his/her identity.

(F) Photographing Patients and Recording Their Voices

The rule is that patients should not be photographed in whole or in part of their bodies except for a need or a necessity required for the purpose of their care, or for the purposes of health (medical) education, or to undertake health research. When there is such a need, the following regulations should be followed:

1. Inform the patient with the significance of this imaging, its importance and purpose before imaging or recording, and tell the patient how and where it (i.e. the image or the record) will be used
2. Obtain the consent from the patient or the patient's proxy decision maker before photographing or recording.

¹ Secrets here refer to any information that the patient considers as confidential about him/her.
[translator]

3. Never put any pressure on the patient to have such photograph (imaging) or recording and never coerce the patient to accept.
4. Ensure that the imaging or recording is used for important and necessary purposes like healthcare, medical education, and scientific research.
5. The patient has the right to withdraw his approval even after the imaging or recording has taken place.
6. If the patient is unconscious or a minor, the consent of the legal guardian should be obtained. If the patient becomes conscious, he/she has the right to withdraw the consent at any time.
7. It is not permissible to publish the patients' images in the media, including the new media,¹ unless with written permission from them. Such publication should not have anything that could identify the patient's identity. If there is a need to publish a photo of the face, then the eyes should be covered, unless there is a scientific need. All of that should be in compliance with the legislative rulings and regulations followed in the Kingdom of Saudi Arabia.
8. The following are exclusively the parts that could be photographed and kept without the need of the patients' consent:
 - a) Photograph of internal organs of the body.
 - b) Histology (human tissues) slides.
 - c) Endoscopic photographs.
 - d) Diagnostic imaging in any of its forms.

(G) Dealing with Patients Who Refuse a Medical Procedure

In case a patient refuses a medical procedure, the healthcare practitioner should consider the following:

1. Make sure that the patient is aware of the consequences of his/her decision to refuse the medical procedure.
2. Listen to the patient's point of view and respect his/her wish.
3. Explain the importance of the medical procedure, and the consequences of not having the procedure honestly and without exaggeration.
4. If the healthcare practitioner is not the treating doctor, and the patient refuses the medical procedure, the healthcare practitioner should refer the patient back to his/her treating doctor. The treating doctor should do whatever is possible to convince the patient as well as make him/her aware of the alternatives, and then to make the appropriate decisions after that.
5. Document the patient's refusal in writing so that the healthcare practitioner disclaims any liability.

(H) Conscientious Objection to Refrain from Treating a Patient²

The healthcare practitioner can - in a non-emergency situation, refrain from treating a patient for personal or professional reasons that would jeopardize the quality of care provided by the healthcare practitioner to the patient, on condition that this [refrain] does not harm the patient's health, and that there is another practitioner who is capable of treating the patient instead of him/her.

¹ The authors most probably refer to the so-called "new social media", like YouTube, Facebook, Twitter, etc. [translator]

² See Article 27 in the Law of Practicing Healthcare Professions, p. 19

Chapter 3: Healthcare Practitioner's Duties Towards the Community¹

The healthcare practitioner enjoys a noble status in the community. The community has positioned the healthcare practitioner in a special social status that is not available to other members of the society. In return, the community expects the healthcare practitioner to use this position in the service of the patient and show commitment to the highest moral standards through his/her manners. The healthcare practitioner should contribute to the community service through his/her profession, and with all possible resources required for the public's interest. This could be reflected in the following:

1. Become a role model for the community members through his/her faith and maintaining human affairs away from suspicions.² The healthcare practitioner is a member of the community, and the position that he/she holds enables him/her to have a leading role in any community reform. The healthcare practitioner who lacks moral values in his/her personal life cannot pretend to have them in his/her professional practice, even if he/she holds the highest academic qualifications. The healthcare practitioner is an effective member in his/her community and interacts with its local and public issues. Thus, he/she should not live in his/her ivory tower away from the problems and issues of the community.
2. Recognize that the community and environment are important factors in the health of individuals by helping the community to deal with the social and environmental determinants of diseases.
3. Practice the profession with the highest attainable level of knowledge, efficiency, trustworthiness, and integrity while keeping updated with the advances of his/her specialty.
4. Recognize his/her responsibilities in the empowerment of justice among the community members in the utilization of health resources.
5. Recognize his/her responsibility for the maintenance of health resources and utilizing them in the most appropriate way. Therefore, he/she has to avoid requesting investigations, consultations or prescribing medications that are unnecessary for his/her patients.
6. Strive hard through the use of his/her skills, knowledge and expertise to improve the standards and quality of health services available in the community, whether in the work place or in general.
7. Recognize his/her role in the development of health policies through positive opinion contributions, either individually or through the professional associations. The healthcare practitioner should, and especially those in an authoritative position, never hesitate in their positive and constructive contribution to the enactment of laws, or the development of health policies.

¹ Article 5 in the Law of Practicing Healthcare Professions states that, "Healthcare professionals shall serve the best interest of individuals and society within the framework of respecting human right to life, safety and dignity..."

² For example, many of the community members seek excuses for their smoking stating that there are doctors who smoke.

8. Consider public health through health education that is suitable for the practitioner's area of influence, to endorse or contribute to the preventive programs, and the protection of the environment.
9. Take into account interaction with media for the sake of providing the correct information to the community.
10. When the scientific information is presented to the community, the health practitioner should recognize his/her responsibility in presenting the authentic options that are professionally acceptable, and should clarify for the beneficiaries if he/she is presenting personal opinions or opinions that could be deviating from what is professionally acceptable.
11. Contribute, as much as possible towards the study of health problems at the community level and suggest suitable solutions for them, like smoking, illegal drug abuse, traffic accidents, infectious diseases and others.
12. Commit to helping specialized authorities in performing their duties to preserve health [for example] by reporting communicable diseases and epidemics, and preserve public safety through reporting criminal incidents.
13. Being a medical witness, especially if the specialists, or experts among them, could be important for the judiciary in order to understand a patient's condition or the treatment given to him/her. In this case, the healthcare practitioner should deliver an honest and objective explanation of the medical facts. And in the case of presenting evidence to the judiciary, the healthcare practitioner should recognize his/her responsibility to help the judiciary achieve truth and justice.
14. Refrain from any practices that could harm the community, and refuse to participate in or support any practice that violates the basic human rights in the Islamic Sharia.
15. The healthcare practitioner should not be used in any way as a tool to weaken the intellectual or bodily resistance of a human. He/She should also not condone, support or participate in any act of torture, or any other practice that includes the humiliation of any member of the community; regardless of the crime that this person was suspected, accused, or convicted of having committed. The healthcare practitioner should not participate in executing any punishment unless for what was approved by the Islamic Sharia, and with a ruling from the religious judiciary.
16. The healthcare practitioner should be truthful and honest when issuing any certificates or documents such as certificates of proof of presence, sick leaves, or others. The healthcare practitioner is a witness who should be fair in his/her witnessing, and should not be taken by the desires of kinship, passion, or desire of benefit and should fear presenting a medical report that is at variance from the truth; as he/she (the healthcare practitioner) knows that the unjustified absence of an employee from his/her job may be crippling for the community's interests.

