

- <sup>3</sup> Kaplan R. Behavior as the central outcome in health care. *Am Psychol* 1990; **45**: 1211-20.
- <sup>4</sup> Johnston M, Wright S, Weinman J. Measures in health psychology: A user's portfolio. Windsor: NFER-Nelson 1995.
- <sup>5</sup> Bowling A. Measuring disease. Buckingham: Open University Press 1995.
- <sup>6</sup> Bowling A. Measuring health. Buckingham: Open University Press 1992.
- <sup>7</sup> Greer S, Morris T, Pettingale KW. Psychological response to breast cancer: effect on outcome. *Lancet* 1979; **2**: 785-7.
- <sup>8</sup> Johnston M, Voge C. Benefits of psychological preparation for surgery: a meta-analysis. *Ann Behav Med* 1993; **15**: 245-56.
- <sup>9</sup> Johnston M, Carpenter L. Relationship between preoperative anxiety and postoperative state. *Psychol Med* 1980; **10**: 361-7.
- <sup>10</sup> Johnston M. Anxiety in surgical patients. *Psychol Med* 1980; **10**: 145-52.
- <sup>11</sup> Egbert LD, Battit GE, Welch CE, Bartlett MK. Reduction of postoperative pain by encouragement and instruction of patients: a study of doctor-patient rapport. *N Engl Med* 1964; **270**: 825-7.
- <sup>12</sup> Anderson EA. Preoperative preparation for cardiac surgery facilitates recovery, reduces psychological distress, and reduces the incidence of acute postoperative hypertension. *J Consult Clin Psychol* 1987; **55**: 513-20.
- <sup>13</sup> Ley P. Communicating with patients. London: Croom Helm 1988.
- <sup>14</sup> Leventhal H, Nerenz D, Steele DJ. Illness representations and coping with health threats. In: Handbook of psychology and health, Volume IV: Social psychological aspects of health. Baum A, Taylor SE, Singer JE eds. Hillsdale, NH: Erlbaum 1984.
- <sup>15</sup> Nerenz DR, Leventhal H, Love RR, Ringler KE. Psychological aspects of cancer chemotherapy. *Int Rev App Psychol* 1984; **33**: 521-9.
- <sup>16</sup> Meyer D, Leventhal H, Gutmann M. Commonsense models of illness: The example of hypertension. *Health Psychol* 1985; **4**: 115-35.
- <sup>17</sup> Partridge C, Johnston M. Perceived control and recovery from stroke. *Br J Clin Psychol* 1989; **28**: 53-60.
- <sup>18</sup> Tennen H, Affleck G. Blaming others for threatening events. *Psychol Bull* 1990; **108**: 208-32.
- <sup>19</sup> Janoff-Bulman R. Characterological versus behavioral self-blame: inquiries into depression and rape. *J Pers Soc Psychol* 1979; **35**: 351-63.
- <sup>20</sup> Tennen H, Affleck G, Gershman K. Self-blame among parents with perinatal complications: The role of self-protective motives. *J Pers Soc Psychol* 1986; **50**: 690-6.
- <sup>21</sup> Lorig K, Lubeck D, Kraines *et al*. Outcomes of self-help education for patients with arthritis self-management courses. *J Rheumatol* 1985; **28**: 680-5.
- <sup>22</sup> Watson D, Pennebaker J. Health complaints, stress and distress: exploring the central role of negative affectivity. *Psychol Rev* 1989; **96**: 234-54.
- <sup>23</sup> Friedman, Booth-Kewley. The 'disease-prone' personality. *Am Psychol* 1987; **42**: 539-55.
- <sup>24</sup> Earll L, Johnston M, Mitchell E. Coping with motor neurone disease: an analysis using self-regulation theory. *Palliative Med* 1993; **7**: 21-30.
- <sup>25</sup> Spiegel D. Effect of psycho social treatment on survival of patients with metastatic breast cancer. *Lancet* 1989 14 Oct; 888-91.
- <sup>26</sup> Johnston M, Foulkes J, Johnston D *et al*. A controlled trial of inpatient and extended cardiac rehabilitation: impact on patients and partners (submitted).
- <sup>27</sup> Lewin R, Robertson IH, Cay EL *et al*. A self-help post MI rehabilitation package—The heart manual: Effects on psychological adjustment, hospitalisation and GP consultation. *Lancet* 1992; **339**: 1036-40.
- <sup>28</sup> Frasure-Smith N, Lesperance F, Taljic M. Depression following myocardial infarction: impact on 6-month survival. *JAMA* 1993; **270**: 1819-25.
- <sup>29</sup> Lazarus RS, Folkman S. Stress, appraisal, and coping. New York: Springer 1984.
- <sup>30</sup> Suls J, Fletcher B. The relative efficacy of avoidant and nonavoidant coping strategies: a meta-analysis. *Health Psychol* 1985; **4**: 249-88.
- <sup>31</sup> Shipley RH, Butt JH, Horowitz B. Preparation to re-experience a stressful medical examination: effect of repetitive videotape exposure and coping style. *J Consult Clin Psychol* 1979; **47**: 485-92.
- <sup>32</sup> Kulik JA, Mahler HIM. Social support and recovery from surgery. *Health Psychol* 1989; **8**: 221-38.
- <sup>33</sup> Oxman TE, Freeman DH, Manheimer ED. Lack of social participation or religious strength and comfort as risk factors for death after cardiac surgery in the elderly. *Psychosom Med* 1995; **57**: 5-15.
- <sup>34</sup> Theorell T, Blomkist V, Jonsson H *et al*. Social support and the development of immune function in human immunodeficiency virus infection. *Psychosom Med* 1995; **57**: 32-6.

