**ABSTRACT**

The doctor-patient relationship is an intricate concept in which patients voluntarily approach a doctor and become part of a contract by which they tend to abide by doctor’s instructions. Over recent decades, this relationship has changed dramatically due to privatization and commercialization of the health sector. A review of the relevant literature in the database of MEDLINE published in English between 1966 and August 2015 was performed with the following keywords: doctor-patient relationship, physician-patient relationship, ethics, and Islam. The Muslim doctor should be familiar with the Islamic teachings on the daily issues faced in his/her practice and the relationship with his/her patients.

doi: 10.15537/smj.2016.2.13602

From the Department of Cardiology (Chamsi-Pasha), King Fahd Armed Forces Hospital, and the Department of Medical Ethics (Albar), International Medical Center, Jeddah, Kingdom of Saudi Arabia.

Address correspondence and reprint request to: Dr. Hassan Chamsi-Pasha, Department of Cardiology, King Fahd Armed Forces Hospital, Jeddah, Kingdom of Saudi Arabia. E-mail: drhcpasha@hotmail.com

The basis of Islam is to believe that there is no God but Allah, and Muhammad (PBUH) is the messenger of Allah. The life of a human being on earth is just a preparation or examination for the eternal life after death. Good is from Allah in the Holy Quran and demonstrated by Prophet (PBUH), and bad is the influence of Satan (who again is created by Allah). The good or bad consequence of eternal life depends on how much a Muslim believes in and obeys Allah. Medical practice is considered a sacred duty in Islam, and the physician is rewarded by God for his good work. Islamic scholars have agreed that the study and practice of medicine is an obligation that falls upon Muslims to have sufficient numbers of followers to practice (Fard Kifayah). Among a doctor and patient, both can be Muslim, or either can be Muslim. The Islamic perspective of the doctor-patient relationship is applicable to these groups; but possible not the non-Muslim doctor-patient groups. A Muslim is first a Muslim then he/she is a doctor/patient. Therefore, those who claim themselves as Muslim should obey Allah, hence, should obey what Allah has said or Prophet Muhammad (PBUH) has demonstrated regarding the doctor-patient relationship. Obviously, like other Islamic issues, there should be the scope of Ijma (Consensus of Islamic Scholars) and Qi as, (analogy) when any new issue arises. Building a fruitful doctor-patient relationship is a vital part of successful medical care, and one of the most complicated professional responsibilities of ph. sicians. Despite worldwide emphasis on the distinguished responsibility of ph. sicians, teaching the art of ph. sician-patient relationship has not been incorporated, into the curriculum of many medical schools. Ever medical practitioner should possess an adequate degree of knowledge and skills and should exercise a reasonable degree of patient's care. Doctors are expected to act according to acceptable medical opinion and current medical knowledge. Over the ears, the relationship between doctors and patients has evolved from a large paternalistic model to a more

---

**Hassan Chamsi-Pasha, FRCP, FACC, Mohammed A. Albar, MD, FRCP (London).**
interactive relationship.  

The principles of autonomy, beneficence, informed consent, patient's access to medical information, and medico-legal concerns all now influence the doctor-patient relationship. The UK General Medical Council published What to expect from your doctor: a guide for patients. This guide is a provisional step towards helping patients get the best outcome from the interaction with their physicians. The importance of the intimate personal relationship between the doctor and the patient cannot be overemphasized, as both the diagnosis and treatment are directly dependent on it, and the failure of a young physician to establish this relationship is attributed to his inefficiency in the care of his patients. The only and sole interest the doctor should consider is the best interest of his/her patient. Dr. Francis Peabody ended his speech to medical students of Harvard University on 21 October 1926 by saying: "Time, compassion, and understanding should be generously dispensed, but the reward is to be expected in that personal binding, which creates the greatest satisfaction of the practice of medicine. One of the greatest qualities of a physician is his interest in humanity, as the secret of care of the patient lies in the caring for his patient." Doctors' manners. During the history-taking period, the doctor should not only obtain essential clinical information, but must use this opportunity to understand his patient as a human being. He is also when the patient begins to identify his/her doctor as a person and decide whether he is a caring and kind person or not! Globally, patients expect a certain kind of treatment from their doctors because of the nature and goals of the medical profession. The physician is expected to be kind, humble, compassionate, honest, trustworthy, and respecting confidentiality (Figure 1). He must have the interest of the patient at heart. He should avoid wrongdoing, not abusing his/her status for monetary gain, and not misleading his/her patient because God does not love the liars and wrongdoers. 

You enjoin what is right and forbid what is wrong. The character of the Muslim is exemplified in a verse of the Holy Qur'an saying: "Indeed, Allah orders justice and good conduct and forbids immorality and bad conduct and oppression." The characteristic features of a virtuous physician are firmly rooted in the Qur'an and the Sunna. Consequently, the Muslim physician, guided by these two primary sources of Islamic law, should possess the essential manners of a good physician, and this will lead to a healthy doctor-patient relationship.

