

Editorial

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Medical Education through Sejahtera Academic Framework

The Kulliyah of Medicine (KOM), of International Islamic University of Malaysia (IIUM) in Kuantan was officiated by His Royal Highest the Sultan of Pahang in November 1997. As we approach 25 years of establishment, the KOM has made significant progress towards being one of the leading educational institutions of medicine in Malaysia and the region. Our primary aim to produce well balanced doctors and specialist has met with some success. We define balanced doctors as those with knowledge and skill in medicine, as well as attitude and character of a Muslim, pleasing *Allah*, and serving Muslim and non-Muslim patients equally. We should ask ourselves; how can we enhance this?

It is ironic to start a discussion on humanising medical education when the reason for taking up this noble profession of medicine is mainly to serve humanity as such. *Wherever the art of Medicine is loved, there is also a love of Humanity* (Hippocrates). But we do still see doctors going straight to the Bed Head Ticket ("BHT") or referring to their computers first during their morning round, rather than greeting their patients. Thus, it is perhaps a timely topic that we need to address.

A medical school is a place where we train young, often very intelligent adults, to become doctors. These students usually come from the top of their classes. They enter the medical programme having achieved excellent academic grades right from their secondary schools and foundation levels. They are also very highly motivated to be doctors, and in fact, most cannot wait for the time they can don the stethoscope around their necks. Is it not self-pride, status, and perhaps about the wishes of their parents? In reality it should be about the patients and the needs of community to serve as their doctors in the first place.

Thus, the medical curriculum should be designed to nurture students into responsible and passionate doctors; with balanced knowledge, skill, and attitude toward everyone irrespective of race, colour or creed. A doctor should first, do no harm (*primum non nocere*) (Hippocratic Oath); and a Muslim doctor has an additional duty. They should attempt not only to heal their patients physically and mentally but spiritually as well. In fact, to be the instrument of *Allah's* Will and Mercy, and, in all humbleness, to exercise justice, love and compassion. And in doing so, they are to be ever conscious of their duty to *Allah* and His Messenger (SAW) and to follow the precepts of Islam in private and in public (Oath of a Muslim Physician).

كُنْتُمْ خَيْرَ أُمَّةٍ أُخْرِجَتْ لِلنَّاسِ تَأْمُرُونَ بِالْمَعْرُوفِ وَتَنْهَوْنَ عَنِ الْمُنْكَرِ وَتُؤْمِنُونَ بِاللَّهِ

You are the best nation produced [as an example] for mankind. You enjoin what is right and forbid what is wrong and believe in Allah... (Part of Quran 3:110)

After almost 40 years of the establishment of the IIUM, and the having faced the devastating challenges of the COVID-19 pandemic, in 2021, a new, unique approach towards education, the *Sejahtera* Academic Framework (SAF) was developed. The objective of SAF is not just to provide a guideline for the whole University community to adapt to the ever-changing educational environment, but also to lead the entire educational fraternity into a better future. SAF was developed with four guiding principles: empowerment, flexibility, innovation, and accountability.

Empowerment is such a strong word. In 1975 Lester S. King, a distinguished medical historian, wrote in *Journal*

of American Medical Association (JAMA), highlighting the emerging conflicts between the rights and duties of the individuals, the physicians, and the society. Who has the power over the patient's health? The patients themselves, the physicians who treat them, or the community where all the resources came from? Medical students should be taught that a doctor is not God and should not always impose their authority over the well-being of their patients. Humanised care means patients are unique and irreplaceable whole persons, share in decision making, are equal and reciprocal to the providers, have the autonomy to decide their destiny, and are treated with empathy and warmth. So the first person we need to empower in medical education are the patients. Students and the teachers who are teaching them need to know this important pivotal principle.

Our innovation in KOM is to integrate medical teaching curriculum with Islamic input. This is not about medicine being non-Islamic. It is incorrect to say that. It is about the direction and the reason for teaching of medicine. Students are now being taught that medicine is a tool to foster human health and, in doing so, able to perform their duties as an individual to their family, the community, and their Creator. The ultimate end of the worst disease is death, but life goes beyond that. Hence, realising that and preparing patients for life after death is just as important.

When a doctor receives his full license to practice, some in jest comment that they are given the license to kill. It may sound crude and cruel, but to some degree, it is true. They must be accountable for every single action they do. Thus, medical curriculum should inculcate a high level of competency, integrity, and responsibility in future doctors and specialists.

While we denounce the attitude of medical graduates coming from local private and foreign universities, we should also start looking at the quality of our own graduates. More important for us, we in the KOM should be focusing on values in addition to the clinical competencies. We have a responsibility to nurture doctors who are truthful, honest, modest, and merciful toward humankind. May *Allah* (SWT) guides us to understand the need of the community and give us the strength to fulfil the *amanah* that He has placed on our shoulders.

REFERENCES

1. King LS. The Humanization of Medicine. JAMA. 1975;231(7):738–739. doi:10.1001/jama.1975.03240190042018
2. Howard, J., Davis, F., Pope, C., & Ruzek, S. (1977). Humanizing Health Care: The Implications of Technology, Centralization, and Self-Care. *Medical Care*, 15(5), 11–26. <http://www.jstor.org/stable/3763351>

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