



Male Gynaecologist: Western and Islamic Perspectives

Ramizah Wan Muhammad

Department of Islamic Law,
Ahmad Ibrahim Kulliyah of Laws,
International Islamic University Malaysia,
Jalan Gombak, 53100 Kuala Lumpur

Abstract

This paper addresses the issue on the Shari'ah ruling pertaining to the permissibility or impermissibility of a male Muslim to be a gynaecologist or a female patient visiting a male gynaecologist. This paper looks at the subject from a humanistic approach and the sacred job of being the first person to welcome a baby, a sinless and pure person, coming to this world. The author looks at the humanistic approach to why a gynaecologist chooses such a noble profession in Islam. The paper is based upon relevant sources and insights derived from many scholars, some male and female gynaecologists and the like. The verses from the Holy Quran and the traditions of the Prophet SAW are referred to. The paper also argues from the perspective of the necessity on what is permissible and what is prohibited. The paper concludes, based on several evidences that it is permissible for a male Muslim to be in this profession but they must be sensitive to the feeling of patients and should take all measures to make them feel at home. Patients, however, may be comfortable with a female gynaecologist.

Keyword: Gynaecologist-Islamic law-*Maqasid al Shariah*-Humanistic

Abstrak

Kertas kerja ini membincangkan isu hukum *Shari'ah* yang berkaitan dengan kebolehan atau tidak dibenarkan seorang Muslim lelaki untuk menjadi ahli ginekologi atau pesakit wanita mendapat rawatan dari ahli ginekologi lelaki. Artikel ini melihat subjek dari pendekatan kemanusiaan dan tugas murni sebagai orang pertama yang menyambut bayi, bayi yang tidak berdosa dan suci, lahir ke dunia ini. Penulis melihat kepada pendekatan kemanusiaan mengapa seorang ahli ginekologi memilih profesion yang begitu mulia dalam Islam. Artikel ini adalah berdasarkan sumber yang relevan dan pandangan yang diperoleh daripada ramai sarjana, beberapa ahli ginekologi lelaki dan wanita dan seumpamanya. Ayat-ayat al-Quran dan hadis-hadis Rasulullah SAW menjadi rujukan. Artikel ini juga berhujah dari sudut keharusan membenarkan apa yang dilarang. Artikel ini menyimpulkan, berdasarkan beberapa bukti bahawa adalah dibenarkan bagi seorang lelaki Muslim untuk bertugas dalam profesion ini tetapi mereka mesti peka terhadap perasaan sabar pesakit dan harus mengambil semua langkah untuk membuat pesakit berasa selesa seperti di rumah. Pesakit, walau bagaimanapun, mungkin selesa dengan ahli ginekologi perempuan.

Kata kunci: Ahli Ginekologi, Hukum Islam, *Maqasid al Syariah*, Kemanusiaan

**Corresponding author:*

Ramizah Wan Muhammad,
Department of Islamic Law,
Ahmad Ibrahim Kulliyah of Laws,
International Islamic University Malaysia,
Jalan Gombak, 53100 Kuala Lumpur
Email: ramizah@iiu.edu.my

Introduction

Gynaecology is “a branch of medicine that deals with the diseases and routine physical care of the reproductive system of women (Merriam-Webster, 2020). The gynaecological examination is the most common procedure in gynaecological practice and it is done for several reasons, including pregnancy diagnosis, gynaecological screening and as a measure in differential

diagnosis (Nylenna, 1985). Though men dominate in most medical specialties – there are twice as many male doctors as females in Malaysia —but in family medicine, psychiatry and paediatrics, obstetrics/gynaecology, women dominate. In America, women make up a larger percentage of residents in Pediatrics (about 75 percent) and Obstetrics/gynecology (about 85 percent) (Lynda Vassar, 2020).

However, there are many men who choose this female-dominated — and female-focused — field. The male gynaecologist, however, turned out to be a polarizing figure: Some women avoid them as a personal policy, while others seek them out. Muslims are reminded that the laws of *hijab* (a garment which typically covers the hair, neck and all or part of the chest), and *'awrah* (the intimate parts of the body to be covered) in Islam are very strict. Muslim males are, therefore, not encouraged to become gynaecologists. This study analyses the issue from the Muslim and non-Muslim perspectives.