## FUNDAMENTALS OF MEDICAL ETHICS: AN ISLAMIC VIEW

I Ul-Haque, Department of Medicine, The Aga Khan University, Karachi, Pakistan

Ethics is a vast and many faceted subject, and can be defined as the treatment of moral questions. Morality is concerned with the goodness or badness of character and disposition, and with the distinction between right and wrong; it is the regulator of one's conduct. Morality lends itself to a value system, using principles or standards to judge what is valuable and important in life. The genesis and nurture of morals require innate faculties of self-evaluation, self-reproach, reprehensibility and accountability. There is an eternal need for a religion to enable these faculties to be cast in the mould of one's conduct.

Man owes his existence solely to God, and is ordained by Him to serve a divine purpose in life. This purpose is to worship God and to seek His pleasure with total submission to His Will. The discharge of one's obligations towards fellow human beings is the ultimate in winning the pleasure of God. The eradication and alleviation of suffering of God's creatures is a foremost obligation and this devolves mostly onto a physician.

Man, having been created in God's own image, has to reflect God's Attributes in himself. The fundamental Attributes of God from which all other Attributes emanate are enunciated in The Qur'an.

### ATTRIBUTES OF GOD

The opening chapter of The Qur'an, *Surah-ul-Fatihah*, enunciates the cardinal Attributes of God from which all other Attributes emanate and it provides us with a key to unlock and unravel all vistas of ethics. The Surah's reading uplifts and enriches mind and soul, opening prospects of communion with one's Maker on one side and fellow creatures on the other.

The four quintessential Attributes, rich and limitless in content, are as follows:

#### *Rub ul Alameen: the first Attribute; Lord and Master of all Worlds*

God is Controller and Caretaker of all there is in Space and Time. There are diverse ways in which a physician can reflect this attribute. He has to steer consciously or unwittingly the course of a patient's life. Limited by his own talent, dedication, level of concern and compassion, he is to act as lord and master of his patient's life. Unless the physician understands the moral implications of his position and relationship with his patient, he cannot be ethical. The scope and range of a physician's interaction with a human being extends over the latter's entire life, and ethical issues arise not only in relation to the individual patient, but also in relation to his family, dependents, and to society in general. At the grassroots of life, a physician is involved with eugenics and he becomes a caretaker and controller of life for so many. A physician counsels on the prospects of marriage and planning of family, and he may have to investigate and treat infertility. The mother and offspring have to be looked after during the course of pregnancy and at confinement. The birth of a new human being, unfolds a new dimension of the physician—patient contact and interaction. Thus a physician, has to mould himself in the role of lord and master in diverse ways. Not only the

patient, but his whole community, reposes confidence in him which is not to be betrayed.

*Al Rehman: the second Attribute; Most Gracious*

This is the aspect of Divine Grace which anticipates every need and provides for it without any action or effort on the part of beneficiary. It is Divine Grace from which originates life and sustains, supports, strengthens and enriches it at every stage, without expecting any reward. Graciousness, when manifested by a physician, elevates him to the highest pedestal of morality. A physician's concern and compassion for mankind's welfare at large, and for the patient under his care in particular, should be unshaken and unmitigated by lack of cooperation, compliance or responsiveness on the part of those he has to interact with. A physician has to act graciously, benignly and magnanimously under all circumstances. He has to be gracious even under provocation when the patient is not only uncooperative and unconciliatory, but is indeed rebellious, unreasonable and unmindful of his advice. Thus, a physician should condition himself to undesirable traits in others. He cannot be given to reprisals, vendetta, viscousness and vindictiveness.

