



The Shaping of an Ibadah Friendly Hospital – Learning from the Bimaristan of the Evergreen Past and the Practicality of Today's Demands

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Inspiration

THE EVOLUTION OF HOSPITALS FROM ANTIQUITY TO THE RENAISSANCE

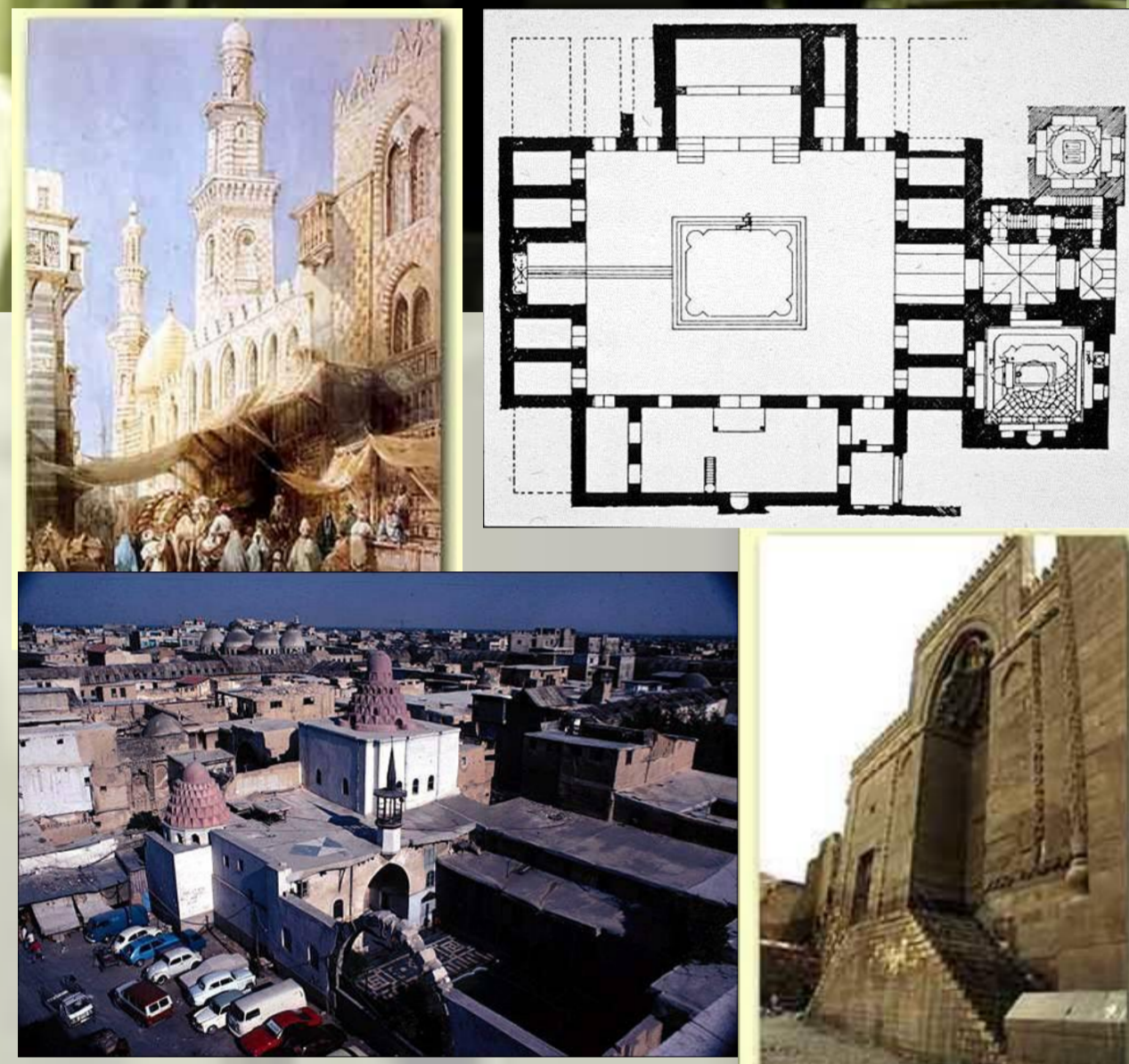
Acta Theologica Supplementum 7 Page 214-232

A total of 34 major ones have been identified. Tudela, who visited Baghdad in 1160, wrote that there were 60 hospitals in that city and 50 in Cordoba. The greatest and most magnificent was the Mansuri hospital in Cairo (completed in 1284). This self-contained institution had four great courts, each with a water fountain in the centre, separate wards for men and women and for different diseases, a dispensary, lecture halls, and an out-patient department (from where patients were visited at their homes), a chapel and library. Fever wards were cooled by fountains. Musicians and storytellers entertained the sick, and on discharge each patient received a sum of money sufficient to pay for immediate expenses until he could resume work (Major 1954:260; Porter 1997:104-105; Guthrie 1958:95, 96).

