The crescent and Islam: healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring

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INTRODUCTION

‘In the Name of Allah (God), Most Gracious, Most Merciful’ (Bismi Llah ir Rahman ir-Rahim’). The opening words of the Qur’an (Holy Book of Islam) are frequently used as an invocation at the commencement of any word or action for many Muslims in health and sickness. Central to Islamic teachings are the connections between knowledge, health, holism, the environment and the ‘Oneness of Allah’, the unity of God in all spheres of life, death and the hereafter. Islamic teachings and practice have enabled the production of a holistic framework in meeting the physical, spiritual, psycho-social and environmental needs of individuals and communities. Salleh (1994a) stated that caring is an attribute of Islam, a religion of peace, ‘from all individuals not only towards human beings but also towards the fauna, flora and nonliving things’.

Caring from Islamic perspectives is not well versed in Eurocentric nursing literature. There is widespread misunderstanding of the concept and practice of Islam within the context of health care and nursing practice. The areas of contention, in the context of health care systems, are whether the western paradigm to nursing care and management are applicable to Muslims and non-Muslims in both Islamic and non-Islamic countries. What is lacking in some of the conceptual frameworks and models of care is not only the fundamental spiritual dimension of care, but also the significance of spiritual development of the individual towards healing. The focus of this paper is to provide an awareness of Islamic health practices, health behaviours, code of ethics and the framework of Islamic perspectives of caring and spirituality. A brief overview of the Muslim world, the historical development in caring and health and the pillars of the Islamic faith provide the context of the paper. The development of a model of care based on the Islamic perspective is suggested.

Keywords: Islam, Islamic, Muslims, healing, spirituality, caring, ethics, models, nursing, health care, holism
within the context of health care and nursing practice. Throughout the Western literature the concept of caring is extensively examined in the context of the Judeo-Christian tradition. In addition, the theoretical frameworks and models of care have a strong bias towards the secular approach to nursing and caring. The area of contention, in the context of health care systems, is whether the western paradigm in nursing care and management is applicable to Muslims and non-Muslims in both Islamic and non-Islamic countries. What is obviously lacking, in some of the conceptual frameworks and models of care, are not only the fundamental spiritual dimension of care but also the significance of spiritual development of the individual towards healing. Moreover, the holistic approach to caring embodies the meeting of the spiritual needs of patients. However, it is argued that the 'provision of care is hindered by a lack of agreed definition of spirituality and the absence of a conceptual and theoretical framework in which to deliver care' (Ross 1994).

This is an exploratory paper on aspects of caring from an Islamic perspective. The intention here is not to present a thematic analysis of the theological and philosophical bases of caring within the framework of the Islamic perspectives. The essence of the paper is to provide an agenda for scholars in Islamic countries to develop and implement a framework or a model of nursing care, applicable to meeting the needs of the Muslim and non-Muslim communities. The focus, here, is to provide an awareness of Islamic health practices, health behaviours, code of ethics and the framework of Islamic perspectives of caring and spirituality. A brief overview of the Muslim world, the historical development in caring and health and the pillars of the Islamic faith provide the context of the paper.

The Muslim world
The Muslim population of the world is around 1.3 billion of whom 25% of Muslims live in the Indian subcontinent; 20% in sub-Saharan Africa; 17% in South-east Asia; 18% in the Arab world; 10% in the republics of the old Soviet Union and China; and Turkey, Iran and Afghanistan comprise 10% of the non-Arab Middle East. Although there are Muslim minorities in almost every area, including Latin America and Australia, they are most numerous in the Russian Federation, India, and Central Africa (The Islamic Affairs Department 1989). There are about 15 million Muslims living in Europe (Ramadan 1999) and about 7–8 million in the United States (Ahmed 1999). In the United Kingdom, it is estimated that there is approximately 1.2–1.5 million Muslims. It is now a generation since western Europeans began to notice that there were Muslim communities in most European cities (Nielsen 1999). Throughout the world Muslims are connected by their common Islamic faith and heritage.

