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Religious Perspective of Doctor-Patient Relationship Models in Complementing Uprising Social Phenomenal Demands.

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ABSTRACT

The public has questioned many of the previously accepted medical treatments. One of the factors highlighted is the uprising of social demands influenced by religious-centred ideation. Even though medical practitioners are regarded as one of the noble professions in society, their professional opinions are started to be questioned. To complement this social phenomenon, we reviewed and construct models of doctor-patient relationships from the religious perspective, Islamic jurisprudence in particular. Most discussions related to doctor-patient relationship focused on codes of conducts such as medical ethics, professionalism, and confidentiality. In this brief review, we would like to highlight more on the models of doctor-patient relationship and the Islamic rulings related to it. The rulings were reviewed from various aspects pertaining to the patient who seeks for treatments, the doctor who provides the medical services or treatment, involvement of a third party, and the form of agreement involving all related parties. The rulings were derived from the five basic rules pertaining to the actions and interactions of a person (al-ahkam al-taklifiyyah). Relationship models were classified based on the profitability of the service rendered, types of contract involved, as well as the related Islamic rulings. The obligation of becoming a medical practitioner varies depending on various factors. Similarly, the rulings on patients seeking for treatment for medical illnesses remain debatable among religious scholars. Models of doctor-patient relationship can be summarized into four models; Model A - Charitable Work, Model B - Profit-based, Model C - Civil Servant, and Model D - Private Employee. Providing medical services is indeed a noble obligation. However, it involves certain requirements and principles in relation to the religious rulings that may differ from what are commonly practiced.

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INTRODUCTION

Religious revivalism plays a crucial role in social development (McGuire, 2008). While the increase in interest towards religion believed by many to drive the society towards harmonizing the modern culture and sacred faith, this social phenomenon is not necessarily positive without a proper guidance.

Recently, the public has questioned many of the previously accepted medical treatments.Taking the resistance towards vaccination as an example, one of the factors highlighted is the uprising of social demands influenced by religious-centred ideation. Although medical practitioners are regarded as one of the noble professions in the society, their professional opinions are started to be questioned (Wolfe and Sharp, 2002).

This paper attempts a brief review of doctor-patient relationships from a socio-religious perspective, with Islam as the religion under study. It covers issues of the responsibility of its followers to seek for treatment at times of illness, rationale that builds the relationship between the caregivers and the patient who seeks for treatment, and the models of the relationships based on the services offered. The vast acceptance of Islam as a major religion globally has been the main reason of choosing it as the main focus of this paper (Hunter, 2002).

The Rulings on Medical Profession and Seeking for Treatment:

In Islam, the act of man and his interactions with others are based on five values (*al-ahkam at-taklifiyyah*): (1) obligatory (*fardh/ wajib*), (2) recommended (*mandub/ mustahab*), (3) forbidden (*haram*), (4) reprehensible or disfavoured (*makruh*), and (5) neutral or permissible (*mubah/ harus*). Another essential point need to be

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highlighted is that in jurisprudential theory, the purpose of Islamic Law or *syari'ah* is to serve the well-being or to achieve the welfare of the people (*tahqiqmasalih al-'ibad*) (Bussani, 2012).Muslim medical practitioners are bounded to these, even in providing health services.

Rulings on Becoming a Medical Practitioner:

By understanding the aim of the Law is to serve the benefit of the people, it is not hard to understand that in Islam, to have experts in health services in a community is obligatory. For this matter, Islamic scholars have agreed that the study and practice of medicine is *fardhkifayah;* it is an obligation that falls upon Muslims to have sufficient numbers of followers to learn and practice medicine in order to meet the community's need (Bakhtiar, 2007). Medical practices are considered sacred duties from a religious point of view (Mossensohn, 2009; Rahman, 1998).