Possibly the first mental hospital for the insane (a *maristan*) in Europe was built by Islam in Granada in 1365 (Porter 1997:105).

The hospitals at Cordoba, Baghdad, Damascus and Cairo in particular, also served as centres of medical education, attracting students from Europe and the Far East, spanning the void of Medieval scientific stagnation until the creation of Europe's own fledgling medical schools at Salerno (11th century), followed by Montpellier and Bologna (13th century), Padua and Paris (14th century) (Guthrie 1958:95-96, 102-124).

(Retief & Cilliers 2001: pp. 259-277 in this volume). The major Islamic hospitals served as centres of medical education, and in that sense they were the true forerunners of the modern medical hospital.



Hospital Spaces in the Medieval Islamic World

Medieval Hospitals in the west were set up on quite different principles from those in the Islamic East. In the early medieval west, hospitals were properties of the church, and the daily concerns of medical treatment in them were for spiritual care rather than for the cure of the disease. The soul, or everlasting part of the person, was more important than the body. This belief had a significant role to play in the architectural design of the structures. The beds and spaces in which the sick were placed were laid out so that they could view the daily sacrament. They were plainly decorated. Often they were dim and damp. Yet, in the east the structures were set up to allow for the movement of light and air, not simply because of the warmer climate, but because medical treatment was dictated by the humoral system, which was concerned with corporal, rather than spiritual, health.

Baker, P. Hospital Spaces in the Medieval Islamic World. <http://www.kent.ac.uk/arts/cvss/cvss/projects/hospital-spaces-in-the-medieval-islamic-world.html>. Retrieved 19 June 2012.

As everything Islamic, medical treatment was integrally woven into the philosophy of religion and caring for the unfortunate. There was a guiding text called the Waqf document, which stated: "The hospital shall keep all patients, men and women, until they are completely recovered. All costs are to be borne by the hospital whether the people come from afar or near, whether they are residents or foreigners, strong or weak, rich or poor, employed or unemployed, blind or sighted, physically or mentally ill, learned or illiterate. There are no conditions of consideration and payment; none is objected to or even indirectly hinted at for non-payment. The entire service is through the magnificence of Allah, the generous one."

Ref: Springer, E. () The Invention of the Hospital A Credit to Islamic Medieval Medicine at Tour Egypt at <http://www.touregypt.net/featurestories/hospital.htm>. Retrieved 19 June 2012

The Brief/Client Statement

1.4.2 The Brief

The chapters preceding the introduction described the concept of the teaching hospital envisioned by IIUM as Ibadah friendly hospital incorporating future foreseeable and allow for unforeseeable future requirements, taking into account the question of patient care, staffs' well being, students' learning environment and humane environment beyond acts, codes or guidelines. Each step and stages taken to realise the requirements through planning, design and decision making will be based on the best, just (and) appropriate and acceptable innovative proposal set forth.

Hospitals are, to a certain extent, design to last and withstand disasters to ease mankind. Although, the project will be implemented in phases, it is of utmost importance that the planning and design for Phase 1, be realised together with the future phases as deemed in the document. As patient care improves with state of the art medical technology and medicine, built structures must be able to accommodate new technology, services and conveniences. Existing hospital services will need to continue operating while the expansion and improvements are made.

For IIUM Teaching Hospital, we look forward to any, well it (naturally), with natural flora & fauna at close hands, and sustainable hospital that provide the best environment for patient care, staff and student well being, as well as teachers with their research, with ample space to grow and place hope for better medical education.

3.1.1 The Master Plan Aim / Goal

The aim of the master plan is to develop a SUSTAINABLE hospital that responds to the users' functional, social, socio-cultural, spiritual, environmental and other needs and demands that is able to reflect IIUM's mission based on REVELATION & REASON towards comprehensive excellence.