Chapter 4: Healthcare Practitioner's Duties Towards Professional Colleagues

The relation between a healthcare practitioner and his/her colleagues with their different specialties should be based on solidarity, passion, and respect.¹ Healthcare practitioners complement each other in the provision of healthcare to the community in their different health specialties. One team works in prevention, and another in treatment. So, the healthcare practitioner is an addition, and cooperation with his/her professional colleagues for the patient's best interests. This necessitates consideration of the following:

1. Behave well with his/her colleagues and treat them the way he/she would like them to treat him/her.
2. Do not indulge in their private issues, and eat their flesh² to seek their shames.
3. Avoid direct criticism of a colleague in front of patients, especially if this was done with the intention of making the people disregard him/her (i.e. the colleague) or out of evil envy. Honest scientific methodological critique should not be done in front of the patients, but in scientific meetings, medical conferences, and medical journals.
4. Doing his/her best in teaching healthcare practitioners who work in his/her medical team or are his/her trainees, and be keen to benefit them with the experience, knowledge and skills he/she has, in addition to giving them the chance to be trained and develop their skills; as will be detailed later in the chapter entitled, 'Ethics of Teaching and Learning on Patients'.
5. The healthcare practitioner should envisage the precision and integrity of his/her evaluation on the performance of those working or being trained under his/her supervision and should not undervalue the right of anyone, while avoiding equalizing the hard working with the uncommitted.
6. The healthcare practitioner should avoid religious standards when dealing with his/her colleagues, such as avoiding being along with foreign women.³
7. The healthcare practitioner should not find it difficult to stop at the limit of his/her abilities and request help from his/her professional colleagues whenever needed.
8. The healthcare practitioner should be ready to peer-review the professional performances of his/her colleagues, and accept that peer-review on him/herself, and strive hard not to make professional or personal relationships affect evaluation positively or negatively.

¹ Article 24 of the Law of Practicing Healthcare Professions states that, "The relationship between healthcare professionals shall be based on cooperation and mutual trust." p. 35.

² This refers to the verse in the Quran that relates backbiting to eating someone's flesh. Allah (SWT) says, *يَا أَيُّهَا الَّذِينَ آمَنُوا اجْتَنِبُوا كَثِيرًا مِّنَ الظَّنِّ إِنَّ بَعْضَ الظَّنِّ إِثْمٌ وَلَا تَجَسَّسُوا وَلَا يَغْتَب بَّعْضُكُم بَعْضًا أَنِجِبٌ* (الحجرات 12) "أَحْذَرْتُمْ أَنْ يَأْكُلَ لَحْمَ أَخِيهِ مَيْتًا فَكَرِهْتُمُوهُ وَاتَّقُوا اللَّهَ إِنَّ اللَّهَ تَوَّابٌ رَّحِيمٌ" (Al Hujurat 49:12). "O you who have believed, avoid much [negative] assumption. Indeed, some assumption is sin. And do not spy or backbite each other. Would one of you like to eat the flesh of his brother when dead? You would detest it. And fear Allah; indeed, Allah is Accepting of repentance and Merciful." (Al Hujurat 49:12). [translator]

³ A foreign woman is any woman that the man can ask for marriage; i.e. any woman except his sister, mother, aunt. [translator]

Chapter 4: HEALTHCARE PRACTITIONER'S DUTIES TOWARDS
PROFESSIONAL COLLEAGUES

9. If the healthcare practitioner comes to know that the condition of one of his/her colleagues would affect the safety of any medical procedure, or thinks that this condition would most probably inflict harm to the patient; then he/she should report it to the responsible authority to investigate the situation and take appropriate action.
10. If a healthcare practitioner, especially doctors, is called to see a patient treated by another colleague, he/she should abide by the following rules:
 - a. If the call is from the treating practitioner, he/she should respond the consultation request, even if he/she doesn't see any justification for it.
 - b. Be cautious about any word or gesture that could be interpreted as devaluing to the colleague's position or as a sign of underestimating the effort made (by the treating doctor) in front of the patient. This is particularly more important when the healthcare practitioner has a different point of view from that of the treating practitioner.
 - c. Reassure the patient and minimize his/her worries, and use wisdom in determining what he/she should let the patient know and what should be told by the treating practitioner.
 - d. If the consultation is done by the patient or his/her family, the healthcare practitioner consulted should make sure that the treating healthcare practitioner knows about this consultation before accepting the invitation and it is not acceptable to have access to the patient's (medical) file without the permission of the treating healthcare practitioner.
 - e. If the patient is willing to transfer to another healthcare practitioner, it is the duty of the healthcare practitioner to inform the treating healthcare practitioner about that.
 - f. The treating healthcare practitioner can, when needed, consult another colleague in the same speciality or another, after considering the visions and recommendations of the first consulted healthcare practitioner.
11. It is preferable not to take fees for the examination or medical consultations of colleagues or their families unless paid by third party.
12. A doctor should respect his/her non-doctor colleagues, and appreciate their role in the treatment of the patient and taking care of him/her. The doctor should establish rapport with them on mutual respect and constructive cooperation to serve the patient's interests, and do his/her best to teach and direct them to make sure they are committed to the principles of professional ethics.

Chapter 5: Healthcare Practitioner's Duties Towards Him/Herself

The healthcare practitioner has duties toward others and the attitude that he/she should demonstrate, but there are also other duties he/she must accomplish towards him/herself. The following are examples of these duties:

1. He/she should evoke the good intentions and devotion for the sake of Allah (SWT) when performing his/her professional duties. He/she should consider every effort he/she exerts as a means of coming nearer to Allah (SWT), as the deeds should have intentions, as the messenger of Allah (PBUH) said, "The reward of deeds depends upon the intentions and every person will get the reward according to what he has intended".¹ Therefore, a Muslim healthcare practitioner seeks Allah's pleasure by being kind to patients and teaching others whatever is of benefit for people.
2. The healthcare practitioner should do his/her duties towards purifying and disciplining him/herself. The messenger of Allah (PBUH) said, "Beware! There is a piece of flesh in the body and if it becomes good (reformed) the whole body becomes good, but if it gets spoilt the whole body becomes spoilt; and that is the heart."² Allah (SWT) said, "قَدْ أَفْلَحَ مَنْ زَكَّاهَا (9) وَقَدْ خَابَ مَنْ" (الشمس 9-10), "Success is really attained by him who purifies it, (9) And failure is really suffered by him who pollutes it. (10)" (Ash-Shams 91:9-10). The religious texts also indicate that a human is accountable for all his/her deeds and whatever is done by his/her body parts, which thus means that there is the possibility to hold control over them and for taming any wild actions. Allah (SWT) said, "(المدثر ٣٨) "كُلُّ نَفْسٍ بِمَا كَسَبَتْ رَهِينَةٌ", "Every soul will be (held) in responsible for its deeds." (Muddaththir 74:38). These texts and others indicate that a human will have a big role in controlling his/her behaviour and anger. Allah (SWT) has promised to help whosoever strives to purify him/herself and commit to the godly way that the messenger of Allah (PBUH) came with. Allah (SWT) said, "وَالَّذِينَ جَاهَدُوا فِينَا لَنَهْدِيَنَّهُمْ" (العنكبوت 69) "سُبُلَنَا وَإِنَّ اللَّهَ لَمَعَ الْمُحْسِنِينَ" (Al-Ankabut 29:69). The messenger of Allah (PBUH) summarized this issue of self-purification with what he has given from the conciseness of speech by saying, "knowledge is by learning, tolerance is by longanimity, and whoever seeks the good, he will be given it, and whoever seeks refuge from evil, he will be protected from it".³ The following are among the self-purification measures:
 - a. Controlling oneself on the contentment that Allah (SWT) has blessed him/her, and suffice with what is available from the money earned in permitted ways, and not look (in greed) to collect money whatever its source.
 - b. To prevent his/her tongue and control his/her words so he/she doesn't speak except for the good, or keeps silent. Messenger of Allah (PBUH) said, "whoever believes in Allah and the Last Day (of

¹ Reported by Bukhari and Muslim

² Reported by Bukhari

³ Reported by Al-Darakotni and Al-Khatib; and it is a good hadith.

judgment), speaks good or remains silent.”¹ As most of the speech is about people and their private issues, which could ruin the person's faith in ways he/she may or may not know.