*Al Raheem: the third Attribute; Ever Merciful*

This divine attribute invests righteous action with beneficent results, far and away beyond the strict scope of the action itself. God bestows reward not to the point of being commensurate with one's effort, but multiplies it. In the context of the physician-patient relationship, mercy signifies that the services rendered by the physician are not influenced by consideration of reward or returns in kind or material. Mercy demands more than justice and equity. The quality and quantity of a physician's care and regard for the patient should not suffer at the altar of financial reward. Once the physician has decided to undertake the care of a non-paying patient, the quality of care afforded has to remain the best available. It would perhaps be less unethical to totally decline undertaking care of a patient who cannot pay than to subject him to second class treatment, for want of financial reward.

*Malik-e-Youmidin: the fourth Attribute; Master of the Day of Judgment*

This attribute acquires a serious import in the context of physician-patient relationship. A conscientious physician cannot take his responsibilities without trepidation. The diagnosis of disease, investigation, planning treatment and management of the patient make a physician responsible for each moment of life and for the end of life, if this is going to be. A physician becomes master of the day of judgment of the patient but, at the same time, through each act of commission and omission in relation to his patient, he is also under scrutiny and is being adjudged. When the end of the patient's life is inevitable, this should not be through faulty judgment on the part of the physician or through dereliction of his duties. It is also for the physician to make the parting as free of pain and distress as possible, for the patient as well as his family. The physician has also to ensure that he is not preventing the patient from dying but making him live.

There are moral strings attached to research and trials of drugs and modes of treatment carried out at the expense of the patient. These have to be judged without prejudice to the interest and well being of the patient. A physician has to

be aware where limitations of his knowledge and competence end and when he has to rely on advice from other colleagues. This opens the chapter of the relationships with colleagues within the profession, a subject in itself.

In conclusion, the practice of ethics mandates accountability and, in the final analysis, to God alone are we accountable. Thus, we have to seek His help and guidance at every step that we move. This is why, the latter part of *Surah ul Fatihah* exhorts us to supplicate for divine guidance. Ethics is a vast subject encompassing a philosophical study of what ought to be the governing standards of human conduct to promote a beneficent society. More specifically, for groups and professionals, it is the desired code of professional behaviour of their members. For the medical profession, the touchstone is an amalgam of integrity and compassion. Both constituents stem from conscience—the ultimate ethic in-built by mankind's Maker.

MORAL BASIS OF DOCTOR/PATIENT RELATIONSHIP

Life and the very existence of living beings is dependant on communication. Medicine has been defined as the art of restoring and preserving health. This art rests on the skill of communication with the patient. The physical and spiritual aspects of life are integrated. Disease, or dis-ease, is distress in a physical as well as a spiritual sense. The best management of a disease requires a correct evaluation of the patient's emotional and spiritual status. A physician has to be a good connoisseur of his patients' emotional bias and prejudices. He has to acquire a balanced personality, and needs to be sedate and stern, kind and firm, compassionate but not compromising on principles, friendly but not courting friendship, a disciplinarian but yet magnanimous. The most sublime form of compassion is the relation of kinship. This should be the ultimate goal of a physician and comes with being virtuous. The essence of morality is truthfulness and all virtues emanate from being truthful. This is the basic quality from which flow honesty, integrity and confidence in one's actions.

One cannot escape the fact that the physical being of life is inseparable from and closely integrated with the spiritual side. These two aspects of life are complementary to one another, and in illness and adversity the spiritual being of an individual supports and sustains the physical existence. A physician's aim should be to heal not only the body, but the spirit and the soul. Indeed, it is the latter which lends strength to withstand physical harm. The healing of a traumatised body and soul cannot be achieved without the art of communication with the patient. More than anyone else, the physician should recognise the purpose of his life and his goal.

Generally, religion has been treated ritually and even mythically. Its more realistic and practical impact on life's sojourn is now dawning. In medicine, a wider, spiritual and holistic approach is being appreciated with religion providing a code of ethics.

The Qur'an (chapter 51, verse 56) states 'I have created men and jinns that they know Me and worship Me'. God has answered this vital question of the purpose of life. What does worship embody? Worship truly is a complete, unfaltering and unflinching devotion to God with total subjugation and submission to His will.