...and more including passive design strategies, therapeutic environment, landscape design, etc.,



The site

Introduction

The history of medicine and the healing environment we promote today in healthcare design is not a new phenomenon. It has been a continuous effort and evolution through centuries, by caregivers that recognizes environment as contributing factors to human wellbeing. With or without scientific evidences, the move to provide appropriate environment under their care is a natural humane action or *fitriah* from Man to Man. It is an intuitive, honest, and sincere consideration that reflects the caring environment of people of that day based on their faith / beliefs and not on any worldly gains. Today, with advance medical technology and the circumstantial demand on healthcare services and industry, hospitals begin to mushroom seemingly beautiful but without the soul. Why is this so?

Live opportunity for research and realization came with the Malaysian government's approval for a new teaching hospital in the country to International Islamic University Malaysia (IIUM) in 2009/10. With teaching and learning worldview of IIUM fundamentally based on the *Al-Quran and Sunnah*, to seek the fundamental essence of Islamic hospitals of the glorious past for the new proposed hospital, became not a choice but an obligation.

Central to Muslims beliefs and livelihood to be constantly be reminded of the Creator and always in the state of doing good deeds or *Ibadah* for Allah's blessings only, the facility proposed should be able to support holistically the spiritual, mental and physical connotations towards its realization with ease. Available research and findings on the subject inspire the making of this new teaching hospital through *Ibadah* Friendly concept.

Objectives

This paper thus intends

- to share the research findings on what makes the hospital with a soul or *Ibadah* friendly.
- To witness the physical evolution process of shaping the new proposed hospital to assimilate the past with current demands on the state of the art tertiary institution.

As a design based paper, exclusions to details irrelevant in the discussion is intentional. Though preliminary, as the hospital is yet to be built, in the spirit of *Ibadah*, the findings made should be shared and discuss in the shaping of a hospital of the future, with a soul., *wallahualam* (only Allah knows)!

Methodology Adopted For This Research

Through qualitative approach of literature reviews, observations, discussions, workshops, interviews and meetings from all parties (user-client of academic background, and the contractors (with design consultants)) team under the Private Public Partnership (PPP) procurement system, Data and information extracted through project briefing, design development to current development stage prior construction were consolidated and analysed through dialogues and series of meetings using graphical representation, models, 3Ds and drawings.

For the purpose of this design based paper, a vivid description on the initial conception of the hospital project for IIUM, based from learning of the bimaristan, the *shariah* or Islamic law and industry experiences were extracted.

Limitations

As an academic exercise which require a period to reflect, test and act ed upon, the process do not necessarily correspond to the actual work executed on the life project which is time and availability of fund based. The whole project procurement process had been a top down instruction. Hence this fast track research had been an innovative act of the team to work within the limiting time frame with practical on the spot decisions as *ijtihad* guiding the process.

Analysis and Findings

The path to rediscovery and making the dream, as envisage, a reality is not an easy task for both client (IIUM) and the provider (architect and contractor). While financial resources are scarce so were the implementation schedule.

From the past : Shaping of the hospital for its purpose in the Islamic world then, as described in the literature, were based on the Islamic philosophy that provide both pathogenic and salutogenic solutions available at the period of time. It was a collective effort from all walks of life and practices derived from the ancient Greeks, Indian subcontinent and others based on research, whom Muslims regards as knowledge from God; i.e. practical, scientifically proven, aesthetically pleasing and constantly evolving for the betterment of Mankind. Physically it provides a based for modern teaching hospital that met not only the requirements for doctors but also for pharmacist, nurses and the act of governing the institution without demarcation of belief, ethnicity or even rank. Vivid description of the planning layout, character and ambiance that address both pathogenic and salutogenic treatment were earmarked as the essence of Bimaristan.

From the current process: Both client and building team had different expectations towards the project. The client, inspired from the Islamic medicine as part of the teaching and research agenda of the hospital with state of the art facilities expects a modern hospital with essence of *tawheed*. The building team, on the other hand, technically, time and fund bound was interested in providing a "functional and efficient" facility with "Islamic pattern" skin. However through interaction process of sincerely understanding the needs and intends of the project, a tolerable solution within the practical perimeter that re-shape and form the hospital, were made. As a *shariah* based philosophy of the project, the solution is not static but stays evolving, redefining, refined and thus executed with a clear conscience. Although full trust between client and the building team is yet to be established, findings made from constant interaction and communication for decision s between client and building team for a common goal, is positive. Thus, the process should be continued and keep updated for transparency. A lull in the information delivery towards the Client constitute an unclear process and thus create doubt as well as anxiety to the Client on how the building team shaped the Bimaristan of today to the needs of he Client as a teaching hospital with a soul.