Rulings on Seeking for Treatment:

In general, the principle ruling on medical treatment is permissible. But it may vary according to the situations and cases involved. The ruling will become obligatory if it is certain that the condition will lead to self-destruction, loss of an organ or disability, or illness that can be transmitted to others (contagious diseases). However, the treatment is only recommended if foregoing the treatment may weaken the body without entailing the consequences mentioned in the previous situation. If there is a risk that the treatment to be prescribed may provoke complications that are worse than the illness to be cured, that receiving such treatment is reprehensible or disfavoured, depending on the severity of complications anticipated. In conditions which are not categorized under the preceding conditions, than the ruling is just permissible (International Fiqh Academy, 1992).

Obtaining patient's permission prior to delivering medical treatment is obligatoryif the patient has full legal capacity or their legal guardian if the patient is a minor. This is only if the treatment prescribed falls within levels of permissible or reprehensible. However, according to the International Fiqh Academy (1992), consent is not required if the treatment and the medical procedures are of obligatory, especially in the case of contagious diseases and preventive immunities. Similarly, consent is not a required if a minor's legal guardian refuses to give permission and it is clearly detrimental to the patient under his/ her guardianship.

While this may be differ to the conventional law in medical practices, it is derived from the principles of *fiqh*(understanding of Islamic Law), "harm should not be inflicted nor reciprocated" (*laadhararawalaa*dhiraar), and "public interest should be prioritized over personal interest" (*al-maslahah al-'am tuqaddam 'alaa al-maslahah al-khassah*). Hence, refraining from treatment is an act of misconduct if the treatment is obligated, and preventing misconduct is an obligation upon all Muslims (International Fiqh Academy, 1992).

RESULTS AND DISCUSSION

Doctor-Patient Relationships:

After understanding the responsibilities of all the parties involvein doctor-patient conjunctions and the rulings related to them, relationship models can be constructed to have a better perspective of the interactions. While most conventional discussions related to such relationships focused more on codes of conducts, such as professionalism, medical ethics and confidentiality, the interest of this review highlights more on the types of social contract involved.

Model A: Charitable Work/ Non-Profit Based:

In a charitable form of medical services, there are only two parties involve: the patient and the doctor. A mutual consent (*al-taraddhi*) is required from both parties but involves only a unilateral service, in whichrequires no exchange of contract such as fees or charges. Even though the contractual relationship is of charitable nature, the general principle of Islamic law, "do not do harm and do not inflict harm" (*laadhararawalaadhiraar*) still applies. Thus, exercise of due diligence is still required and obligatory. The person who offers the medical consultations or services needs to be a qualified personnel or under the supervision of one.

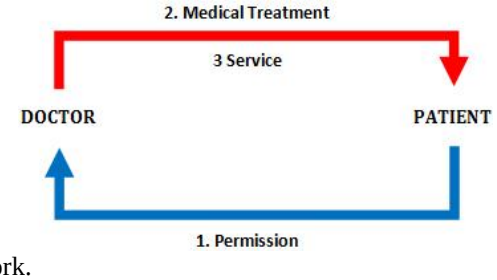

Fig. 1: Model A – Charitable work.

Model B: Profit Based:

In a profit-based model, services and consultations are rendered in exchange of fees or charges. It involves a form of exchange contract (*'uqud al-mu'awadah*). The consultation and services provided by the medical practitioners are exchanged with forms of payment from the patients receiving the services (*ijarah al-abdan*). The rules on what is offered by the medical practitioners must be lawful or legal services, identified and known, deliverable, and in possession of the services and treatment provided. In return, the patients are required to pay for the consultations and medications received. It is mandatory for the providers to make known the rate of payment for the services prior to their deliverance.

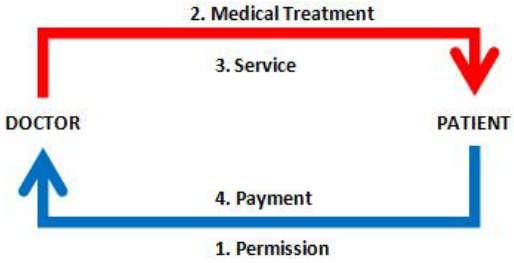

Fig. 2: Model B – Profit based.