3. Among the healthcare practitioner's duties towards him/herself is to take him/herself with a strong will in fulfilling what Allah (SWT) decreed on him/her, and to make sure his/her work does not make him/her delay his/her ordained acts of worship from their times, especially the prayers, and contrarily does not become negligent in responding to emergency conditions making his/her ordained acts of worship (prayers) an excuse for negligence.
4. Look good without squandering. He/she should make sure that he/she is well dressed and smells good, as the messenger of Allah (PBUH) said, "Allah is Beautiful and He likes beauty";² and undoubtedly neglecting this will have a negative effect on the relation between the healthcare practitioner and his/her patients and professional colleagues.
5. Since the community gives the healthcare practitioner a special social status, then he/she should be committed to the general standards of good manners, and avoid unsuitable places in order to evade ill thoughts about him/her. In addition, he/she has to respect the general regulations that are enacted by the different state institutions to avoid questioning, which may affect his/her reputation and the reputation of his/her profession.
6. Commit him/herself to diligence in learning and seeking knowledge through continuous reading and attending conferences, symposia, seminars, national and international conferences; recognizing the importance of self-education in the development of information and skills and to instinctively be responsible towards self-development.³
7. Consider being affiliated to the scientific associations in his/her area of specialty and contribute to them, as well as adopt other's expertise for their positive effects in relation to scientific communication within his/her field.
8. Care about the physical and psychological (mental) health, since it is the most precious gift that ought to be preserved. In accordance with what the messenger of Allah (PBUH) agreed to, as reported in the hadith of Salman Al-Farisi may Allah be pleased with him, who said, "Your Lord has right over you. Your family have a right over you and your body has a right over you. Give to each its due."³ Physical and psychological health have a huge impact on the quality of the services he/she delivers to his/her patients, profession and community, while performing his/her professional duties.
9. Protect him/herself from potential dangers whilst performing his/her duties, and never tolerate not taking the necessary measures to protect or minimize such risks. Avoid taking risks by exposure to potential harms, and

¹ Reported by Bukhari and Muslim

² Reported by Muslim

³ Article 7/A in the Law of Practicing Healthcare Professions states that, "A healthcare professional shall improve his knowledge and keep abreast of scientific advances and new discoveries in his fields. Managements of healthcare facilities shall facilitate his/her attendance of seminars and courses in accordance with controls specified by the Commission". Article 7/A.L of the Implementing Regulations states that, "...the information should be developed through attending conferences, scientific symposia, training, lectures, and participation in research." See Law of Practicing Healthcare Professions, p. 25

³ Reported by Bukhari

- should have the knowledge that his/her health is important to the community and should be preserved.
10. Be familiar with the regulations that regulate his/her profession and commit to them by taking the needed registrations to perform his/her profession.
 11. Seek help in solving his/her own problems that would negatively affect the service that he/she is providing to his/her patients, community or profession.
 12. A healthcare practitioner should realize that he/she is responsible for the patient to the extent assigned to him/her, and he/she is required to stop at the limits of his/her capabilities and seek help from those who are more knowledgeable than him/her whenever needed.

Chapter 6: Healthcare Practitioners' Duties Towards His/Her Profession¹

The healthcare practitioner should recognize the social value of his/her profession and protect its nobility, so that he/she raises him/herself above the doubts of committing any act, or holding any traits that are inappropriate for him/herself or his/her profession. This can be achieved through the following steps:

1. Protect the nobleness of the profession by being careful how he/she looks and behaves. Complete devotion to the profession, excelling in his/her work by mastering skills, observance of patients' rights and maintaining [practicing] good manners.
2. Scientific and practical contributions to the development of the profession, through research, studies, writing articles, and continuous education.
3. Maintain the medical professional standards and work on improving them in all the professional activities (that he/she takes part in).
4. Do not abuse professional status by achieving privileges, material or moral benefits, apart from those granted through the system and professional customs.
5. Avoid whatever leads (or could lead) to insulting the profession or demeaning the status of a healthcare practitioner, like maltreatment, or lack of commitment to appointments, lying, falsification, arrogance, pretending to know what he/she does not, or any other obnoxious behaviour.
6. Refrain from any act that would breach his/her honesty, or integrity while dealing with the patient, and not to lose the patient's confidence through cheating, fraud, or having an inappropriate relationship with the patient or one of his/her family members, or earn financial benefits outside any legal means, or whatever could lead to counter the standards of the medical profession.
7. Follow the proper standards for personal behaviour, and public morality during performing all professional (or otherwise) activities, through avoiding any dishonest or violent behaviour, intake of alcohol or other drugs, as well as keeping away from unworthy behaviour that demeans him/her as a Muslim, before affecting him/her as a healthcare practitioner.
8. Avoid hastening to take action with high risk medical procedures unless he/she is sure of its necessity and that the benefits exceed their risks (of harm).
9. Take the appropriate action if he/she knows that one of the healthcare team is sick, ignorant, or negligent in his/her responsibilities, for the sake of protecting the patient first, then second to protect the medical professional.
10. Avoid seeking fame on account of the basics and ethics of the profession.

¹ Article 26 of the Law of Practicing Healthcare Professions states that, "A healthcare professional governed by this Law shall exert due care in line with commonly established professional standards." See the Law of Practicing Healthcare Professions, p. 45.

Chapter 7: Observance of Religious Rulings

The healthcare practitioner, like any other Muslim, is bound by Islamic religious rulings and regulations. Thus, he/she should observe religious rulings in all circumstances. There are many situations for which there are religious rulings that he/she could be faced with, in which he/she should be committed to these rulings, including the following issues:

(A) Ruling on Exposing Private Parts of the Body (*Awra*)

Doctors need to examine their patients in order to diagnose their diseases or treat them. This may require exposing the patient's private parts (*Awra*). Other healthcare practitioners helping the doctor may also require that (exposure of *Awra*) in some procedures related to some of the medical investigations, for example, diagnostic imaging technicians or others. The principle in the religious ruling is the prohibition of exposure or examining of a person's *Awra*, unless there is a necessity; in that event, it becomes permissible to expose only what is needed (to be exposed) for the purpose of diagnosing the patient (male or female). This is done through the following conditions and regulations:

1. The necessity or need is established.
2. Lack of an alternative means by which the purpose of the investigation could be achieved with such exposure (of *Awra*).
3. Men should not examine women and vice-versa, unless it is not possible to find an alternative technician of the same sex as of the patient to perform the tasks needed.
4. Limit the exposure time and extent needed to achieve the task, without excess, in accordance with the legal rule: what is allowed for need, should be proportional to the extent of need. The healthcare practitioner should estimate precisely every such need to expose the patient's *Awra*.
5. Limit the number of other healthcare practitioners to only those required to be present.
6. It is not permissible to make exceptions for exposing the patients' *Awra* for the purposes of clinical training of students and interns, and instead to replace this (exposure of true patients) with other educational alternatives.

(B) Rulings in Abortion

1. The doctor should refrain from performing abortion on a pregnant woman unless it is needed to save the pregnant woman's life.¹ The pharmacist should also refrain from disposing or facilitating access to any abortifacient medication. It is also not permissible for any other healthcare practitioner to perform this act (i.e. the abortion operation or the prescribing or giving of drugs that would facilitate or lead to abortion)
2. Abortion is allowed only if the pregnancy is less than 4 months [gestational age], and it is confirmed that allowing the pregnancy to continue threatens the mother's health with grave harm. This must be proven by a medical committee in accordance with the regulations in place for this matter.²

¹ See Article 22 of the Law of Practicing Healthcare Professions, p. 32.

² See Article 22 and Article 22/2L of the Law of Practicing Healthcare Professions, p. 32.

(C) Relation Between the Opposite Sexes

In the light of such relations, the healthcare practitioner should comply with the following:

1. Refrain from committing any religiously disapproved act like being in private (not seen or heard by others) with the excuse of a professional relationship with a male or female patient.
2. Adhere to professionalism in his/her relations with his/her patients, within the limits of the patient's health needs, and to be alert of any sexual inclination to his/her patients.
3. Refrain from abusing the trust, knowledge, or passion or any other influence stemming from a previous professional relationship becoming an emotional affair with either a current/past patient or one of the patient's family members.
4. The healthcare practitioner should refrain from sharing his/her personal contact details except within restricted limits and for an urgent need.
5. Report to the authorized authorities if he/she is certain of the presence of sexual abuse of a colleague with his/her patients.