Conclusion thus far

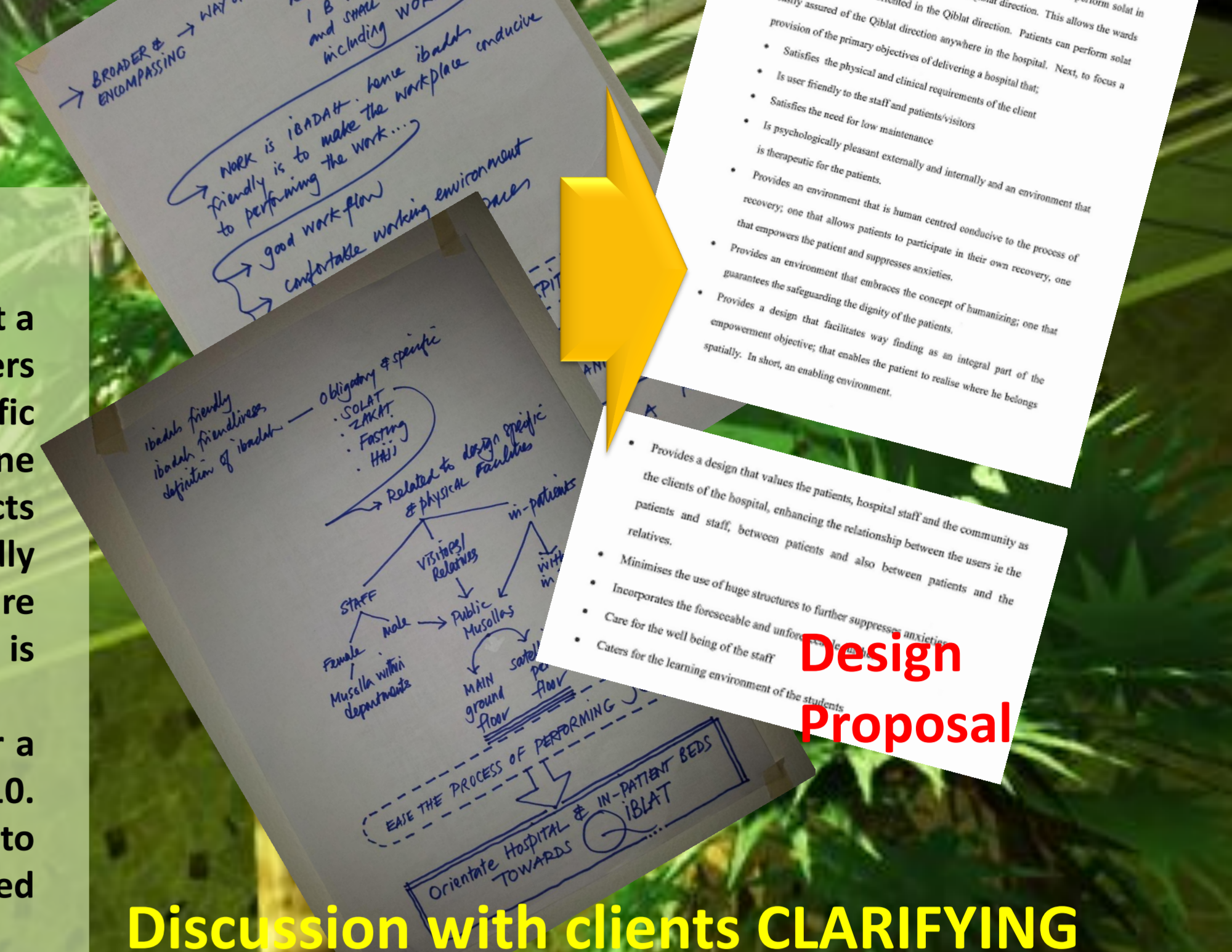
Translating them to meet current and future needs, for all purpose and intent, the hospital has to work efficiently. The matrixes of converging the dynamism of clinical teaching, evolving technology of pathogenic focus and the essence of the salutogenic bimaristan solution to patient and staff care; had been a continuous effort.

Although the answers to the questions lies on the basic intention or *niyah* of the implementors; which is beyond the physical interpretation, what is felt as sign of sincerity in the shaping of the facility be would be the following :

- the transparent process of implementation,
- the clear design outcomes that support the functions that includes consideration for the environment, safety for Man as per shariah law; and
- the acceptance of the people-users (clients-patient /staff/students) to have met their optimum needs to function as care giver, teacher, researcher, learner and appreciative patients.