Historical context
In the Islamic era, hospitals were established to provide medical and psychological care. It is reported that from early in the eighth century hospitals were established in the Islamic kingdom. The first known hospital in Islam was built in Damascus (Syria) in 706 AD by the Ummayyad Caliph. In Baghdad (Iraq), the Al-Mansur hospital was built in 750 CE and the Al-Qayrawan Hospital in 830 CE (Watt 1994).

In Cairo, Egypt, the Al-Fustat Hospital was established in 872 CE. One of the greatest hospitals called the Mansuri, in Cairo, was founded in 1284 CE accommodating 8000 people. The staff included a number of surgeons and physicians, some of whom were specialists. There were attendants of both sexes and a large administrative personnel. There were manuals of hospital management, separate wards for infectious diseases, a dispensary, storerooms, a library and facilities for lecturing. Clinical instructions were provided to students in the hospital; a practice not copied in Europe until about 1550 CE. There are also reports of doctors making medical rounds in prisons, and arrangements for a travelling clinic and dispensaries to visit the villages (Watt 1994). This represented one of the first developments of caring in the community and out-reach work before the development of a formal caring system in the West.

In Baghdad, the first hospital ever to have a ward exclusively for the mentally ill was established (Alexander & Selesnick 1966). The methods of therapy in Islamic medicine include, diet, physiotherapy and pharmacotherapy. It was chiefly in the humaneness of patient care that the Muslim hospitals excelled (Syed 1993). In addition to the therapeutic regime available, patients were entertained by bands and Koran recitals. Female nurses from Sudan were employed at the Qayrawan Hospital (830 CE), Tunisia, that – the first account of nursing in Arab history (Syed 1993). In Egypt, it is reported that no nurses were trained, but some women, such as Amina Bent-Kabas el-Ghafaria and Om-Ayman, achieved recognition through caring for the sick and wounded in the context of wars (Naval el-Feky 1994). The development of efficient hospitals was an outstanding contribution of Islamic medicine (Wasty 1962). These hospitals served all the citizens free and without any regard to their colour, creed, religion, sex, age and social status. Physicians and nurses of all faiths worked together with one aim in common: the well-being of patients (Abouleish 1993).

Islamic medicine was instrumental in the development of modern medicine and health care system in the West. During the early Islamic civilizations, advances in medicine, mathematics, physics, astronomy, geography, architecture, art, literature and history, algebra, the arabic
Islam is belief in the oneness of God - this is termed with Adam and ending with Prophet Muhammad (Peace Be Upon Him-PBUH) was the last and greatest of the prophets; and the Holy book, the Qur'an, completes and supersedes all previous revelations (Lewis 1976). Muslims believe in a chain of prophets starting of whom brought a revealed book. Such were the Torah, the Psalms and the Gospel, brought by the prophets Moses (Musa), David (Daood) and Jesus (Eesa). Prophet Muhammad (Peace Be Upon Him-PBUH) was the last and greatest of the prophets; and the Holy book, the Qur'an, completes and supersedes all previous revelations (Lewis 1976). Muslims believe in a chain of prophets starting with Adam and ending with Prophet Muhammad (PBUH). The most important fundamental teaching of Islam is belief in the oneness of God – this is termed Tawheed. This is explained in the Shahadah, the first article of faith:

‘I bear witness that there is no god but Allah and I bear witness that Muhammad is his servant and messenger’

In fact, there is no one worthy of worship except Allah. The model framework of Muslims lifestyle and practices are: shahadah, prayer, self-purification (Zakat), fasting (Ramadhan) and pilgrimage (Hajj) to Makkah.

**Faith**

There is no god except Allah and Muhammad (PBUH) is His messenger. This declaration is the first article of faith called the Shahadah.

**Prayer**

There are obligatory prayers that are performed five times a day at designated times. This is a direct link between the worshipper and Allah.

**Zakat**

The word Zakat means purification and growth. Our wealth, held by human beings in trust, is purified by setting aside a proportion for those in need. Each Muslim calculates his or her own Zakat individually and involves the payment each year a fixed proportion of their wealth to the needy and poor. This provides guidelines for the provision of social justice, positive human behaviour and an equitable socio-economic system. One of the hadith (saying) of Prophet Muhammad (PBUH) relating to charity is that

‘The wealth of a servant is never decreased by paying charity’.