God has created man in His own image which implies that man has to reflect God's Attributes in his person as far as humanly possible. Worship thus, in its

true sense, is to be determined by the highest performance by man beyond which his ability to use the faculties endowed to him fails. God's Attributes, limitless as they always will be in extent, intensity and diversity, are manifested in relation to His creations, most importantly mankind. Man's faculties, albeit very limited, have to be manifested through his interactions with other living beings. Thus, it follows that inherent in true worship is the use of one's faculties in relation to, and for the benefit of mankind. This would necessarily take into account the good of fellow human beings, service to them, giving them love, respect and dignity.

In the pursuance of the sublime purpose of life, a physician has been afforded a unique place and opportunity in society. It lays open to him the path to the highest goal of morality, conduct, civility and beneficence, acquisition of relationship of kinship with mankind. The Qur'an outlines three measures or gradations of interaction and relationship between God and man on the one hand, and man and man on the other. The Qur'an (chapter 16-Soorah AL-NAHL, verse 91) enjoins equity and benevolence and graciousness as between kindred, and forbids evil designs, ill behaviour and transgression.

The first of the three stages is that of *Adal*, of justice and equity. This is, that I repay you as much as you have done for me. The second, a higher step, is *Ahsan*, kindness and gratitude. I do not only repay you, but give over and above what you are due from me, as a token of regard and affection. The third, most sublime extent of relationship is kinship. This is where I am not only just and kind, but my treatment of you is like a kin. This is the highest pedestal of morality and is also embodied in the Hippocratic oath.

Medicine has been defined (Concise Oxford Dictionary) as the art of restoring and preserving health. Art in turn is skillful execution, an object in itself. Science is knowledge. Knowledge without the ability and skill to use it is redundant and wasteful. Confucius has exhorted 'the essence of knowledge is having it to apply it'. A meaningful utilisation of knowledge can only be achieved through wisdom. Science, thus, to be productive and accruing benefit, must have the backing of Art. The practice of Medicine behoves a systematic and skillful approach to meet its objective. The primary and most important step is to acquire knowledge of the patient, both in the physical and emotional sense, the latter necessarily depending on his spiritual status. This objective cannot be met unless the physician has the skill of communicating with the patient and establishing a rapport with him. History taking is an artful exercise in social intercourse, a two-way traffic in communication demanding concern, compassion and sympathy on the part of a physician, so as to inspire that degree of confidence in the patient which makes him believe that you are the only one going to be his saviour.

The emotional and spiritual state of a patient determines his intensity of reaction to his illness. Thus, the distress caused by an illness and symptoms therefrom vary from patient to patient. A physician can be a good connoisseur of patients' emotional overlay if he has an insight into his own emotional biases and prejudices.

The patient wants to see and feel his healer as exuding all the virtues whatever his own moral status! But the traits of virtue can only be God given and acquired through supplication.

The mechanics of communication lean heavily on the agency of the endowed senses—visual, auditory, tactile, olfactory and gustatory—some ancient physicians

indeed tasted the excreta of patients. It is not merely a verbal exchange of thoughts. The interaction, which is at all levels of contact determined by these senses, is set off at the very first glance you cast at the patient. The way you approach the patient, the way you listen to him, the way you touch him, and handle him, all form a part of communication. The most any patient happens to be concerned about is how he has been listened to, and not the final diagnosis. The doctor-patient communication has suffered most in the art of listening to the patient. The impediments in the way of achieving this end are time constraints and cultural, social and linguistic barriers. Be that as it may, the physician has to be therapeutic under all circumstances and realise that not only diagnosis, but the compliance of patients to the treatment depends primarily on effective communication.

A physician should owe the largest debt, in the field of learning, to his patients. The knowledge of diversity of modes of presentation of a disease, its varying symptomatology can only come from sound communication. William Osler said, 'Listen to the patient, he is telling you the diagnosis'.

Knowledge, however, is not synonymous with wisdom. It is wisdom which qualifies you for the correct and profitable application of knowledge. The sea of wisdom deepens as the streams of experiences keep flowing through one's life. Experience in turn is the product of soul searching, a self analytical, self critical, self censuring and accounting personality. Such a personality enables one to learn from one's misjudgments, miscalculations and wrong perceptions. To have insight into one's weaknesses, shortcomings and foibles, and then to overcome these is learning the hard way. However, to err is human and here lies the policy of *Istighfar* that is seeking forgiveness, shelter and protection from God. Finally, it would be said that wise is the one who knows the limitation of his knowledge.