The major distinction of Islamic medical ethics in relation to principle-based medical ethics is that the former gives a religious basis to morality. Prophet Muhammad (PBUH) said; "The best of you is the one who is most beneficial to others." Ha rat Jaber (Radiallhu tala anhu), a companion of the Prophet said: We were with the Prophet when a scorpion bit one of us. A companion asked, "O Prophet, may I do Ruqyah (recitation of Qur'an and supplications) to him." The Prophet said: "Whoever can do anything beneficial to one of his brothers, he should just do it." During the time of the Prophet (PBUH) a man was injured and the blood was congested in the wound. The man then called 2 doctors from Bani Amir to examine him. The man then claimed that the Messenger of Allah asked them, ‘Who is the best doctor among you?’ He asked: Is there preferability among physicians, O Messenger of Allah? He said, ‘One, Who has sent down the disease also sent down the cure. Those who Know it will know it, and those who do not know it will not know it.’ This Hadith indicates that Muslims should seek the best authority in each and every matter andield because such expertise will ensure that the job is carried out with superiority.

Islam has enjoined 3 important points on which the doctor establishes a sound and health relationship with his/her patients: first of these is justice among his

Figure 1 - The doctor is expected to be kind, humble, and compassionate.
patients. The second point enjoined is Ihsan, which has no equivalent in English. It means to be good, tolerant, sympathetic, forgiving, polite, cooperative, and so forth. The third point, which has been enjoined, is good treatment of a patient’s relatives, which is a specific form of Ihsan.13

Prominent physicians of the Islamic civilization involved themselves with medical ethics; among these were Al-Ruhawi, and Al-Ra'i. He wrote the earliest and most meticulous books on medical ethics over a thousand years ago. Al-Ra'i,13 in his book Akhlaq Al-Tabib, the physician’s duties to the patients. First of which is to treat the patients kindly, not to be rude or aggressive, but should be soft-spoken, compassionate, and behave modestly. The physician should inspire the patients even those who have no hope for recovery. To Al-Ra'i, another duty of the physician is to treat the patients equally regardless of their wealth or social status. The aim of the physician should not be the mere getting of fees, but the cure. Doctors should be even keener on treating the poor and needy than the rich and wealthy.15

Communication. Globally, a patient’s complaints of doctors’ communication skills are recorded at the top of the analysis complaint lists. It is crucial to treat the patient, not only the disease. Modern technology makes the physician’s skills focused on the treatment of the disease with less emphasis on the patient himself. Consequently, the symptoms of the disease are temporarily alleviated, while the root of the problem is still present. Hippocrates made an invaluable remark saying, “where there is love for human being, there is love for the art of healing.”16 It was reported that Avicenna used to tell his patient: Look! You, I and disease are 3. If you help me and stand beside me, we become 2, and the disease will be left alone; then we will overcome it and compel our illness. But if you stand beside the disease, you will become 2 and I will be alone, then you will overcome me, and I will not be able to cure you.17

A physician taking a history from his patient in a way similar to an interrogating lawyer, and paying little attention to his patient’s answers is doomed to be a poor clinician. Many doctors are reluctant to improve communication, which is one of the crucial elements of treatment. Despite the efforts of some medical universities to reform their medical curriculums and implement communication skills, it seems that many doctors do not appear to build effective relationships with their patients. Since the clinics became more crowded, with an increase in referrals to specialists, doctor-patientposure decreases as visits became shorter, and patients are frequently posed to different physicians. Unfortunately, patients are becoming more distant from their doctors. They have more access than ever to medical information. They are far more knowledgeable on pathology and modes of therapy, and often express their desire to participate in treatment decisions. We are going to see an amazing progress in technology shortly, and the practice of medicine will be more interesting, but verdi erent from today.18

Communication with children’s parents. Most parental complaints of dissatisfaction are attributed to lack of communication or due to a cold, rough, or indifferent attitude, or behavior, of the doctor or an member of the treating team, and not due to lack of knowledge and skills or unsatisfactory treatment of the patient. The patients and parents should have the feeling of being treated with respect and dignity at all times.19 Physicians should be tactful and careful in deciding not only what to tell the parents but how to tell as well. Parents should be informed the condition of the child in a simple language without medical jargon.20 They should also be pragmatic and honest in telling them the true medical status of the child, while keeping the hope alive, which has great healing capacity.19