**Fasting**

Every year during the month of Ramadhan, Muslims fast from first day light until sunset, abstaining from eating, drinking and sexual relations. Although the fast is beneficial for health, it is regarded spiritually as a method of self-purification. The spiritual dimension involves reflective practices, increased prayers, and having positive thought towards other people and remembering Allah in all thoughts and actions.

**Pilgrimage (Hajj)**

The annual pilgrimage to the Hajj in Makkah, Kingdom of Saudi Arabia, is an obligation for all Muslims once in a lifetime. However, there are conditions such as only those individuals who are physically and financially able are allowed to perform it. The Hajj rituals takes place in the 12th month of the Islamic year (based on the Lunar system, Islamic Year 1420/1421 = CE 2000). The pilgrims wear simple garments, which strips away, status, distinctions of class, culture and colour, so that all individuals stand equal before Allah.

The five pillars of Islam

The word 'Islam' simply means 'submission', and derives from a word meaning 'peace'. 'Allah' is the Arabic name for God, which is used by Arab Muslims and Christians, and non-Arab Muslims alike. Islamic practices and behaviour are not only related to divine revelations but as a theology, generate particular social practices in culture, manners, food and language. In this respect Islam is also a sociology and a philosophy for life (Ahmed 1999). In the traditional sense, Islam connotes the one true divine religion, taught to mankind by a series of prophets, some of whom brought a revealed book. Such were the Torah, the Psalms and the Gospel, brought by the prophets Moses (Musa), David (Daood) and Jesus (Eesa). Prophet Muhammad (Peace Be Upon Him-PBUH) was the last and greatest of the prophets; and the Holy book, the Qur'an, completes and supersedes all previous revelations (Lewis 1976). Muslims believe in a chain of prophets starting with Adam and ending with Prophet Muhammad (PBUH). The most important fundamental teaching of Islam is belief in the oneness of God – this is termed Tawheed. This is explained in the Shahadah, the first article of faith:

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Spirituality and holism

There is a host of critical analysis of the concept of spirituality in the nursing literature. Religion, as a concept, is perceived by many (in the West) as not being interchangeable with spirituality. In this context, the concept of spirituality has a broader meaning than religion and encompasses philosophical ideas about life, its meaning and purpose (Stoll et al. 1989, Harrison 1993, Dyson et al. 1997). In the West, it is acknowledged that not every individual who seeks self-awareness, self-empowerment and self-actualization pursues a particular religious belief or faith. According to Wright (1999) spirituality can be seen as the summation of our values which determines the process of how we interact with the world; whereas religion is seen as a pathway to follow the practices and thoughts that are appropriate to the god or gods of a particular faith. Florence Nightingale adopted the spiritual dimension of nursing, grounded in the Judeo-Christian traditions. The principles were regarded an essential basis for high quality patient care. Few nurse theorists have incorporated the spiritual dimension into their theoretical frameworks. According to Bradshaw (1994, p. xi) “spirituality plays a major, if ill-defined, role” and despite the fact that delivering spiritual care to patients is reflected in national and international ethical codes (International Council of Nurses 1973, United Kingdom Central Council for Nursing Midwifery and Health Visiting 1992). The subject has not been given ample consideration in the literature.