(D) Healthcare Practitioner's Relations Outside the Limits of the Profession

There is a natural relationship that is established between a healthcare practitioner and his/her patient(s), or the relatives. Such a relationship is maintained within three limits:

1. The causing limit (i.e. the condition of the patient that caused him/her to need care)
2. The location limit (i.e. within the healthcare institution)
3. The time limit (the time of need of the healthcare).

There is a natural professional relationship among the healthcare practitioner, other colleagues, or interns. The rule is that the relationships remain within the three limits of cause, place, and time.

If the relationship of a healthcare practitioner with colleagues, patients or their relative extends beyond the previously mentioned limits; the healthcare practitioner should make sure that this relationship is permissible from religious and legal perspectives, as well as being customary and socially acceptable. Additionally, the following should be considered:

1. Avoid having any relationships that would negatively affect his/her ability to perform his/her professional responsibilities.
2. Do not abuse these relationships to gain privileges that he/she is not eligible for.
3. These relationships should not lead to a closer friendship with those patients or their relatives with whom that relationship was established, on the account of their patients.

(E) Religiously Forbidden Procedures and Treatment Methods¹

1. It is not permissible to use or perform any religiously forbidden procedure or medication unless in necessary cases. These (procedures/medications) include plastic surgeries, treatment of infertility, or use of pork-derived drugs, and other forbidden things.
2. Refrain completely from doing hymenorrhaphy or hymenoplasty (hymen reconstruction surgery) whether the patient is young or old, married or not, unless for religiously permissible conditions.
3. Refrain from treating infertility with religiously impermissible methods.
4. Refrain from religiously forbidden plastic surgeries.

¹ See the relevant Fatwas in the appendix.

Chapter 8: Ethics of Teaching and Learning on Patients

Medical education in a university, college of higher education, and medical fellowship programmes for the teaching of clinical competence relies largely on learning on patients or learning from them.

Generally, the healthcare practitioner whether an educator or a learner should comply with what this book states about duties towards the patient, colleagues and other duties. The following manners and etiquettes are linked to the process of education and learning on patients and should be considered:

1. Trainee should not start to learn on patients until he/she has the required skills through using the other educational alternatives, whenever possible, like medical models/ manikins, simulations labs, and virtual learning with the use of computers, etc.
2. Patient should be clearly informed that he/she is in an educational institution and there is a need to teach trainees; in the universities and colleges of higher education students must learn in this way. The patient should know that the trainee is under the supervision of a consultant or specialist ultimately responsible for providing the medical service.
3. Patient should know, in an appropriate manner, the identity of those examining or treating them, and that he/she is a trainee.
4. Permission of the patient should be sought first for trainee to take patient's history, perform investigations or curative procedures. The patient has the right to agree or refuse.
5. Trainee should respect the patient's rights, privacy as well as his/her dignity, and not to disclose any of his/her secrets; in accordance with what was previously detailed in this book.¹
6. Healthcare practitioner teacher should be considerate about the patient's private issues and those that are suitable for discussion in front of trainees, while respecting the patient's rights and confidentiality. He/she should give special consideration to the rulings regulating the exposure of the private parts of the body (Awra), as previously detailed in this book.²
7. It is not permissible to indulge in direct training on a patient's private parts except in case of necessity, and this should be substituted by using alternative educational alternatives, whenever possible.
8. During the teaching of trainees, the healthcare practitioner teacher should commit not to harm the patient in any kind of anticipated or actual harm.
9. Healthcare practitioner should refrain from excessive training on one patient in a limited time, especially if this is accompanied by repeated examinations or if the examination includes private parts of the body
10. Healthcare practitioner teacher should consider the importance of being a role-model by his/her dedication, manners and behaviour. He/she should recognize the importance of his/her role in the inheritance of professional ethics through the generations of healthcare practitioners, and that it (i.e. the professional ethics) does not transfer through theorization as much as it

¹ See chapter on confidentiality and patient's secrets in this book, p. 20

² See chapter on exposing the patient's private areas in this book, p. 30

is transferred through role-modelling, live experiences, practical situations, and juniors following the example of seniors.

11. Healthcare practitioner teacher should refrain from blaming, scolding, or rebuking trainees in front of patients, as this would disrespect the trainees' dignity on one side, and prevent/disturb the patient's understanding on the other; especially if everybody is talking in a language that the patient does not understand
12. Healthcare practitioner teacher should assign the patient's care to trainees gradually. The healthcare practitioner teacher is responsible for the patient to receive full care, and should be committed to providing the appropriate supervision of that care.
13. Trainee should be aware that he/she is in charge of a patient within the limits of the tasks that were assigned to him/her. Trainee is responsible to stop at the limit of his/her abilities and seek help and supervision from those who are more knowledgeable than him/her whenever needed.

Chapter 9: Ethics of Documentation and Authentication

Documentation of medical information and the certification of their authenticity is one of the main tasks for a healthcare practitioner, and he/she should pay close attention to such duties (of his/her profession) for its significant importance. He/she should document each procedure that he/she follows with the patient in accurate records, and strive to be accurate when writing medical reports, in a way that achieves the interest of the patient. Thus, he/she does should write what is the true reality without exaggeration or underestimation and should not be taken astray by the bonds of kinship, passion, fear or desire of benefit to write a medical report that is untrue. He/she should use an honest and trustful manner when issuing any certificate or document.

(A) Medical Record

1. The healthcare practitioner or the institution employing him/her should keep clear and precise paper and electronic records for the patients that contains appropriate clinical findings, decisions and procedures made, the information given to the patient, prescriptions or medications, as well as all the patient's investigations.
2. The medical record should be kept in a safe place, and should not be accessed or handled unless by those who are professionally-related (to the patients) persons, and all the procedures related to professional confidentiality apply to all its contents.
3. All the contents of the medical record are the property of the institution in which the patient is receiving his/her treatment, but the patient can have access to the record and have a copy of it upon his/her request.
4. In the event of referring a patient to another doctor, the healthcare practitioner should provide for the referred healthcare practitioner all the information needed about the patient's condition precisely and objectively.
5. When writing the data and information, scientific and administrative standards should be followed when writing, and have every document related to the medical record signed and dated. When any change or modification is made, the date of this modification should be reported with a signature, and it is preferable to have the changes reported on a separate sheet.

(B) Certificates and Reports

Doctors enjoy the authority to sign a variety of documents that lead to grave consequences if they are abused, including death certificates, medical reports, sick leaves, certificates of patients' attendance and others.

Therefore, doctors have to ensure the correctness of the information before signing any document. Documents that are thought to be fake, false, or misleading should not be signed, instead follow the recognized scientific and administrative standards.

(C) Medical Prescriptions¹

1. It is not permissible to prescribe restricted drugs except by authorized doctors, and the restrictions related to these drugs should be followed.
2. The healthcare practitioner should not write a prescription only for pleasing his/her patient or the patient's relatives.
3. The prescription should be written in clear handwriting, with the healthcare practitioner's name, signature, the name of the institution he/she works in, date of the prescription, patient's information, diagnosis, drug dose, its pharmacological form, daily dose, and duration of treatment. This all must also be reported in the patient's record.

¹ It is prohibited for a pharmacist to [...] dispense any medication without a prescription issued by a physician licensed to practice. See the Law of Practicing Healthcare Professions, p. 23

Chapter 10: Ethics of Financial Affairs in the Healthcare Field

With the increase in the growth of the private sector in the provision of health services, the general direction towards privatization and the application of health insurance along with the spread of health insurance companies; healthcare practitioners have become actively tangled in the for-profit health sector. This could be followed by commercial competition that could lead to attitudes that could breach the ethics of the healthcare profession. Thus, attention should be paid to the moral foundations that elevate the healthcare professions from abuse, greed, avidity, extortion, or cheating in any way. The healthcare practitioner should not consider earning money as a main goal, this could lead to jeopardizing the noble aims of medicine.