Model C: Civil Servants:

The third model involves relationship between three parties with three levels of interactions. Besides complying with the general terms and conditions stated in the previous model, medical practitioners who provide services under the flag of the government are also obligated to comply with the regulations outlined by the policy makers as well. Services rendered must be according to the terms and conditions in line with the level of medical practitioners' credentials. On the other hand, the charges on the patient by the government must be minimal, in accordance to principles of *fiqh*onlegal maxim, "actions and doings of the rulers are bound by interest of the citizen".

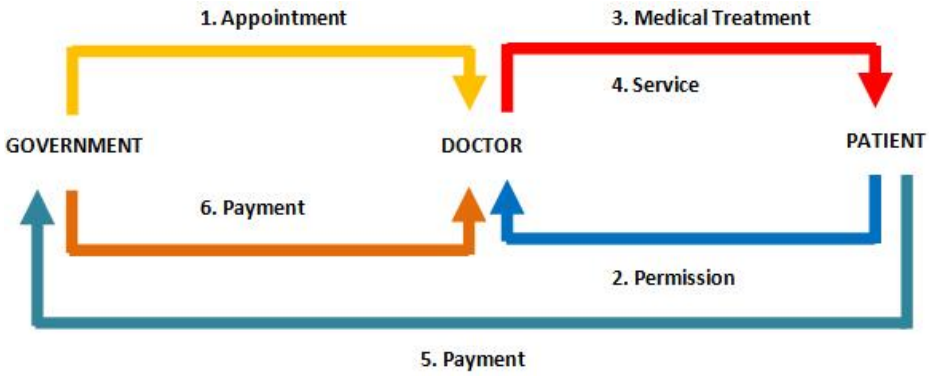

Fig. 3: Model C - Civil servants.

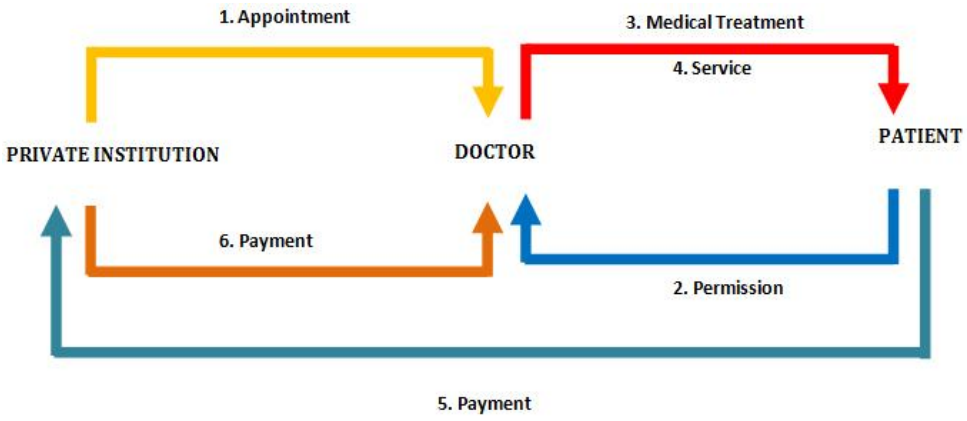

Fig. 4: Model D–Private employee.

Model D: Private Employee:

Although terms and conditions described in the previous two models still applied, several important points on the fees or payment charged on patients receiving treatment need to be observed. The profit earned is the reward for entrepreneur services. In other words, it is a surplus of business earnings over the total cost. Islam recognizes the productive attribute of capital (effort), hence, does not deprive it from its due reward. However, there is always an issue of maximization of profits/ charges ceiling. As service providers, the institution should always acquire only the legitimate profit and not the maximum, even if the amount is small. Moderation in the drive for profit and acquire it in rightfully is more important. The charges should be in proportion to the standard and value of the services given.

Conclusion:

One of the reasons of deprivation of the public interest towards medical and health services is the feeling of being manipulated or suppression of the availability of the services in many ways. But a religion, Islam in context of this review, provides a guideline for all parties involve having interactions in a lawful and rightful way. If all parties are responsible for the roles they play, harmonized relationships could be developed and misconceptions avoided. Each should play their part efficiently; government or private institutions as the facilitators, medical practitioners as the service providers, and patients as the receiver of treatment.

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