Medical Treatment and Ramadan Fasting amongst Malaysian Muslim Medical Staff

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Abstract

Introduction: The level of knowledge about Ramadan fasting and medical treatment amongst Medical staff has not been documented. This study assessed the level of knowledge amongst Malaysian Muslim Medical staff regarding this issue. Methodology: Questionnaires were distributed to 24 Muslim Medical Staff volunteers. The level of knowledge was evaluated based on the percentage of correct answers given by the respondents. Results: Most of the respondents understood that the use of inhaler, drip infusion, injection, ear, eye and nose drops and the use of sublingual tablets for medical purposes do not break the fast. Conclusion: The majority of respondents are knowledgeable on the issue of Ramadan fasting and Medical treatment.

Keywords: Medical Fiqh in Ramadan Fasting, Malaysian.

1. Introduction

According to Islamic Law, children below twelve, sick patients, travelers and women who are menstruating or nursing a baby are exempted from fasting. In addition to staying away from food or water for the whole day, Muslims are asked to stay away from sex, smoking or misconduct during the time of the fast. In addition, they are encouraged to do more acts of piety: prayer, charity, or

reading the Quran during this month (Athar, S., 1984). Issues regarding medical treatment and fasting have been well documented and clear guidelines have been implemented. However, as far as public knowledge and awareness regarding the issue is concerned there is no well documented data whether the public, or even those who are dealing with caring for patients, understand the rules and regulations well, regarding what is permitted and not permitted related to Ramadan fasting and Medical treatment. So this study was carried out to assess the level of knowledge of Malaysian adult Muslims on Ramadan Fasting related to Medical treatment.

2. Literature Review

Fasting is one of the five pillars of Islam. It is an act of obedience and submission to Allah's commands through the highest degree of commitment, sincerity and faithfulness to seek Allah's mercy, to atone for sins, errors, and mistakes and to avoid condemnation to Hell. Fasting during Ramadan is obligatory for every adult Muslim who is sane and able. One who avoids fasting without genuine reasons is a sinner and transgressor according to Islamic Syariah Law. Fasting in Islam involves abstinence from three primal physical needs of human beings- food, drink, and sexual intercourse from dawn (approximately one and a half hours before sunrise) to sunset during the entire month of Ramadan. The obligation to fast is explained in the second chapter of the Quran: "O ye who believe! Fasting is prescribed to you as it was prescribed to those before you, that ye may (learn) self-restraint...Ramadan is the (month) in which was sent down the Quran, as a guide to mankind, also clear (Signs) for guidance and judgment (between right and wrong). So every one of you who is present (at his home) during that month should spend it in fasting..." (Chapter 2, verses 183 and 185).

Many medical professionals recognize that fasting is beneficial to our health (Soliman, N., 1987). It provides a break in the cycle of rigid habits and gives some of our internal organs much-needed rest. However, in our emphasis on refraining from food, drink, and marital relations during the daylight hours, we should not forget many other important aspects of this sacred time (Azizi, F. et al., 1987). Therefore it is concluded from the above two studies that the prescribed fast does not cause any adverse medical effects.

Perhaps, it would help us to remember not only the physical act of fasting, but also its underlying purpose:

> "O you who believe, fasting is decreed for you, as it was decreed for those before you, that you may attain salvation". (Chapter 2, Versus 183)

As mentioned earlier, the sick are exempted from fasting. But some, for whatever reasons, do decide to observe fasting. Therefore, issues regarding patients' care related to fasting are not just the agenda of Muslims and Muslim

practitioners but are also relevant for all medical practitioners regardless of whatever religions they belong to.

2.1 Objective

This study was carried out to assess the level of knowledge amongst Malaysians regarding medical treatment and Ramadan fasting through questionnaires.

3. Methodology

Questionnaires were distributed to 24 adult Muslim volunteers from one Medical Fiqh Seminar organized in Penang. Their level of knowledge was evaluated based on the percentages of correct answers given by respondents compared to the description and conclusion given by different mazhab referred to.

3.1 Results and Discussions

Figure 1: Percentage of Male Vs Female respondent

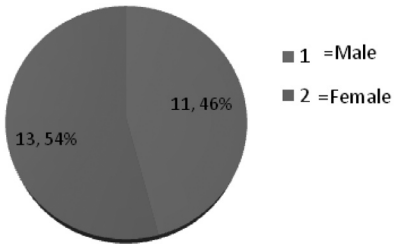

Figure 1 shows that there were 24 participants in this study of whom 11.46% were males (n=11) and 13.54%
were females (n=13).