Non-Muslim Views on Gynaecology

Visiting a Male gynaecologist is a source of trepidation and anxiety to many female patients. Historically, pelvic examinations of women were handled by females. The midwives took care of women and assisted them with their gynaecological needs in the absence of a male doctor. The role of a male in gynaecology is absent. However, things have changed in recent years and that any stigma associated with being a "male gynaecologist" is no longer applicable and the majority of patients do not necessarily prefer a female gynaecologist over a male one. A study from the department of Obstetrics and Gynecology from the University of Connecticut found: 66.6% of patients had no gender bias when selecting an obstetrician-gynecologist. 80.8% of patients felt that gender did not influence quality of care (Johnson, 2005:369).

A survey of 1,544 obstetrics-gynaecology patients in the California military hospital, Lund et al found that 60% of respondents either had no gender preferences or preferred a male provider (Lund, 2005). Another survey of 405 respondents in Canada found that 75% of patients reported no "strong preference concerning the gender of their obstetrician-gynecologist" (Fisher et.al., 2002).

Patients are looking not at gender but at the interpersonal style and communication. Consequently, Johnson et al. concludes as follows:

Based on the data reported in this study, an equal distribution of male and female obstetrics and gynaecologic providers is clearly well justified. Obstetrician-gynaecologists who are qualified, reputable, compassionate, and are viewed by their patients as being knowledgeable, experienced, and personable are in demand. The sex of the physician is of minor importance to his or her patients when compared to these other characteristics (Johnson et.al., 2005).

Male Muslim Gynaecologist: An Islamic Perspective

The Muslim perspective on male becoming gynaecologists or females visiting male gynaecologists requires deeper analysis. Scholars have presented many arguments that prohibit females from exposing their body to a male. They prohibit females from visiting male gynaecologists on the basis of religious injunctions on modesty, seclusion and avoidance of physical contact between the sexes. *First*, it is argued that modesty, for both men and women, is a major characteristic of Islam (Muwatta Imam Malik). The Prophet (SAW) said, "Iman (faith) has over 70 branches, and modesty is a branch of 'Iman (Sahih Muslim)." In another narration, the Messenger of Allah (SAW) said: "Haya (modesty, bashfulness etc.) is a part of Faith." (Book 16, Hadith 1567). The Qur'an requires both men and women to "lower their gaze and guard their modesty." The Qur'an (24:30-31), enjoins the believing women to draw their veils over their bosoms and to cover *awrah* (parts of their body). Women may uncover parts of their body only in front of *mahrams* (those related by blood or marriage). Male gynaecologists who do not fall under this category are, therefore, not allowed to be treating women, particularly if it involves internal examinations.

Second, Islam prohibits seclusion (*khalwah*) with the opposite gender to protect the dignity of women. *Khalwah* is defined as the situation where a "man and a woman are both located in a closed place alone and where sexual intercourse between them can occur" (Risper, 1993). According to a prophetic tradition, "a man should

not seclude himself with a woman except that there be with her someone who is of unmarriageable kin (*mahram*)." (Bukhari, Muslim). The reason for this prohibition is to prevent the accusation or suspicion of illicit relations outside of marriage and family. Clearly, following this hadith would require a woman to stay away from a male gynaecologist.

Finally, the Qur'an prohibits any physical contact between women and non-mahram men. The Qur'anic ayat 17:32 reads: "...nor come nigh to adultery: for it is a shameful (deed) and an evil, opening the road (to other evils)." It is prohibited by the Prophet (SAW) "to touch a woman that is illegal." This is thus a prohibition to visit a male gynaecologist.

In sum, on the basis of the arguments on women's dignity (Al-Qur'an, 24:31; 24: 58; 33.13), Modesty (Al-Qur'an, 25.5; 70: 29) and Chastity (Al-Qur'an, 77:9; 21:91; 23:5; 24:30 and more), scholars prohibit women from seeing a male gynaecologist. Muslim women, in general, tend to agree with the interpretation given by a *Mufti* (a qualified legal scholar).

Several studies conducted in Muslim majority areas found that women patients have gender preference for gynaecologists and midwives. Studies conducted in Muslim countries concluded that most Muslim women prefer female gynaecologists and midwives for various medical treatment specifically involving child-birth problems. Aubrey et al. conducted a study on Muslim immigrant women in Alberta, Canada and found that 100% of them preferred female provider over male during child birth (Aubrey et al., 2018). Likewise, 96.8% of Emirati women preferred female gynaecologists. In a study conducted in Pakistan, only 5% of the 373 educated women responded that gender of the gynaecologist or midwives doesn't matter during childbirth. The rest would not visit a male gynaecologist not because of religious prohibitions but due to husband and family pressure (Liu et al., 2018).