Stoll et al. (1989), writing from the Judeo-Christian tradition, identify two dimensions of spirituality: vertical and horizontal dimensions. The vertical dimension – that is the individual’s relationship with the transcendent (God, Supreme Being or supreme values) and the horizontal dimension of the relationship with oneself, other people and the natural world. However, in Islam and following the Holy Qur’an and Hadiths (defines as sayings, deeds or agreements of the Holy Prophet), there is no distinction between religion and spirituality. The concept of religion is embedded in the umbrella of spirituality. In the Islamic context, there is no spirituality without religious thoughts and practices, and the religion provides the spiritual path for salvation and a way of life. In the West, there is an inherent difficulty in the synergy of spirituality and religious beliefs. The difficulty in addressing the concept of spirituality, according Fahlberg and Fahlberg (1991), is related both to its association with religion and the cultural emphasis on the material realm. This is in contradiction with the view that in Islam, Muslims embrace the acceptance of the Divine, and they seek ‘meaning, purpose and happiness’ in worldly life and the hereafter. This is achieved through the belief in the ‘Oneness of Allah’, without any partner, and the understanding and application of Qur’anic practices and the guidance of the Holy Prophet (PBUH). Tawheed (Khan 1981, Siddiq 1987) means “unification” and is used in reference to Allah, it means the realizing and maintaining of Allah’s unity in all of man’s actions which directly and indirectly relate to Him. It is the belief that Allah is one, without partner, one without similitude in His essence and attributes and One without rival in His divinity and in Worship. These form the fundamental basis of Tawheed. The material realm of this world is given ‘in trust’ from Allah. According to Philips (1994) Tawheed is the very foundation of Islam on which all the other pillars and principles depend. If one’s Tawheed is not sound, the rest of one’s Islam becomes, in effect, a series of pagan rituals. In this model, Allah’s unity must be maintained spiritually, intellectually and practically in all facets of human life. Philips (1994) maintains that monotheism, as brought by the prophets of God, was not merely a theory to be philosophically appreciated or emotionally championed, but a pragmatic blueprint for human existence in submission to the will of almighty God, Allah. For a basic analysis of the theological issues and the Islamic Science of Tawheed, see Philips (1994).

According to Rahman (1980, p. 253), the spiritual discipline “which educates and trains the inner self of man is the core of the Islamic system. It also frees man from the slavery of the ‘self’, purges his soul from the lust of materialistic life and instils in humans a passion of love for Allah. It is through the process of patience, perseverance and gratitude that opens the door for spiritual and physical well-being”.

Perception of Muslims towards health and illness

The worldview of Muslim patients towards health and illness incorporates the notion of receiving illness and death with patience, meditation and prayers. Muslim patients understand that illness, suffering and dying are part of life and a test from Allah.

‘Be sure we shall test you with something of fear, hunger, some loss in wealth, lives or the produce (of your toil), but give glad tidings to those who patiently persevere (Al-Baqarah 2:155).

Athar (1993, 1998) stated that Muslim patients consider an illness as atonement for their sins, and death as part of a journey to meet their God. However, they are strongly encouraged to seek care and treatment. “Illness is one of the forms of experience by which humans arrive at a knowledge of Allah” (Al-Ghazzali 1968, 1970). It is argued that we should not necessarily consider illness as our enemy; rather, we should see it as an event, a mechanism of the body, that is serving to cleanse, purify and balance us on the physical, emotional, mental and spiritual planes (Sheikh Moinduddin Chisti 1985). Health and illness become part of the continuum of being, and prayer remains the salvation in both health and in sickness. It
is narrated that the Prophet (PBUH) said that: “The prayer of the sick person will never be rejected, until he recovers.”

Islamic code of ethics

An Islamic code of ethics has been suggested for the development of a model of care and treatment. The code of ethics has been adapted from the work of Athar (1995) on ‘Ethical Decision-Making in Patient Care: An Islamic Perspective’. Athar (1995) states that the major role of the ethicist in the patient area of care is:

- Understanding the concerns of the patient and his family and transmitting them to health care professionals involved in the decision making process.
- Interpreting the Holy Qur’an as it applies to specific concerns of the patient.
- Consoling and comforting the patient and his family or significant others so that they can accept the present situation as a will of Allah and pray for a better life in the hereafter. (Author’s comment – There is also the duty of Muslims to pray for a cure or improvement in health).
- Taking care of the needs of the family (spiritual, psychological and financial) after the death of the loved one.