Figure 2: Percentage of mean ages of Male Vs Female respondent

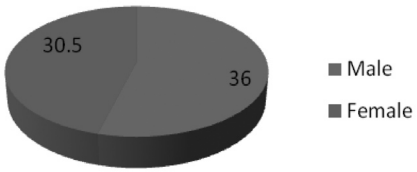

Figure 2 shows that the mean age for male respondents was 36.0. For female respondents it was 30.5.

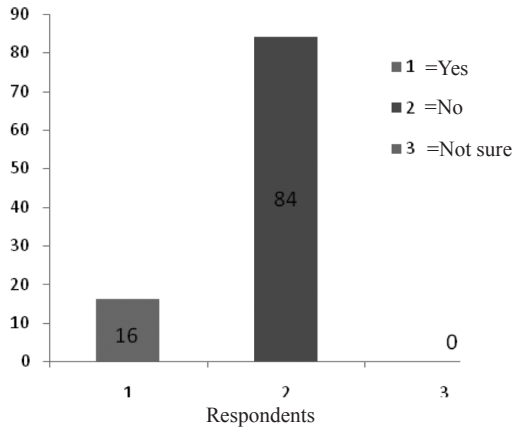

Figure 3: Percentage of respondents on whether the use of inhaler breaks the fast.

Figure 3 shows that 16% (n=4) of respondents said that the use of inhaler breaks the fast, 84% (n= 20) said that it does not break the fast. No respondents were unsure about the answers.

The inhaler is an instrument that contains medicine in the form of water or oxygen. The use of an inhaler does not break the fast or disturb the fasting. Reasons are substance contained in the inhaler that goes into the throat and intestine is very minimal. Therefore according to syarak it does not break the fast as a qias to gurgling and nose rinse (Al-Syeikh Ahmad M., 2007). From the bar chart shown in Figure 3, it is clear that Malaysians know that the use of the inhaler does not break the fast. However there are still a small percentage of respondents said that it does break the fast

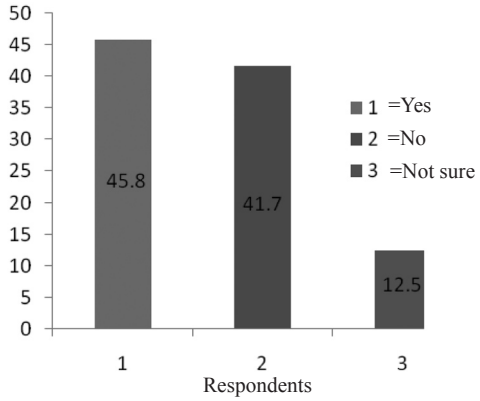

Figure 4: Percentage of respondents on whether the use of infusion drip breaks the fast.

Figure 4 shows that there were 45.8% (n=11) of respondents who said that drip infusion breaks the fast. 41.7% (n=10) said that it does not and 12.5% (n=3) were not sure of the answer.

Infusion that contains food which will enhance energy whenever a person who takes this infusion does not need to take food anymore, will break the fast. However, infusion such as drip for continuing life or medication purposes does not break the fast (Al-Syeikh Ahmad M., 2007). More than 50% of respondents said it does break the fast or were not sure of drip infusion given to patients whether it breaks the fast or not. Maybe the question asked was not very specific.

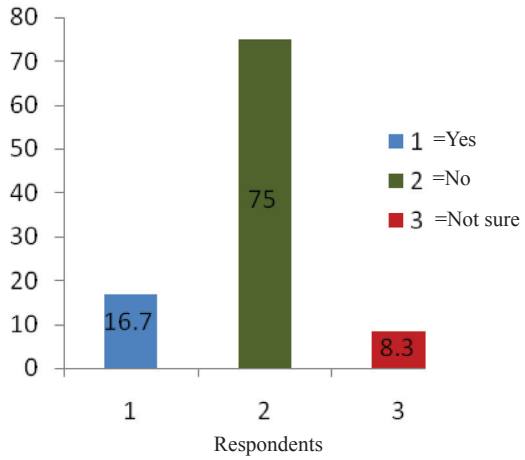

Figure 5: Percentage of respondents on whether the use of injection breaks the fast

Figure 5 shows that 16.7% (n=4) said that injection breaks the fast, 75% (n=18) said that it does not break the fast while 8.3% (n=2) were not sure of their answers.