The Law of Practicing Healthcare Professions has included the financial and advertisement aspects, including the related procedures that a healthcare practitioner should abide by.¹ In addition, the healthcare practitioner or healthcare institutions should consider the following aspects:

(A) Healthcare Practitioner's Fee²

1. The healthcare practitioner is allowed, in return for examining the patient or treating him/her, to take fair fees, and it is equivalent to the "fees of the similar"³ as determined by the responsible authority, and if not mentioned, then the ongoing customs [of fees] should be followed.
2. It is not permissible to exaggerate in the set fees, or abuse the patient's condition to achieve material or moral benefit.
3. It is not permissible to coerce the patient to obtain additional money on top of the fees or other benefits in direct or indirect way for him/herself or for someone else.
4. It is not permissible to expose the patient to investigations or medical procedures for the purpose of increasing the amount to be paid without a clear medical indication.
5. It is prohibited to take or give financial or otherwise commissions by the healthcare practitioner when referring a patient to somewhere else, or for prescribing medications or medical equipment or others.
6. If the healthcare practitioner has financial or commercial benefits in the places or institutions that provide the healthcare or in the pharmacies or pharmaceutical/medical companies; these interests should not affect the way he/she prescribes prescriptions or the way he/she refers patients, and in any case he/she should tell the patient about that interest.
7. The healthcare practitioner should disclose to the institution that he/she works for about any financial or commercial relations that he/she or his/her family members have with the institution(s) that provides the materials or equipment for his/her work or conducts any construction for the institutions, or other sorts of financial dealings.

¹ Article 10 of the Law of Practicing Healthcare Professions states that, "A healthcare professional is prohibited from advertising or promoting himself, directly or indirectly, except in cases provided for in the Implementing Regulations."

² See Article 12 of the Law of Practicing Healthcare Professions

³ The fee that would have been paid to a similar doctor with similar qualifications in the same conditions [translator]

(B) Practicing in Private Sector

1. The healthcare practitioner should, when working in the private sector, abide by the laws of financial and managerial regulations of the health institution to which he/she belongs, as well as those issued from the official authorities regulating such practices.
2. If the system permits the healthcare practitioner to work in the private sector, in addition to his/her work in the public sector, the following should be observed:
 - a. His/her work in the private sector does not affect his/her governmental work (i.e. public sector), and his/her basic governmental job should be given its due diligence.
 - b. His/her work in the public sector should be used as means/bridge to his/her private work, for example, by attracting patients to his/her private practice.
 - c. When referring a patient from the private sector to the governmental (public) health facility for which he/she works; he/she should not discriminate this patient from other patients in terms of appointments, or provision of care.
3. The healthcare practitioner should not under any circumstance give priority to his/her personal interests, financially or socially, above the interests of the patient that he/she is treating. Therefore, the healthcare practitioner may not base his/her decisions for admitting a patient to a hospital, for example, or performing any medical procedure like prescribing medications, investigative or curative interventions for the sole purpose of financial gain without consideration of the patient's true needs.
4. When the healthcare practitioner needs to delegate someone (to treat the patient), he/she should not delegate those who are not authorized.
5. The healthcare practitioner and healthcare facilities should ensure the patient or the (walk-in) visitors are informed about the estimated fees for the healthcare before initiating the provision of service, and all the needed explanations are provided to the beneficiary of the service after the provision of the service.
6. The healthcare practitioner is not allowed to perform any medical interventions that he/she is not authorized to do, or to work in a healthcare facility that does not have the needed resources to assure patients' safety.

(C) Advertisements and Publicity¹

1. All the healthcare practitioners should abide by the regulations and rules that regulate advertising.
2. All advertising material should contain only correct information. The advertisement should not be misleading to the public audience, which may lead exposing them to danger in any way, whether the healthcare practitioner practices it him/herself or has approved others to do it.

¹ Article 10/A of the Law of Practicing Healthcare Professions states that "A healthcare professional is prohibited from advertising or promoting himself, directly or indirectly", and the Implementing Regulations, Article 10/A states that "the health practitioner should avoid the means of publicity that have commercial nature and refrain from consultations that are not based on scientific basis..." See the Law of Practicing Healthcare Professions, p. 26-27

3. The advertising material should be free from sentences that refer to claims of superiority over others or demean their abilities in any way, and it should be free from indecent or offensive statements against the public norms.
4. The healthcare practitioner should not claim practice skills, investigative or curative services for which he/she is not competent or authorized to practise. The healthcare practitioner should refrain from adding titles or qualifications that are not true or authentic.
5. The healthcare practitioner should refrain from abusing the patients' ignorance of medical information and mislead them by claiming the ability to perform diagnostic or therapeutic procedures which have no scientific evidence basis. The healthcare practitioner should also refrain from providing any guarantees of cure for some diseases.
6. The healthcare practitioners who work in healthcare facilities or specialized clinics should avoid advertising for the services that their facility can perform when participation in the media, or writing articles, medical guidelines or others.

(D) Participation in the Media

When talking to the media and addressing the public, the healthcare practitioner should observe the following:

1. Refrain from advertising him/herself or working place.¹
2. Refrain from praising his/her expertise and achievements, but it is acceptable to state his/her professional status or scientific degree along with his/her area of medical specialization.
3. Be considerate of the responsibility to provide medical information that is professionally authentic and acceptable, as well as explain to the audience if what he/she presents is his/her personal views or opinions that contradict what is professionally acceptable.

(E) Gifts and Benefits

Islam has permitted gifts for the purpose of spreading passion and love among people, and if it deviates from this purpose, it would lead to circumvent the people's rights, unfairly overtaking them, or spread hatred between them; it becomes religiously forbidden.

The gift here refers to anything that could be given to the healthcare practitioner from individuals or enterprises on top of his/her pre-determined fees (salary) at his/her work place, with the intention of achieving unjustified benefits. These benefits include but are not limited to: financial payments, in-kind benefits, morale like obtaining services, facilities, hospitality, training services, loans, or compensation, etc. It is also considered as a gift even if it was given to the healthcare practitioner or to one of his/her family members by virtue of acquiring a certain position or status for which he/she was given this gift or benefit, and whether this was in the public or private sector. The gifts and benefits include:

¹ Article 10/A of the Law of Practicing Healthcare Professions states that, "A healthcare professional is prohibited from advertising or promoting him/herself, directly or indirectly, except in cases provided for in the Implementing Regulations." p. 26

- **Individuals' gifts**

1. Any form of bribe whose intention is to conceal truth or the realization of a void, should not be taken or given, whether in the form of financial, in-kind, loans, equipment and so forth, regardless whether they were cheap or expensive. Bribery is one of the major sins¹ that the Islamic Sharia has prohibited.
2. What is not apparently a bribe, but was in the form of expensive cash or in-kind gifts, should not be accepted, whatever the motives and justifications, as it would most probably be intended for illegitimate purposes.
3. The inexpensive gifts that people usually exchange among themselves as an expression of passion and cordiality like pens, scientific books, medical journals, or similar are considered less strictly, unless the healthcare practitioner feels an effect on him/herself in relation to his/her attitudes and medical decisions towards the presenter of the gift, like to link this gift to the provision of premium services, to privilege the patient over other patients, to provide the patient with more drugs, or similar decisions.

- **Corporate gifts**

1. It is not permissible for the healthcare practitioner, whether in the public or private sector to accept or give bribes, including accepting gifts that are linked to the number of prescriptions that he/she prescribes or the number of equipments he/she advises his/her patients to have; that is then reflected as benefit to the corporate interest.
2. It is not permissible for the healthcare practitioner to accept gifts, loans, equipment, instruments, or cash paid directly to him/her personally from the commercial companies for whatever justification.
3. The healthcare practitioner can accept inexpensive gifts like pens and the like, such as books, or medical journals if they were presented to him/her in a non-personal way, on the condition that it is not linked to any advertisement for a specific product
4. The healthcare companies or institutions for which the healthcare practitioner works can accept educational grants and financial support to attend training courses, conferences, or other activities that these companies or institutions choose for the healthcare practitioners according to the public interests.
5. On a personal basis, the healthcare practitioner is not allowed to accept subsidies to compensate his/her travel expenses, accommodation, or meals when attending symposia and conferences, or compensation on the time he/she spent to attend the training. He/she can accept the meals offered to all participants.