Arguments Permitting Cross-gender Interactions for Medical Purposes

Evidently, there are many Muslim women having no gender preferences and many visit female gynaecologists due to pressures from the family and the society. Several studies reported that even

non-Muslim women resist breast examination by male doctors. Thus, resisting to be treated by a male doctor, apparently, is associated with sociological aspects rather than religion. Admittedly, culture plays a significant role in shaping health-related behaviours. The healthcare provider must recognise the importance of culture in patients' lives, tolerate and strive to understand patient values, and minimise negative consequences of cultural differences in the clinical encounter. Furthermore, the doctors must adapt his practice to accommodate patients' needs and values, and be engaged in effective cross-cultural communication. Doctors do recognise that effective communication leads to improved patient satisfaction, adherence to recommendations, and prevention of diseases.

Many Muslim scholars argue that the general guideline of most dresses and *'awrah* do not apply in the health care setting making many Muslim women comfortable with a male health care provider. It is argued that doctors are concerned with taking care of humans' health. A male gynaecologist considers examining a woman's body as nothing more but a job; just as a technician considers a computer as part of his job irrespective of the type of the computer. In the health discipline gender is not given undue attention. As Hassan Hathout points out:

In medical practice the human body ceases to exhibit its attraction as a focus of seductive temptation. What the doctor sees in the patient is a system of integrated and interrelated structure and function. The doctor checks it as a mechanic checks an engine, trying to locate what went wrong and why. The language of anatomy, physiology, pathology and therapy absolutely displaces that of beauty and sex (Hassan, 1988).

It has also been pointed out that the controversy surrounding male gynaecologist is due to, what Hassan Hathout calls, rising Islamic emotionalism. (Hassan, 1988). He points out that during the time of the Prophet (SAW), the medical corps in the army were women. These female healers would establish a treatment camp at the margin of the battlefield. They would go into the battlefield, carry the wounded soldiers back to their camp and treat them. They did not care to sustain any wound on the body or raise an

objection to their role in shouldering the medical responsibilities of the male. Omar Kasule points out that the first Muslim nurse was Rufaidat bint Sa'ad of the Bani Aslam tribe in Madinah. She had clinical skills that she shared with the other nurses whom she trained and worked with. In time of peace, she would treat patients in a tent outside Masjid-e-nabawi. During the war she led groups of volunteer nurses to the battle-field to treat the casualties. "Rufaidah nursed Sa'ad bin Ma'adh on the advice of the Prophet (SAW), who had been injured in battle. The prophet visited Sa'ad in the hospital tent several times a day" (Kasule, 1998).

Based upon these findings, Hassan Hathout believes that examination of a patient of the opposite sex is not prohibited and has been sanctioned by the Prophet (SAW). Many scholars in early days expressed their approval of male doctors attending to females. Thus, Ibn Quadama in *Al-Mughni*, wrote: "It is permissible for the man doctor to inspect whatever parts of the woman's body that the medical examination warrants for this is considered a necessity." Ibn Muflih in *Al-Adab Al-Shariyyah* wrote: A man doctor may inspect the 'awra' of a woman's body as far as the medical examination warrants, if only a male doctor is available to treat her, even if he has to look to her private parts. This same would be true if a man is ill and there is but the woman doctor to treat him. She may inspect his body even his private parts." There are others, such as Abu- Yaala of the Hanbali and Ibn Abdeen of the Hanafi schools, who held the same view (Hassan, 1988).

Hathout refers to the special concern regarding the male obstetrician and gynecologist and believes it to be absurd. He correctly states that the female body (*Awrah*) is exposed during examination by any physician regardless of specialisation, i.e., internist, family physician, dermatologist, etc. An internist may have to do a pelvic examination to feel for a mass; a surgeon doing hemorrhoidectomy will have to expose the same operative field as for gynecological examination/ surgery. It is also well-known that all medical students going to their clinical practices in the hospital wards are required to examine patients of both sexes, for several weeks and this includes obstetrics and gynaecology.

Divine Injunctions and Gynaecology

It must, however, be pointed out that to argue for the permissibility of male gynaecologists visiting female patients is to not deny the Qur'anic injunctions concerning modesty, seclusion and avoidance of physical contact between the sexes. Obstetricians and gynaecologists must abide by these injunctions and adopt several measures. One, they must take the precaution of uncovering only that part of the body that needs to be examined, and cover those that are not part of the examination or have been examined already. Two, doctors must take measures to alleviate the anxiety of female patients about being in seclusion with the physician. It is advisable for the doctor to ask for a chaperone, of the same gender as the patient, present or in close proximity, who could potentially hear or see what occurs during the patient-provider encounter. Such action disrupts seclusion. Finally, simply keeping the door slightly open or having a door with a window slit would meet the requirements of the *shari'ah*.