Most people understand injection does not break the fast. However, almost 75% said that insulin injection breaks the fast. Intramuscular, subcutaneous or intravenous injection will not break the fast. Injection does not contain any food or drinks and therefore it cannot be considered as eating or drinking. However, injection that contains food will break the fast (Al-Syeikh Ahmad M.,2007).

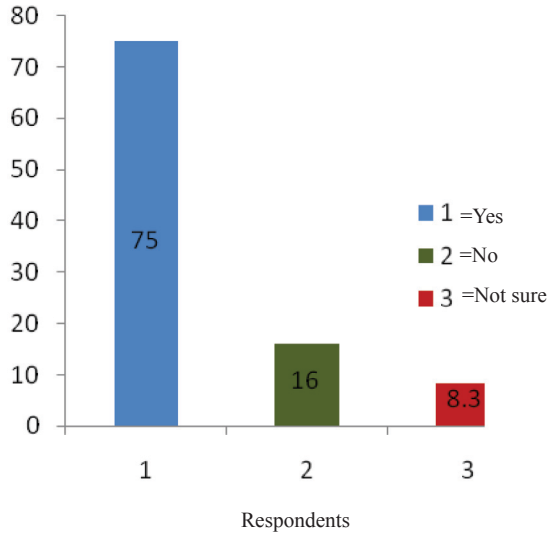

Figure 6: Percentage of respondents on whether the use of insulin injection breaks the fast.

Figure 6 shows that 75% (n=18) of respondents said that insulin injection breaks the fast. 16% (n=4) said that it does not break the fast and 8.3% (n=2) were unsure of their answers.

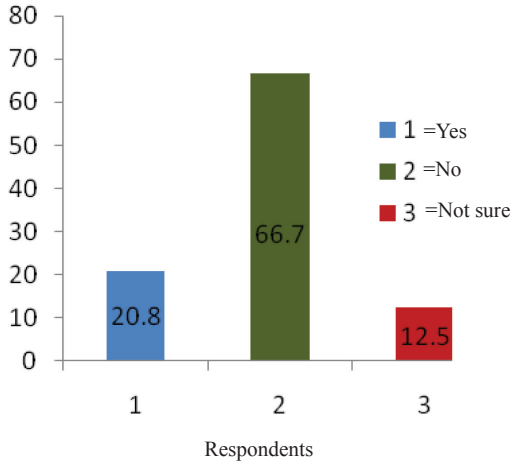

Figure 7: Percentage of respondents on whether the use of ear scope breaks the fast.

Figure 7 shows that 20.8% (n=5) of respondents said that using of ear scope breaks the fast, 66.7% (n=16) said it does not and 12.5% (n=3) were not sure of their answers.

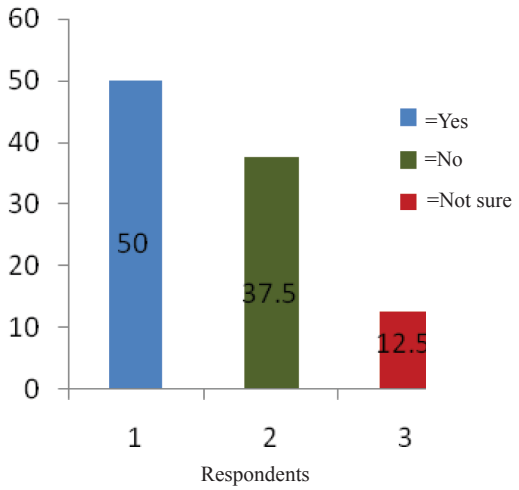

Figure 8: Percentage of respondents on whether the use of ear drops breaks the fast

Figure 8 shows that 50% (n=12) of respondents said that the use of ear drops breaks the fast, 37.5% (n=9) said that they do not and 12.5% (n= 3) were unsure of their answers.

According to Syafie Mazhab, ear drops will not break the fast. Anything that is dropped into the ear by any route will not reach the stomach because of the presence of the ear drum. Even if the ear drum is torn the amount of droplet is so minimal that it will not be able to reach the stomach. The same explanation goes with the use of ear scope. Only a small percentage of respondents (Figure 7) said that the use of ear scope breaks the fast and still 50% of respondents said that the use of ear drop breaks the fast.

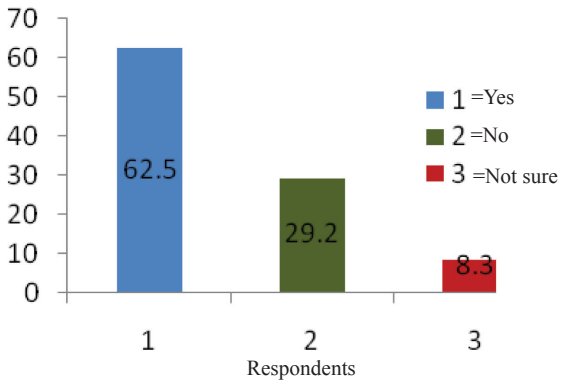

Figure 9: Percentages of respondents on whether the use of eye drop breaks the fast.