(F) Relationships with Pharmaceutical and Medical Equipment Companies

The companies that manufacture drugs and medical equipment contribute great efforts in the development of medical practice through the production of new drugs and medical equipment. They also contribute to the funding of scientific meetings and continuing medical education activities. It is inevitable for a healthcare practitioner to have some relation with these companies. For this relationship to be free from impurities that may shift these relationships from the

¹ See the translator's preface. [translator]

professionally acceptable to one of personal self-interest; the healthcare practitioner should consider the following standards:

1. Not to favour the drugs, equipment or kits of a specific company without clear justification, like the quality of the product, or its lower price compared to other comparable products of the same quality, or the shortage of other products at a time the patient needs it.
2. The funding of scientific activities by medical companies in healthcare facilities is not an acceptable reason to prefer their products.
3. The adoption of preventive, diagnostic, or curative measures should be based on the patient's actual needs and for health-related reasons only, not for reasons related to the relationships between the healthcare practitioner or healthcare facility with the manufacturing company.
4. The acceptance of funding for scientific activities should be tied to the sole purpose of serving medical knowledge. The funding company should not have any role in the scientific program, activity, choice of speakers, advertising a specific product within the scientific program, or the publication of the activity. The companies can be allowed to participate in an exhibition accompanying the scientific activity.
5. The healthcare practitioner, when participating in the scientific activities or providing consultations, can have an appropriate reward from these companies in return for this participation, including travel expenses and accommodation compensation, or souvenirs, on condition that this does not affect the practitioner's professional/managerial decisions or his/her future relations with these companies.

(G) Insurance

The healthcare practitioner may need to deal with the healthcare insurance companies, especially in the private sector. Then, he/she should observe the following standards:

1. Commit to the systems and regulations regulating the healthcare insurance in the Kingdom of Saudi Arabia.
2. Do not provide any information about the patient to the insurance companies without the patient's consent, especially the information used by the insurance companies to decide on the insurance premium value.
3. Do not collude with the diagnostic or curative centres to refer patients to them by prescribing unnecessary prescriptions.
4. Do not prescribe medications, materials or equipment of cheap price and low quality with the excuse that the compensation, that the patient will get, from the insurance company will be lower.
5. The doctor should be honest and precise in assessing the harms that can affect the patient (e.g. in case of accident), and his/her objective should not be minimizing the compensation, that the patient will get, from the insurance company.
6. When the healthcare practitioner holds stock in the insurance company that the patient deals with, the practitioner has to make sure this does not affect his/her decisions.
7. Do not exercise loading insurance companies additional amounts of money beyond the reasonable limit without an actual need.
8. Do not intentionally hide information from the insurance companies with the intention of making the patient get a lower insurance premium.

Chapter 11: Ethics of Conducting Biomedical Research

Biomedical research contributes to the development of medical sciences in a wide number of areas. Every healthcare practitioner needs to conduct and participate in medical research. When a healthcare practitioner conducts research, he/she should be committed to honesty. The healthcare practitioner should preserve the intellectual and materialistic rights of the other contributors when publishing the research and/or agreeing on a financial reward for their contribution. Moreover, he/she should not ignore the right of the supporting institutions and should acknowledge and clarify their support.

(A) Conducting Biomedical Research on Humans

This requires the following:

1. Commit to the relevant laws that regulate the conduct of biomedical research in the Kingdom of Saudi Arabia.¹
2. The objectives and methods of the scientific research should comply with the ruling of the Islamic Sharia.
3. The objectives of the scientific research should have high importance that clearly contribute to medical knowledge.
4. The researcher should follow the scientific basis of research, and pay attention to the methods of the study to ensure its validity. The research should be in accordance with the acceptable scientific and ethical standards like the Declaration of Helsinki² and others. The researcher should confirm that the research is acceptable if it involves human subjects.
5. The anticipated or expected benefits of a research should outweigh the expected harm to any patient and it should be based on convincing scientific justification in order to undertake it.
6. The researcher should be qualified to conduct medical research and be fully informed of the scientific material in the field of research to be conducted, and then work on minimizing the harms and risks.
7. To respect the dignity of the patients involved in the research, and to treat them humanely without demeaning their status or rights.
8. The researcher should maintain the privacy of the patients involved and the confidentiality of their personal information.
9. The research should be conducted on human subjects with their full consent, with consideration of the following:
 - a. The researcher healthcare practitioner should explain all the details related to the scientific research and what are the possible risks so that the patient is fully aware when he/she gives consent to participation in research
 - b. The person who consents to be involved in the research should be fully competent, i.e. conscious and mentally competent adult. If the

¹ Including the Law of Ethics of Research on Living Creatures

² The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data. (Source: <http://www.wma.net/en/30publications/10policies/b3/>) [translator]

- participant is a minor, then his/her guardian's consent should be obtained.
- c. The consent should be in writing in all the cases of research that involves interventional procedures.¹
 - d. It is not permissible to have the consent by using pressure, coercion, or by abusing their need of money or treatment.
10. When medical research involves a procedure that is done on human subjects, for example surgical operations or interventional procedures, the healthcare practitioner should be trained on performing these procedures on experimental animals before conducting them on humans until his/her skills meet the needed skills to perform such procedures, as well as to practise his/her best care while conducting them.
 11. Obtain permission from the authorities concerned with research in the healthcare sector that he/her works for or conducts the research in, like the medical ethics committee in research centres, health institutions, and medical departments.

(B) Conducting Research and Experiments on Animals

Islam has ordered pity on animals. It has been reported that Allah's Apostle said, "A woman was put in Hell because of a cat which she had kept locked until it died of hunger, she neither fed it, nor did she set it free to eat the vermin of the earth."² The messenger of Allah (PBUH) has ordered kindness in everything, as he (PBUH) said, "Allah has ordered kindness in everything, so if you kill, kill well, and if you slaughter [the sheep], slaughter well, by making sure that the knife is sharp, and your slaughtered animal is lying comfortably".³ Therefore, conducting experiments on animals should fulfil the following conditions:

1. Shall be for an important purpose on which the development of medicine relies, and the experiment should be designed in a proper way.
2. Provide full care to the animal. The animal should not be tortured and pain shall be avoided as much as possible.
3. The purpose of the experiment should not be for mere frivolity.
4. Shall take the permission to undertake such experiments on animals from the concerned authorities in the sector in which he/she (i.e. the healthcare practitioner) works in, for example the medical ethics committee of a research centre.

(C) Regulations for Accepting Scientific Research Grants

The healthcare practitioner can accept financial support for medical research that he/she conducts within the following regulations:

1. The acceptance of the support should not be attached to issues against the previously mentioned standards of scientific research.

¹ Interventional procedures is any investigating procedure that aims at changing the state of the patient or the research subject, then observe the effect of such procedure

² Reported by Bukhari and Muslim

³ Reported by Muslim

2. The research should be done using correct scientific methods, and the results shall be presented honestly, without bias. The supporting agency, whatever it is, should not interfere in the methods or results of the research.
3. When publishing, the researcher should disclose any conflicts of interests that could affect the results, and must disclose the name of the supporting agency, including any provision of materials and equipment used in the research.

(D) Regulations for Innovative Interventional Procedures

In case of conducting an unprecedented innovation of an interventional procedure on human subjects, the healthcare practitioner should be committed to the previously stated standards of scientific research, but within the rules and regulations, as well as observing the following conditions:

1. To be sure of his/her own ability and that of his/her team to perform any such procedure from the technical point of view, with full knowledge of the possible complications, and the ability to deal with them.
2. First make sure that the interventional procedure was successfully done on experimental animals before conducting them on humans, except in certain cases where it should be referred to the experts in the field, and after being approved by the medical ethics committees in the healthcare facilities.
3. These procedures should be done in hospitals that have the needed medical equipment, expertise, and enough facilities to conduct interventions of that kind.