Patient’s satisfaction and trust. Improvement of patient’s satisfaction is a major target for hospitals and is often dictated by patients’ perception of the level of communication of the hospital team.20 When doctors communicate effectively with patients, the identification of patients’ problems more accurately, and the patients are more satisfied.21 An American study22 of 500 patients in general medicine revealed that only one patient out of 2 is leaving the doctor’s office satisfied with the care provided. Strengthening is satisfaction increased to 63% when the same patients were asked about their feelings 3 months later. Most satisfied patients were those over the age of 60 who saw an improvement in their health.22 A relationship characterised by a high level of trust in the physician leads to an increase in adherence to treatment, improvement in follow-up, and reduction in unnecessary investigations, and requests for a second opinion. Consequently, the overall cost of healthcare will be significantly reduced.23 A greater number of problems may be solved during a consultation when patients have a deeper relationship with their doctors.24

The gender issue in the doctor-patient relationship. Modesty is an important issue for Muslim women, and male physicians may tune out what the doctor is saying, out of nervousness over having their bodies exposed. For a Muslim woman, it could be very stressful to expose her body in front of a male physician, or even to discuss with him sensitive issues related to her health.
Consequentl, some Muslim women ma not reveal their health problems to a male ph sician or ma not even seek medical care.25

Patients typical prefer same-gender providers and ma feel uncomfortable when alone with a ph sician of the opposite gender. If that’s unavoidable, leave the door or privac curtain partl open (as long as our patient is dressed). It is quite common for the husband to ask to sta with his wife during a ph sical eamination. Having a female nurse available for e aminations ma help a Muslim woman to feel more comfortable, and is mandator in all countries in the world. Posting a sign stating, Please knock on the door before entering, ma also be-helpful.

Informed consent. Informed consent is the cornerstone of the doctor-patient relationship, and is a recogn ed legal obligation for the medical profession. Ph sicians must obtain informed consent from the patients or their legal guardian, in case of minors or mentall de cien, before undertaking an medical or surgical procedure, providing a clear e amination of the planned procedure, intended bene ts, potential risks, and complications.26 DelPo o and Fins27 note that informed consent addresses the individual rights of patients. However, Islamic law respects the privac of person and famil. They conclude that the Western wa of obtaining informed consent in a patient from the Eastern culture ma involve providing too much information and ma leave the patient feeling misinformed. Giving too much information, at times, ma raise suspicion that the ph sician might be withholding information or even concealing the truth.27,28 To respect the autonom of the patient, the doctor should have more knowledge of the cultural values and behaviors of his/her patient. For a Muslim patient, absolute autonom is ver rare; he/she will have a feeling of responsibilit towards God, and live in social cohesion, in which the in uence of relatives pla a sign cant role.29 Ph sient-doctor relation is continuousl changing, and informed consent will never prevent unfortunate outcomes, leading to serious questioning of doctor’s performance and the proper use of resources. Even if this reaches an e empl level, it does not guarantee the patient’s satisfaction with the medical service provided, and avoid possible legal accusation.30

The role of family/companions in medical consultations. e famil is the basic structural element of a stable Islamic societ. Famil members frequentl accompany patients to the clinic or hospital, and medical decision-making usual involves the patient’s immediate famil even when the patient is compos mentis. e famil ma deliver bad news graduall to the patient. Although a patient ma choose to pa attention to the in uence of famil and friends, the ultimate decision to agree with the procedure, or surger must be made by the patient. e role of the famil should be aYe nded and respected, but this recognition must be balanced with the priorit of patient autonom. All communication regarding the risks and bene ts of medical procedure, or surger must be understood by the patient. It is not acceptable to ask a surrogate for consent for a capable and conscious adult patient unless the patient chooses to permit it.31 Companions usual pla a supportive role in the majorit of consultations. e give emotional support, help in transport, and ma e press patients’ concerns.32 During the procedure or surgical operation, relatives often recite pra ers or read the Quran, appealing for the cure of their loved ones.

Ethical issues in visual recording. Visual recording of patients is commonl used for clinical, research, legal, and academic purposes. It is frequentl used in the specialties of plastic surger, dermatolog, wound care, ma illofacial surger, and otolar ngolog. Guidelines for biomedical recording have been issued by several health authorities, associations, and journals.33 Photographing patients ma have an indirect e ect on treatment, b aiding diagnosis; and written consent should be obtained from the patient or his/her legal representative before carrying out the procedure.35 e ident of the patient should alwa s be concealed. In recent ears, doctors have been investigated for uploading medical data that can ident patients onto public internet forums. Muslim jurists’ rulings on human recording var from being permissible to bing discouraged, and forbidden. However, the ruling is ultimatel dependent on the intended use of the images or recording, the wa images were obtained, and the potential usage of the whole procedure. For images to be permissible, the procedure must not contradict Islamic law. Onl the minimum necess area should be photographed. Subjects’ rights and dignit must not be violated, and their religious and cultural background respected.33,34