It must also be noted that there exists the principle of *al-darurat tubih al-mahdurat*: "necessity makes for allowing the prohibited." This principle may be extended to include medical care from gender non-concordant providers. Although Islam clearly prohibits alcohol and pork, the consumption of these is acceptable if the situation is dire (Al-Qur'an, 2:173, 6:119). Likewise, visiting male gynaecologists should be permissible as long as the necessity is present and can overcome emergency situations.

Conclusion

It is indeed appreciable to see many Muslims being sensitive and heedful to the teachings of Islam not only in the field of worship but in other areas of daily life. They are genuinely concerned about practices and behaviours that may not be in conformity with the Qur'an and Sunnah. This concern is more glaring in the case of female patients visiting male obstetricians and gynaecologists. The explanations given by the great jurists of Islam permit a woman to visit a male doctor only in case of a dire necessity. A woman should not visit a male doctor, especially when it entails the act of looking at and touching her body. It is argued that the *shari'ah* provisions

do not apply in the field of medicine. In medical practice, the human body is seen by a doctor as integrated and interrelated structure and function. The doctor is like a mechanic checking an engine and taking measures to improve its function. Doctors are professionals in treating patients without having any sexual temptation. This applies equally to the practice of obstetrics and gynaecology with respect to the male doctor. It is worth noting as well that the body of the patient is exposed to the doctor in other specialities. Students in any medical fields are required to examine patients of both sexes including obstetrics and gynaecology. Given these facts, male gynaecologists should not be singled out for negative observations. Male gynaecologists should take all precautionary measures not to circumvent the shari'ah. The argument adduced here is not to deny the relevance of the shari'ah. However, there is a room for exception. The principle of *al-darurat tubih almahdurat* (necessity makes for allowing the prohibited) may be applied when deemed necessary.

References

- Aubrey C, Mumtaz Z, Patterson P, Chari R, Mitchell BFP. (2018). Perspectives of immigrant women on the gender of provider during childbirth; *J Obstet Gynaecol Can.* 40(6) (June):677-683.
- Fisher WA, Bryan A, Dervaitis KL, Silcox J, Kohn H. (2002). It ain't necessarily so: most women do not strongly prefer female obstetrician-gynaecologists. *J Obstet Gynaecol Can.* 24:885-888.
- Hassan Hathout (1988). *Islamic Perspectives in Obstetrics and Gynaecology*, Kuwait: University of Kuwait. .
- Hathout, Hassan (1988). *Islamic Perspectives in Obstetrics and Gynaecology*, Kuwait: University of Kuwait, 164.
- Johnson, Amy M., Schnatz, Peter F., Kelsey, Anita M., and Ohannessian, Christine M. (2005). "Do Women Prefer Care From Female or Male Obstetrician-Gynecologists? A Study of Patient Gender Preference," *The Journal of the American Osteopathic Association* , 105(8) (August), 369-379. 369.
- Johnson, Amy M., Schnatz, Peter F., Kelsey, Anita M., and Ohannessian, Christine M. (2005). "Do Women Prefer Care From Female or Male Obstetrician-Gynecologists? A Study of Patient Gender Preference," *The Journal of the American Osteopathic Association*, 105(8) (August), 379.
- Kasule, Omar Hasan Sr. (1998). "Historical Roots of Nursing Profession," Paper Presented at the 3rd International Nursing Conference, Brunei Dar as Salam 1st-4th November 1998).
- Liu Feng, M. Jawad Sajid, Zhu Lian, Li Shuqin (2018). Female gynecologist preference: A viewpoint based on two scenario survey from Pakistan. *International Journal of Research* 05 (15) (May 2018): 1571-1574. At <https://edupediapublications.org/journals> (Accessed February 19, 2020).
- Lund JD., Rohrer JE., and Goldfarb S., (2005). Patient gender preferences in a large military teaching hospital. *Obstet Gynecol.* 05:747-750.
- Lyndra Vassar (2020). How medical specialties vary by gender February 18, 2015 at <https://www.ama-assn.org/residents-students/specialty> (Accessed 7 January 2020).
- Merriam-Webster (2020). "Gynecology." The Merriam-Webster.com Dictionary at <https://www.merriam-webster.com/dictionary/> (Accessed 10 January 2020).
- Nylenna M (1985). Why do our patients see us? A study reasons for encounter in general practice. *Scandinavian Journal of Primary Health Care.* 3:155-162.
- Risper-Chaim V. (1993). *Islamic Medical Ethics in the Twentieth Century*. Leiden, Netherlands: Brill Academic Publishers, 62.

Article History

Received: 28/10/2021

Accepted: 10/3/2022