Chapter 12: Ethics of Dealing with Communicable Diseases

Communicable diseases are those diseases that can be transferred directly from one human to human, or that the healthcare practitioner him/herself has become infected with. When the ethical dilemma with these diseases is a conflict of interest between the individual patient or healthcare practitioner on one side and the interests of the community on the another; the healthcare practitioner should observe the following:

1. Commit to cooperate with the concerned authorities in performing their duties towards the preservation of the community's health, including reporting communicable diseases and epidemics according to the regulations¹ and instructions of these authorities.
2. Report to the concerned authorities any patient infected with a communicable disease who refuses to have treatment, if their refusal may expose their contact persons or the community in general to the danger of spreading the disease.²
3. Follow all the protective measures to protect him/herself from communicable diseases, and this includes vaccination with authorized vaccines, and to seek treatment for him/herself if he/she is infected in a way that would affect the safety of any patient or the community.
4. Subject him/herself to any needed investigations for diagnosis of a communicable diseases if he/she knew the possibility of being infected with a specific disease, or when exposed to a situation that would lead to the transmission of an infection to him/her, and especially if his/her infection could expose his/her patients to any danger.
5. The healthcare practitioner should refrain from health practice, in case he/she becomes infected with an infectious disease that could be transferred to his/her patients, until the risk of transmitting the diseases is removed. If he/she has to continue his/her practice, he/she has to observe all possible protective measures to protect his/her patients from infection, along with reporting this case of infection to his/her reference (line manager).
6. The healthcare practitioner should report to the health authorities if he/she knows that one of his/her colleagues or another member in the healthcare team is infected with an infectious disease that could be transferred to patients through health practice, or if it comes to his/her knowledge that his/her colleague does not follow the precautionary protective measures to prevent the spread of infection that he/she treats. The consent of that infected healthcare practitioner is not required.
7. Not to refrain from treating a patient due to risk of being infected with an infectious disease, instead the healthcare practitioner should take all reasonable measures to protect him/herself from becoming infected.

¹ See Article 19 of the Law of Practicing Healthcare Professions and its Implementing Regulations

² See Article 11 of the Law of Practicing Healthcare Professions which states that "A healthcare professional, upon examination of a patient suspected to have incurred a crime-related injury or to have an infectious disease, shall immediately notify the competent security and health authorities."

Chapter 13: Ethics of Dealing with the Developments in Healthcare Practices¹

Medicine is characterised, in our contemporary time, with rapid developments which are sometimes undisciplined in its technologies and practices that have led to a number of recent health issues, which are news worthy, and incidents in general health practices that have no known previous religious rulings in the Islamic jurisprudence (*Fiqh*) that require Ijtihad [refer to introduction] from the contemporary scholars (like organ transplantation, assisted reproduction, genetic therapy, use of stem cells, and other recent developments). The healthcare practitioner should commit him/herself to them with respect to all the religious, ethical, and regulatory standards, of which the most important are:

1. The healthcare practitioner should make sure of the permissiveness from a health practice standpoint, the religious view, and if the issue has not been studied religiously yet. Then, the healthcare practitioner should wait until authentic rulings (*Fatwas*) are issued in this regard, or seek to get them decided (i.e. the fatwas).
2. To observe the regulations and directions issued in regards to recent health developments.
3. The probable likelihood that the health practice will benefit the patient should be established by the healthcare practitioner, regardless of any personal interests of the treating doctor, and ensure its safety the patient.
4. Consult other experienced consultants in the field of the recent development under consideration.
5. Inform the patient or his/her guardian, if the patient is a minor, about this new development, especially if it is done for the first time.
6. Inform the responsible authorities in the health institution he/she works for.

¹ See the supplement [of this book] for a group of Fatwas about some medical advancement.

Chapter 14: Ethics of Dealing with Emergency Situations

An emergency situation is a condition resulting from an injury or disease that could threaten a patient's life, one of his/her limbs, or internal/external organs. First aid is the urgent medical procedures that lead to stabilization of the patient's condition in a way that allows transportation.¹ The healthcare practitioner should provide the primary first aid required for patients in the Emergency Department or at the site of the accident, as required by the patients' medical needs precisely and accurately aiming at achieving the patient's interests, while avoiding causing him/her harm, respecting his/her dignity, and considering his/her rights. All of this is within the ethical framework dictated by the Islamic Sharia, which includes the importance of commitment of the first aider healthcare practitioner to the following:

1. Reach the patient or injured as fast as possible after being called upon him/her (to see the patient/injured)
2. Identify him/herself and his/her status if the patient is conscious, and if the patient is unconscious, he/she should start his/her work immediately.
3. Observance of the patients' rights stated earlier in this book in relation to the kind treatment of patients, achieving their best interests, observing their rights, taking consent, reassuring him/her and protecting their confidentiality.
4. Observance of the religious rulings stated earlier in this book in relation to the exposure of private parts of the patient.
5. Start of medical intervention without waiting for permission of the patient or guardian; this is conditional that the patient may be exposed to imminent death or severe harm, or there is high probability for such harm.
6. Relieve the pain of the patient with all available medical, psychological and material methods, and make the patient and his/her family feel the healthcare practitioner's keenness and care.
7. Reduce the suffering of the patient's family and reassure them.
8. Give priority to the most critical cases where there is a difference and variety of cases, and ensure fairness in the management priority for all patients, and not to discriminate against any of them on the basis of their social, official positions, or nationalities, or his/her (i.e. the healthcare practitioner's) personal feelings towards them.
9. Continue to provide the needed management to the patient most in need until he/she does not need any further emergency care or until the patient is transferred to another competent doctor.
10. Doctors should be observant to accelerate the admission of patients in need, and not to be left untreated in the Emergency Department for any long period of time.
11. Commitment to internationally acceptable quality standards for dealing with emergency conditions.

¹ See the Implementing Regulations for the Law of Private Health Institutions, Article 19/b.

Chapter 15: Ethics of Dealing with Life-threatening and Incurable Diseases

Life-threatening incurable diseases are those diseases that have no known effective treatment and are characterized by continuous deterioration in the condition of the patient finally leading to the death of the patient by the determination of Allah (SWT) within a period of time that may shorten or lengthen. Among these examples is cancer, if it does not respond to any available medical treatment, and multi-organ failure like heart, lung, kidney or liver when it becomes severe enough and enters a phase of progressive deterioration that cannot be stopped using medical procedures. It also includes some of the diseases that affect the nervous system and deteriorate steadily until causing death, like motor neuron disease or severe dementia.

It is required by the Muslim faith to believe that illness and its cure are in the hands of Allah (SWT) and it is not permissible to lose hope in the mercy of Allah (SWT). So the reference to being 'incurable' refers to the doctors' estimation based on their expertise and the available resources to them at the present time. During managing these conditions, the following should be considered:

1. The main duty of the healthcare practitioner is preservation of human health and life, and he/she has to do his/her best to achieve that.
2. The medical team should observe the following when making a decision about classifying the patient's condition as life-threatening and incurable.
 - a. The decision (of classification) should be made by three consultants, whose specialties are the most relevant to the case of the patient.
 - b. One or more of the specialist consultants in each of the specialties related to the management of the patient should be involved in the decision making, so that the total number of consultants deciding on such a case is not less than three.
 - c. Document the decision (of classifying the disease) in the patient's record and specify the reasons for taking such a decision, doing their best to make the decision crystal clear to all members of the healthcare team, and whoever else needs to be aware of this decision outside the team.
3. The decision that a disease is life-threatening and incurable should never affect the quality of healthcare that a patient receives; rather the patient's management plan should be modified in accordance with the decisions taken while maintaining the highest possible care.
4. The treating doctor should strive to determine the best approach to tell the patient and his/her family what the medical team's decision, as stated in this book on breaking bad news (see page 19)
5. The healthcare team, in general, and the treating doctor in particular should emphasise to the patient and his/her family their full determination to do whatever they could to continually care for the patient, even if their ability to treat him/her diminishes or disappears, through alleviation of pain and other symptoms, and work on providing the highest possible level of comfort to the patient physically, psychologically, socially, and spiritually.
6. The patient should not be deprived of any medical intervention if, according to medical standards, considered useful to the patient. Similarly, the patient

should not be exposed to any intervention that would be probably more harmful than useful to the patient or community. In these conditions, the decision should be made by three consultants or more, whenever possible. It is also important to have these decisions explained to the patient and his/her family whenever possible. And if the patient or his/her relatives insist on performing specific medical interventions (like referring the patient to an intensive care unit or giving full parenteral nutrition or performing cardiopulmonary resuscitation, etc.), and their opinion is opposed by the medical opinion of the three consultants, then the decision to be considered is that of the doctors. However, the medical doctor should observe the condition of the patient's family and approach them with sensitivity and always be kind to them, in addition to considering their morals with any further explanation of the dimensions of the decision that was taken, and that it is the best for the patient according what contemporary medicine has to offer.

