Doctor-patient relationship

Islamic perspective

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ABSTRACT

The doctor-patient relationship is an intricate concept in which patients voluntarily approach a doctor and become part of a contract by which the 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.

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 a 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 “Qiyas,” (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 physicians. Despite worldwide emphasis on the distinguished responsibility of physicians, teaching the art of physician-patient relationship has not yet been incorporated, into the curriculum of many medical schools.¹ 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.² Over the ears, the relationship between doctors and patients has evolved from a large paternalistic model to a more...
Doctor-patient relationship ... Chami-Pasha & Albar

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 our doctor: a guide for patients. A guide is a provisional step toward 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 omit obtaining essential clinical information, but must use this opportunity to understand his patient as a human being. It 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. A 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. Prophet (PBUH) said: “Those who have a perfect faith are those who have the best character.”

Islamic ethics instructs human beings not only to be virtuous, but also to contribute to the moral health of society. Qur’an sa s:

“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 principle 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 said: “The best of you is the one who is most beneficial to others.” Ha rar Jaber (Radiallhu tala anhu), a companion of 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 author in each and every matter and field because such expertise will ensure that the job is carried out with excellence.

Islam has enjoined 3 important points on which the doctor establishes a sound and healthy 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.1

Prominent physicians of the Islamic civilization involved themselves with medical ethics; among these were Al-Ruhawi, and Al-Razi. He wrote the earliest and most meticulous books on medical ethics over a thousand years ago. Al-Razi i,15 in his book Akhlaq Al-Tabib, the physician duties to the patients. Every one 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-Razi, another duty of the physician to his patients is to treat the patients equally regardless of their wealth or social status. The aim of the physician should not be the money he will get after treatment, 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.1 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 temporaril 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.6 Many doctors are reluctant to improve communication, which is one of the crucial elements of treatment. Despite the eorts 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.1 Since the clinics became more crowded, with an increase in referrals to specialists, doctor-patient eposure 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 patholog 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 very interesting, but ver different 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 indi reent 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 jargons. 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 identif patients’ problems more accurately, and the patients are more satis ed.21 An American study22 of 500 di cult patients in general medicine revealed that only one patient out of 2 is leaving the doctor’s of ce satisfied with the care provided. Patient satisfaction increased to 63% when the same patients were asked about their feelings 3 months later. Most satis ed patients were those over the age of 60 who saw an improvement in their health.22 A relationship characterizing 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 signi cantly 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 female patients 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 praise her body in front of a male physician, or even to discuss with him sensitive issues related to her health.
Informed consent

Informed consent is the cornerstone of the doctor-patient relationship, and is a recognized legal obligation for the medical profession. Ph sicians must obtain informed consent from the patient or their legal guardian, in case of minors or mentally deficient, before undertaking any medical or surgical procedure, providing a clear explanation of the planned procedure, intended benefits, potential risks, and complications.  

DelPo o and Fins note that informed consent addresses the individual rights of patients. However, Islamic law respects the privacy of person and famil The family is the basic structural element of a stable Islamic society. Famil members frequently accompany patients to the clinic or hospital, and medical decision-making usually involves the patient's immediate family even when the patient is compos mentis.  

Consequently, some Muslim women may not reveal their health problems to a male physician or may not even seek medical care.  

Patients typically prefer same-gender providers and may feel uncomfortable when alone with a physician of the opposite gender. If that's unavoidable, leave the door or privacy curtain part open (as long as our patient is dressed). It is quite common for the husband to ask to stay with his wife during a physical examination. Having a female nurse available for e aminations may help a Muslim woman to feel more comfortable, and is mandator y in all countries in the world. Posting a sign stating, Please knock on the door before entering, ma y also be helpful.  

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DelPo o and Fins note that informed consent addresses the individual rights of patients. However, Islamic law respects the privacy of person and family. 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 uninformed. Giving too much information, at times, ma raise suspicion that the physician might be withholding information or even concealing the truth. To respect the autonomy of the patient, the doctor should have more knowledge of the cultural values and behaviors of his/her patient. For a Muslim patient, absolute autonomy is very rare; he/she will have a feeling of responsibility towards God, and live in social cohesion, in which the influence of relatives pla a signi cant role.  

The role of family/companions in medical consultations. The role of the family should be recognized and respected, but this recognition must be balanced with the priority of patient autonomy. All communication regarding the risks and benefits of medical procedure, or surgery 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. Companions usually pla a supportive role in the majority of consultations. They give emotional support, help in transportation, and ma y press patients' concerns. 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 frequently used in the specialties of plastic surgery, dermatology, wound care, maxillofacial surgery, and otolaryngology. Guidelines for biomedical recording have been issued by several health authorities, associations, and journals.  

Photographing patients may have an indirect effect on treatment, or surgery must be understood by the patient. The role of the family should be recognized and respected, but this recognition must be balanced with the priority of patient autonomy. All communication regarding the risks and benefits of medical procedure, or surgery 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. Companions usually pla a supportive role in the majority of consultations. They give emotional support, help in transportation, and ma y press patients' concerns. During the procedure or surgical operation, relatives often recite pra ers or read the Quran, appealing for the cure of their loved ones.  

**Confidentiality.** Breaching con dentiality 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 duty to protect the health of those who ma be at risk. Certain circumstances demand a breach of patients' conf dentiality to protect other individuals or society as a whole. Breach of conf dentiality under
Doctor-patient relationship  ... Chamisi-Pasha & Albar

such conditions is justifi able 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 con dentiality. If a consort has an HIV infection, then the ph sician’s duty is to inform the other consort of the true diagnosis. 

The doctor should take the permission from the infected person, or ask him to tell his consort, in his presence, the true diagnosis. 

In a fatwa issued by the International Islamic Fiqh Academy in 1993, jurists argued that a breach of con dentiality can be acceptable only if the harm of maintaining con dentiality overrides its benefits. Such cases are of 2 categories: a) Cases where a con dence 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.

ese include 2 sets: 1) Those which involve protecting society against some prejudice, and those which involve protecting an individual against some prejudice. b) Cases where a con dence 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.

Breaking bad news/disclosure. Breaking bad news, defined as 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. Health care workers in Muslim communities are required to modify the Western-based recommendations to match the culture of their patients and their families. In all cultures and communities, the statement of Buckman remains: ‘...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.’

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 the are full 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 may carry 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 nali e his a airs and sa goodb e. 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 technolog 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 courtes . Ph sicians are e pected to possess scienti c 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 ma 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 ph sicians 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 from medical schools in order to help them improve. 

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References

9. e Hol Qur’an. Madina (KSA); King Fahd Compl . 2005; Chapter 3: 110.
10. e Hol Qur’an. Madina (KSA); King Fahd Compl . 2005; Chapter 16: 90.