Athar (1995) also stated that the principles of Islamic ethics are the preservation of faith, sanctity of life, alleviation of suffering, enjoining what is good and permitted, and forbidding what is wrong and prohibited. There is a need for respecting patients’ autonomy and heterosexual marriage, while achieving social justice without harm. He or she must always be honest and truthful in giving information. He or she must consult the patient, family and ask for a second opinion before giving a final decision. When asked what actions are most excellent, Prophet Muhammad (PBUH) replied, “To gladden the hearts of human beings, to feed the hungry, to help the afflicted, to lighten the sorrow of the sorrowful, and to remove the sufferings of the injured (Bukhari).”

Islamic health behaviour and practices

The Holy Qur’an achieves its healing and health promoting effect by utilizing three different approaches: the legal, the guiding approach and the direct healing approach (El-Kadi 1993). The legal approach, through legislation, prohibits lifestyle and behaviour which are hazardous to health, and by prescribing behaviours that promote health. The following examples of health promoting legislation include: moderate eating, abstinence from alcohol and tobacco consumption and other psychoactive substances, regular exercise, prayers, fasting, ablution and bathing, breast feeding and many other injunctions. The guiding approach is achieved through the provision of general rules and regulations which guide the individual in conducting his or her daily life. The third approach is through the direct healing effect of the Holy Qur’an on the various systems of the human body (El-Kadi 1993).

In Islam, the individual must maintain a well integrated holistic perspective of life. The individual is required to work hard and pray but also find time for the family. The individual must eat in moderation, take regular exercise and avoid obesity; be careful with cleanliness, consider sex with respect but restrict it to the legal bounds of marriage (for example, a wife and a husband as the initiators of a family) (Ahmed 1999). In relation to Islamic practices, Athar (1998) stressed on the Hadith of the Prophet Muhammad (PBUH) that cleanliness is considered “half of the faith”. A very high standard of personal hygiene must be attained by Muslims following the injunctions of the Holy Qur’an and the examples of Prophet Muhammad (PBUH). The significance of cleanliness has both a physical and spiritual dimension. Any behaviour or activity needs to be preceded by the act of cleanliness (Tahara).

The dietary law of Muslims is much simpler than those followed by Jews and the early Unitarian Christians. The Holy Qur’an prohibits the eating of pork or pork products, meat of dead animals, blood of any kind and alcoholic drinks. Thus, the consumption of wholesome food and the leading of a healthy lifestyle are seen as religious obligations. The Prophet taught that “your body has rights over you” and said that “Ask Allah for forgiveness and well-being”. For a comprehensive analysis of the prohibited and permitted foods and drinks according to Jewish, Christians and Muslim Scriptures (see Chand 1994).

Additional health practices (adapted from Athar 1998) include:

- regard for the sanctity of life as an injunction;
- circumcision of the male infants is recommended;
- blood transfusions are allowed after proper screening;
- assisted suicide and euthanasia are incriminated;
- autopsy is not permitted unless there is a legal requirement;
- maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged;
- abortion is not allowed except to save the mother’s life (and in some specific conditions such as lethal congenital malformations);
- transplantation in general is allowed, with some restrictions;
- artificial reproductive technology is permitted between husband and wife only during the span of intact marriage (and using their own sperm and eggs);
Philosophical and ethical issues

• while Islam clearly opposes homosexuality, it does not prohibit Muslim nurses and physicians from caring for AIDS patients;
• Muslims can have a living will and an executor;
• genetic engineering to cure a disease is acceptable, but not the cloning of human beings.

Seeking treatment for illness is not regarded as a sign of conflict with reliance on Allah for a cure. The Prophet Muhammad said that: "Seek treatment, because Allah did not create a sickness but has created a treatment for it except for old age".

Medications for use in the treatment of the sick are permissible, but it is unlawful (haram) to use prohibited products based on alcohol or pork. The Holy Prophet (PBUH) said that: "Indeed, Allah has created the illness and their cure. So treat yourselves O Allah's worshippers but do not treat yourselves with something forbidden".