7. The medical team should respect the patient, however their patient deteriorates, and provide the appropriate medical care suitable for the condition without exaggeration or negligence. The feeling of hopelessness of a cure should not decrease the frequency of visits to the patient, or reduce the care provided. There should be continuous care of the patient's cleanliness, proper nursing, and provision of suitable feeding even if it would require less usual routes for nutrition.
8. The healthcare team should communicate with the patient's family, whenever possible, and allow them access to the patient to the greatest possible extent, and always observe the effect of any life-threatening disease on the patient's family psychologically, socially, and spiritually. They [the healthcare team] should also do their best in caring for them and allowing them to be debriefed of what they are suffering because of the condition of their relative. Help should be sought from whosoever can help in that communication, for example the religious guide, the psychologist, or social worker.
9. The healthcare team should instruct the patient to continue performing their prayers, even if it may be difficult for them to have the full cleanliness (Tahara)¹, and remind them of that, whenever needed.
10. It a right for the patient or his/her guardian, if the patient is incompetent, to take decisions to ask for having his/her treating doctor changed, and the health institution should do its best to meet this request whenever this is possible.
11. It is strictly prohibited for any member of the healthcare team to help a patient take his/her own life by being given high doses of any drug, or teach the patient how to administer it, which is known as physician-assisted suicide, or to participate in euthanasia, through injecting a lethal drug or otherwise, regardless of the pain and suffering of the patient.
12. It is permissible to use powerful analgesics like opioids and pain-relieving drugs, even if they sometimes have side-effects on the intellect, and this is

¹ Muslims are required to be in a state of cleanliness (Tahara), which refers to a state of purity of one's body and clothes from impurities like urine, faeces, blood, seminal fluids, etc. More on the concept of Tahara can be found here: <http://www.thewaytotruth.org/pillars/tahara.html>
[translator]

justified by the alleviation of severe symptoms that some patients can suffer from. The use of such drugs must be under the supervision of a specialized doctor who appreciates the extent of the need and has the experience in limiting the side effects of these drugs

(A) Does the Patient Have the Right to Refuse Treatment in Incurable Conditions?

The general rule is that the patient has the right to make any decision whether to accept or refuse therapeutic interventions proposed by a doctor, in part or in whole. The doctor does not have the right to force the patient to accept treatment, except in rare cases where the patient or his/her guardians are legally required to seek treatment, like some infectious diseases from which there is fear of spread. It is conditional for the patient who refuses treatment that he/she has fully understood the medical information related to his/her condition, and the consequences of such refusal, benefits of the treatment, and risks associated with his/her decisions (to refuse the treatment). This should be in the presence of two independent witnesses and these actions and witness names should be clearly documented in the patient's medical record. However, in cases that the patient cannot make appropriate decisions him/herself because of his/her health condition or loss of legal competence, the issue comes in accordance with the patient's guardian's decision and the healthcare team following the same rules previously stated for decision making.

(B) Should Medical Treatment Be Stopped?

In incurable conditions, with the use of advanced equipment, in situations that are futile and with no expected benefit, it is permissible not to initiate the use of this equipment from the beginning, or to stop using them in treatment if they are found to be of no use (to the patient); following the previously stated principles in decision making, and also abiding by specific regulations for such procedures in the hospital concerned. In such cases, the patient's family should be made aware of that decision, unless it is not possible to inform them for objective reasons.

In the case of disagreement between the patient or his/her guardian on one side, and the healthcare practitioner on the other, about the use of this equipment, there should be a thorough discussion between the two sides. If no agreement is reached, the general rule is that the patient has the right to choose his/her treating doctor, and the patient can be transferred to the care of another doctor who accepts to treat him/her, and if this is not possible, then the case must be resolved by the concerned authority in the hospital.

Generally, there is no difference between a specific medical intervention (like assisted ventilation), and not to initiate that intervention, if there are three specialized consultants who have decided that this intervention is futile. However, it is better to take more care before stopping the medical intervention compared not to initiating the intervention.

(C) Cardiopulmonary Resuscitation

Cardiopulmonary resuscitation is among the interventions that are related to patients with incurable conditions. This intervention is attached to a number of

principles and ethical behaviour that the healthcare practitioner should know and observe for these conditions. They are as follow:

1. This intervention is characterized by the its urgency when needed, so it is better to study its use and the extent of its benefit in this medical condition, and to discuss it with the patient or his/her proxy decision makers in sufficient time before it is expected to be needed. This is to make the decision about it, taken in enough time and as objectively as possible.
2. It may not be useful to do cardiopulmonary resuscitation in cases of incurable late-stage disease, thus it has no purpose, and it is most probably of no benefit to the patient in this condition.
3. If it is carried out for a long enough period of time, as per recognized medical standards, and then becomes obvious that the heart or lungs cannot be restored to normal function, it is permissible to stop any further continuation of the intervention.
4. In case of the insistence of the patient or his/her family to continue the cardiopulmonary resuscitation under all conditions and circumstances, while the treating doctor(s) has a different opinion; then the doctor should explain his/her opinion supported by adequate information, with observance of the patient's ability to understand and appreciate his/her explanations. If the patient or his/her guardian is still not convinced, then the doctor should report his/her opinion to the medical management, and write his/her opinion clearly in the patient's medical record, and make the patient and or his/her guardian aware of that. In any case, the doctor should consider making use of all available means to demonstrate the facts, and to overcome the psychological barriers that may prevent acceptance of medical opinion that includes the futility of the medical intervention or the futility of its continuation.
5. When discussing not using cardiopulmonary resuscitation before it is needed, it should be clarified to the patient or his/her guardian that this does not mean totally abandoning the treatment in the meantime, and that this does not affect the patient's status receiving suitable healthcare, and to secure all the nursing requirements, and to take care of him/her, and respect his/her dignity at all times. This should be known, recommended, and shared among all the healthcare team members.

(D) Conditions of Prolonged or Terminal Coma due to Cerebral Cortical Damage

The patient may be suffering from an irreversible coma secondary to damage of the cerebral cortex, while the brain stem remains functioning. This kind of patient does not feel what is surrounding him/her, but he/she can react to stimuli around him/her, and yet he/she is not classified as a fatal condition, as his/her life in this state of coma may last for many months or even years. Thus, he/she exceeds the limit for considering a condition fatal.

This patient is treated like the incompetent patient, and not treated as a patient suffering from a fatal condition, as defined earlier in this chapter. From a scientific point of view, the patient whose cortical damage is untreatable; he/she should be treated without the use of complicated equipment like assisted ventilation and haemodialysis, and so on, especially if the treatment with this

equipment would deny other patients from using them. However, some patients' guardians (family) may provide their patients with such equipment to help them breathing or renal dialysis on an individual basis that does not affect other patients. In these conditions, the healthcare practitioner should perform the duty of the required medication and care.



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