Confidentiality. Breaching con dentialt can be acceptable or required by medical authorities, when failure to act can lead to ph sical harm, to either the patient or people in contact with that patient; such as the case of certain infectious diseases, where the doctor or researcher has a dut to protect the health of those who ma be at risk.35 Certain circumstances demand a breach of patients’ con dentialt to protect other individuals or societ as a whole. Breach of con dentialt under
such conditions is justifiable in Islam. Examples include reporting, to the assigned authorities, probable criminal acts (such as domestic violence or child abuse), serious communicable diseases or circumstances, which pose a threat to others’ lives (such as an epileptic patient working as a driver), notification of births and deaths, medical errors, and drug side effects. If the patient agrees to disclose the complete medical condition to the family, then there is no breaking of confidence. If a consort has an HIV infection, then the physician’s duty is to inform the other consort of the true diagnosis. e doctor should take the permission from the infected person, or ask him to tell his consort, in his presence, the true diagnosis.\textsuperscript{34}

In a fatwa issued by the International Islamic Fiqh Academy in 1993, jurists a\textsuperscript{Y}rmed that a breach of confidentiality can be acceptable only if harm of maintaining confidentiality overrides its benefits. e fatwa describes some situations in which breaches of confidentiality are allowed, or mandatory.\textsuperscript{36} Such cases are of 2 categories: a) Cases where a confidence must be broken on grounds of the rational of committing a lesser evil and obviating the greater one, and the rational of seeing to a public interest, which favor enduring individual harm so as to prevent public harm if needed.

e include 2 sets: e situation in which protecting society against some prejudice, and those which involve protecting an individual against some prejudice. b) Cases where a confidence may be broken: 1) To ensure a public interest. 2) To prevent a public damage. In all such cases the objectives and priorities are set out by Shari’ah (Islamic law) regarding preserving the faith, human life, reason, descendants, and wealth.\textsuperscript{37}

\textbf{Breaking bad news/disclosure.} Breaking bad news, defined as an information that seriously and adversely affects an individual’s view of his or her future, is a nerve-racking moment in the relationship between doctors and their patients. It is very stressful for patients, especially if the clinician is inexperienced.\textsuperscript{38} Health care workers in Muslim communities are required to modify the Western-based recommendations to match the culture of their patients and their families.\textsuperscript{39} In all cultures and communities, the statement of Buckman\textsuperscript{40} rm stands: ...if the breaking of bad news is badly done, patients and their families may never forgive us, but if it is done properly they will never forget us.\textsuperscript{41}

Full disclosure and patient’s autonomy are the focal point of medical ethics in the West. Consequently, Western medical practice advocates free and open communication with patients, to the point that they are fully aware of their disease and treatment. Nondisclosure of a cancer diagnosis is common practice in many Eastern communities. Consequently, families often approach oncologists with requests for nondisclosure. As a result, most doctors opt to break a cancer diagnosis to the family before informing the patient himself. Nondisclosure carries high costs to the patient and family, who may receive less than optimal supportive and medical care. e patient may be deprived of the chance to say goodbye.\textsuperscript{42} For many Muslim patients, it is God who permits death, hence giving up hope is not welcome in religious teaching.

In conclusion, the practice of medicine relies on the relationship between the doctor and his/her patient. Consulting with a patient is a complicated skill that is gradually learned during medical training and perfected when one grows to take his/her role as a doctor. Medicine is not a business to be learned, but a profession to be satisfied with. Medical technology should not be allowed to dehumanize further medicine, and the declining image of the medical profession should be rectified. e caring doctor is the one who does not over-test or over-treat his/her patients and communicate with them properly. e success of the doctor-patient relationship is evident when doctors treat patients with respect and courtesies. Ph sicians are expected to possess scientific knowledge, technical skill, and a human touch and understanding. Ph sicians should be kind, decent and modest, well mannered, and insist on the treatment of poor and need patients as much as law and regulations can permit. However, these regulations may hamper such good will. ese are considered to be doctor’s essential duties to the patients and the society.

Continuous education and model leadership are required to maintain the portrait in which doctors see their patients as people and not a disease. is will not only improve the relationship between physicians and patients, but often improve the clinical outcomes. All medical schools should initiate regular education programs in medical ethics, social, and behavioral sciences, and the art of communication for both undergraduate and postgraduate medical students. We also recommend developing a monitoring and evaluation system for doctors working in hospitals, clinics in public and private sectors to monitor for how they adhere to the Code of Islamic medical ethics.

\textbf{Acknowledgment.} We would like to thank Dr. Majed Chamsi-Pasha for his contribution to this manuscript, and Dr. Hamza Kolko for providing the drawing of Figure 1.
Doctor-patient relationship ... Chamsi-Pasha & Albar

References

10. e Hol Qur’an. Madinah (KSA); King Fahd Complex. 2005; Chapter 16: 90.