According to Al-Jibaly (1998) a sick person should remember that his sickness is a test from Allah which carries tidings of forgiveness and mercy for him. Thus, he should avoid complaining about his affliction, accept it with patience and satisfaction and asking Allah to reduce his suffering. There are a number of verses of the Holy Qur'an concerning healing, as the whole Qur'an is a cure for diseases and contains perfect guidance. Allah, the Most High, said:

"It is a guidance and a healing for those who believe". (Fussilat 41:44)

and

"We reveal of the Qur'an that which is healing and a mercy for believers". (Al -Isra 17:82)

An aspect of Islamic practice, in relation to death and dying, is that when a person is dying, the individual should be made to lie facing the direction of the Qiblah (in the direction of the city of Makkah), lying on his or her right side. If this is not possible, then it is acceptable to allow the individual to lie on his or her back with the face and soles of the feet facing the direction of the Qiblah. This practice is very important for the dying Muslim patients and their significant others.

Caring: an Islamic perspective

The principles and practices of caring and moral discipline, from an Islamic perspective, are based on the Divine revelation that is permanent. The notion of formal caring in nursing, in the West, can be dated back to Florence Nightingale and, in the Islamic context, was the Prophet's Mosque in Medina. According to Bradshaw (1994, p. 119), the concept of caring "for the sick grew predominantly from an understanding of care as service to God, a vocation that was the fulfilment of God's covenant purpose and a freely given mutual service within society, which distinguished it from any contractual or commercial basis".

The concept of caring is embedded in the theological framework of Islam. Caring is a natural outcome of having a love for Allah and the Prophet, as this is what is asked of us (Salleh 1994a). Prophet Muhammad (PBUH) and Prophet Eesa (Jesus, PBUH), show how Allah expects human beings to act by caring for the weak, the suffering and the outcasts of society. Caring in Islam means the will to be responsible, sensitive, concerned with the motivation and commitment to act in the right order to achieve perfection. The spiritual or metaphysical aspect of caring can be perceived as an act of 'doing good' (Maaruf) or evading 'wrong doing' (Munkar) with the implications of working towards establishing order over time and space under every circumstances (Salleh 1994a). Further understanding of caring can be achieved by studying the attributes of Allah from the Holy Qur'an, and the Prophet's (PBUH) sayings. A sample of Qur'anic verses reflecting caring by Allah, and caring based on the Prophet's sayings is described by Salleh (1994a). It is the acceptance and understanding of the Allah's manifestations of caring that enable us to learn what caring is all about. In Islam, caring is expressed at three different levels: intention, thought and action. Underlying the intention and verbal expression of caring is the understanding of what, when, who to care for and why (Salleh 1994a). At the action level is the question of how and this is related to knowledge, skills and resources (accountability and responsibility are embedded with the process and outcome of caring). The Holy Prophet stated that:

Each of you is a guardian and is charged with a responsibility, and each of you shall be held accountable for those who have been placed under your care.

Spiritual care is important for all people, not only those who express a religious belief, as spirituality is a fundamental need that goes beyond religious affiliation. However, in the case of Muslim patients, the spiritual dimensions of the individual remain within the tradition of Tawheed (Oneness of Allah). It is argued that nursing models and framework of care practised within the framework of the Judeo-Christian tradition, often devoid of the core of spirituality and religious covenant, are inappropriate in meeting the holistic needs of Muslim patients in Islamic and nonIslamic countries. Hence, it would seem totally alien for Muslim patients to receive care without its spiritual entity. The development of cultural assessment tools (Lipson et al. 1996) in assessing patients' needs and the acknowledgement of nurses' own values, beliefs, and communication would reduce the ethnocentrism or bias toward a particular ethnic or religious group.
It is worth highlighting the fact that Islam is a caring and all-encompassing belief system. The compassion of Allah and the expectations that Muslims are required to be merciful and compassionate to others. Whilst Islam clearly opposes alcoholism, sexual promiscuity or lifestyle issues such as homosexual practices, it does not prohibit Muslim nurses and other health care professionals from caring for both Muslim and non-Muslim patients. There are no injunctions in the provision of care for Muslim and non-Muslim patients with HIV/AIDS or substance misuse. Caring, under Islamic ideology and practice, does not look to the belief of the sufferer, or his ethnic group, or social status or wealth. Hence, it cares and treats equally non-Muslims the same as their Muslim counterparts.