As far as eye drop is concerned most ulamak concluded that eye drop will not break the fast. A small amount of eye drop cannot reach the stomach. This amount is even smaller than the amount of water that reaches the throat during gurgling. If gurgling is permitted during fasting, stronger conclusion can be made on the use of eye drop.

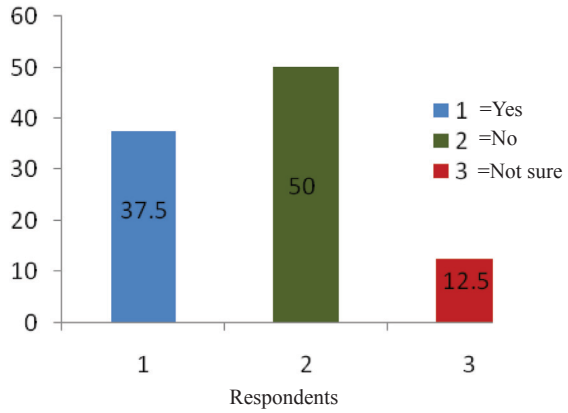

Figure 10: Percentages of respondents on whether the use of sublingual pill breaks the fast.

Figure 10 shows that 37.5% (n=9) of respondents said that the use of sublingual pill breaks the fast, 50.0% (n=12) said that it does not and 12.5% (n= 3) were not sure of their answers.

Sublingual tablet is a tablet put under the tongue regularly used for the treatment of patients suffering from heart attacks. The tablet will be diluted very fast as soon as it is placed under the tongue. The use of sublingual tablets does not break the fast for the same reason like the use of the inhaler. 50% of respondents said that it does not break the fast (Figure 10).

Figure 9 shows that 62.5% (n=15) of respondents said that the use of eye drop breaks the fast, 29.2% (n=7) said that it does not and 8.3% (n= 2) were not sure of their answers.

4. Conclusion

Medical *fiqh* related to fasting has been clearly concluded. However, there is still a small percentage of respondents who are uncertain about the fasting *fiqh* related to treatment. The sample studied was randomly selected and not all were those with medical backgrounds. Besides, the study population was small.

The discussion above was based on references from the book written by Al-Syeikh Ahmad bin Muhammad Al-Khalil which was translated by Dr Basri bin

Ibrahim Al-Hasani Al-Azhari. This book contains new issues related to medical treatment which is commonly received by all Muslims during Ramadan fasting or other fasting period. This book also contains the references from the previous *ulamak* and the recent *ulamak (khalaf)* regarding fasting *fiqh* with all *dalil* which were used as references regarding medical *fiqh* related to fasting. Hopefully, these debates will be beneficial to all Muslims in Malaysia, especially those in the medical field, to help them explain to patients under their care about fasting practice during medical treatment.

It is suggested that a similar study be done for a bigger population specifically made up of medical staff to get a better conclusion on the level of knowledge regarding Ramadan fasting and Medical treatment. This will ensure medical staff can help patients under their care to perform fasting practice when they are undergoing treatment.

5. Conclusion

The outdoor near home space of low cost flats function as important activity arena for children. These spaces right in front of the unit door, usually minimized for economic purposes, are actually important ecological environments for children. Thus, the choice of configurations not only implicates the development cost, but also the pattern of children behaviours and their life experiences. Different physical configurations offer different functional affordances leading to diverse pattern of uses in the outdoor near home spaces. While the three housing areas do not show any significant different in terms of the overall types and amount of activities, a closer analyses at the environmental characteristics and those activities show significant variations pointing to the differences in physical environment impacts.

The provision of playground does not necessarily increase children's outdoor activities. Neither lack of such space decreases the activities. It may, however, satisfy their needs for play and socialization, which is a point for further research. Children's exploratory nature drives them to search for spatial alternatives. Marginal outdoor and circulation spaces in low cost housing provide by designers are meaningful places for children. Their responses to the dull environments are rational adaptations rather than misguided behaviour (Becker, 1976). Consequently, the factor of children social exploration and developmental progress might be closer to homes than we expected. In cases of limited resource in low cost flats projects, configuration of building does provide the differences.

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