Caring from an Islamic perspective is not devoid of human interactions despite the use of technological developments. Kasule (1998) stated that technology has given the nurse the ability to give comfort and care to patients and asserted that Islam emphasizes the dignity of the human and puts high value on direct human contact and interaction. Islam emphasizes the value of acquiring knowledge and expects that we all challenge existing knowledge, and keep on enquiring and researching. The Prophet Muhammad (PBUH) stressed learning by saying that “One hour of teaching is better than a night of praying”. The pursuit of knowledge has a twofold process: in addition to the professional development of health care professionals, pursuit of knowledge is in itself worship according to the Holy Qur’an.

DISCUSSION

In any culture and society, the religious and cultural values of the indigenous population have a significant impact on the health, education and social policy which drives the health care or models of care that patients receive. It is worth remembering that the Muslim population around the globe is not a homogeneous entity. Rather, there is a wide diversity of culture and local customs. According to Salleh (1994a) diversities are a blessing and a benefit to mankind if diversities are integrated into a given system. Those responsible within a caring system must respect diversities and handle the system in a holistic way. Islam recognizes differences, diversities and tolerance is extended not only to those who keep faith in Allah but also non-Muslim. There is absolutely no contradiction in respecting and caring for non-Muslim patients whether in Saudi Arabia or America. It is one function of the Islamic law to protect the privileged status of non-Muslims and minorities. According to Pickthall (1927), the tolerance within the body of Islam was, and is, something without parallel in history; class, race and colour ceasing altogether to be barriers. Anti-discriminatory practices and equality are laid down in Islam and they are regarded as fundamental expectations and requirements of Muslims be it patients or nurses. Racism is incomprehensible in Islamic thought and practice, for the Holy Qur’an speaks of human equality in the following terms:

O mankind we have created you male and female, and have made you into nations and tribes so that you may know each other. Lo! The noblest of you in the sight of Allah is the one with the pious. (Al-Hujurat 49:13)

Understanding and appreciating Islam’s concern for caring enhances one’s interest in promoting caring in all aspects of intentions, thoughts and actions. Islam insists on its adherents to acquire knowledge and expertise in any field of endeavour that is beneficial for all living things. Islamic caring through the practice and management of nursing means that considerations be given to elements of sex, dress code, personal values, code of conduct and ethics, dietary requirements, family planning and life, healthy and safe living (Salleh 1994b) and spiritual development.

The rationale for the development of nursing model or models of care, from an Islamic perspective, is based on the notion that current models of care are not fulfilling the holistic needs of Muslim patients. There are no Muslim models of nursing care in the literature and little has been written on the development of a theoretical framework of caring from an Islamic perspective. There is an urgent need for Muslim nursing scholars to develop a nursing framework that would be applicable to Muslim and non-Muslim patients in Islamic countries. The term “Tawheed Paradigm” is coined from the work of Kasule (1998). A new paradigm synthesizing the concept of Tawheed, the Islamic Code of Ethics, health behaviour and practices from the Holy Qur’an and Hadiths and the five pillars of the Islamic faith should form the foundation on a model of nursing care. That is, the ‘Tawheed Paradigm’ focusing of an integrated approach to human problems. Within the Islamic perspective, the concept of care is regarded as a spiritual dome where the basic needs of the patients are met according to the Holy Qur’an and the statements (Hadiths) of the Prophet (PBUH). Islam is a natural religion applicable to Muslim and non-Muslim communities. It is fully capable of fulfilling the needs of the time and satisfying the demands of new circumstances without any changes in religious beliefs and practices.

CONCLUSION

This paper has focused on some considerations towards aspects of Islamic caring. This is seen as a preliminary mapping exploration and an agenda setting to provide a stimulus and to encourage further examination and development of nursing care and models based on the Tawheed Paradigm. Muslims scholars and clinicians in the health care professions should share in this development with
nonMuslim scholars. What is called for in this connection in the United Kingdom or elsewhere, is not mutual rivalry between Muslim and nonMuslims, but mutual engagement.

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