Perfection, through working towards excellence or *Itqan* is an act of *ibadah*. It itself is a dynamic process based on knowledge and know how that are situational based and within capacity and means. The live on-going experiment on the teaching hospital for International Islamic University Malaysia (IIUM), as an *Ibadah* Friendly Hospital, however small the effort is physically seen, will hopefully be the testament to others seeking the same intention, in trying to meet to this unending enquiry.

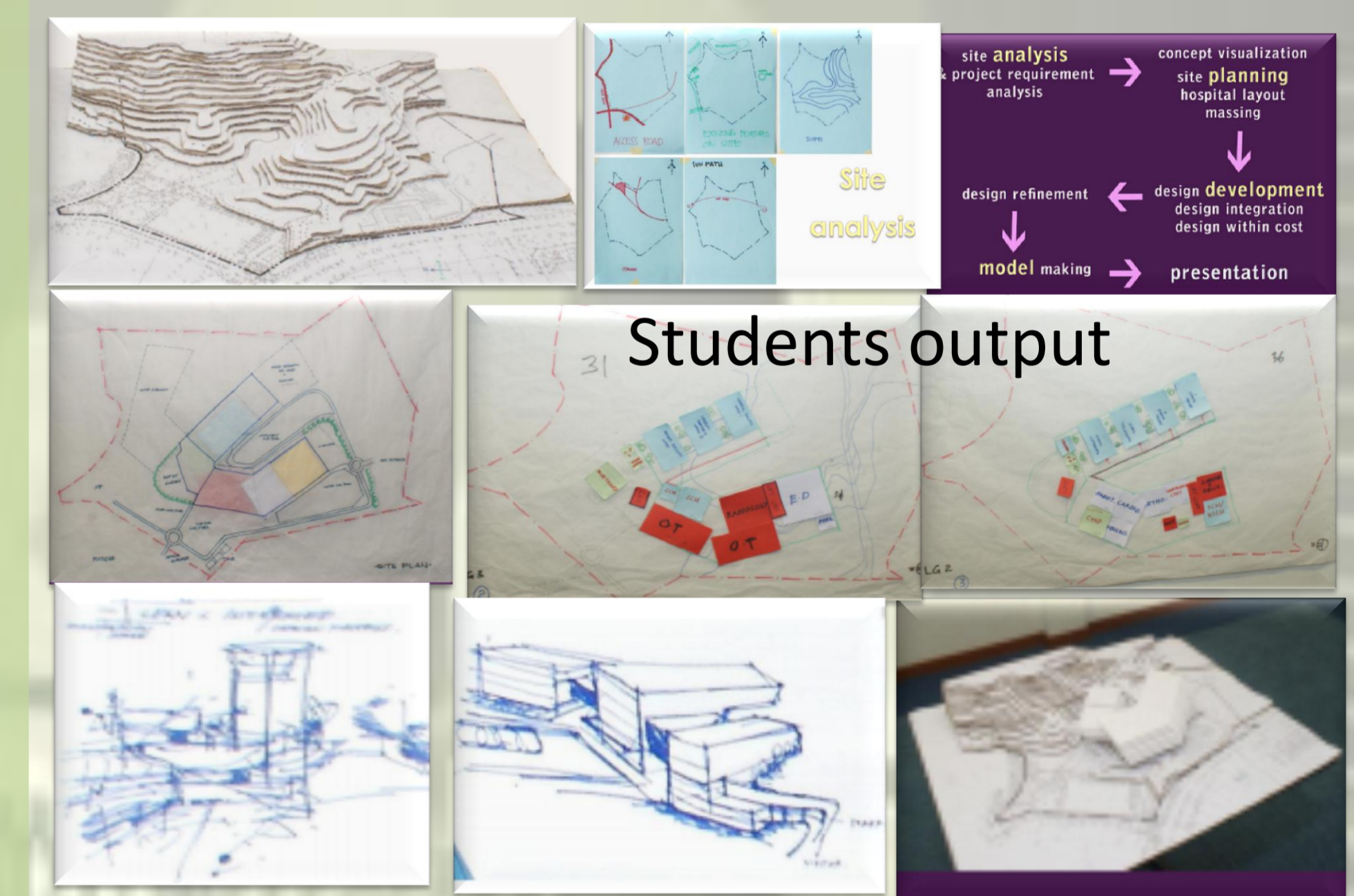
Discussion among the building team on CONCEPTS



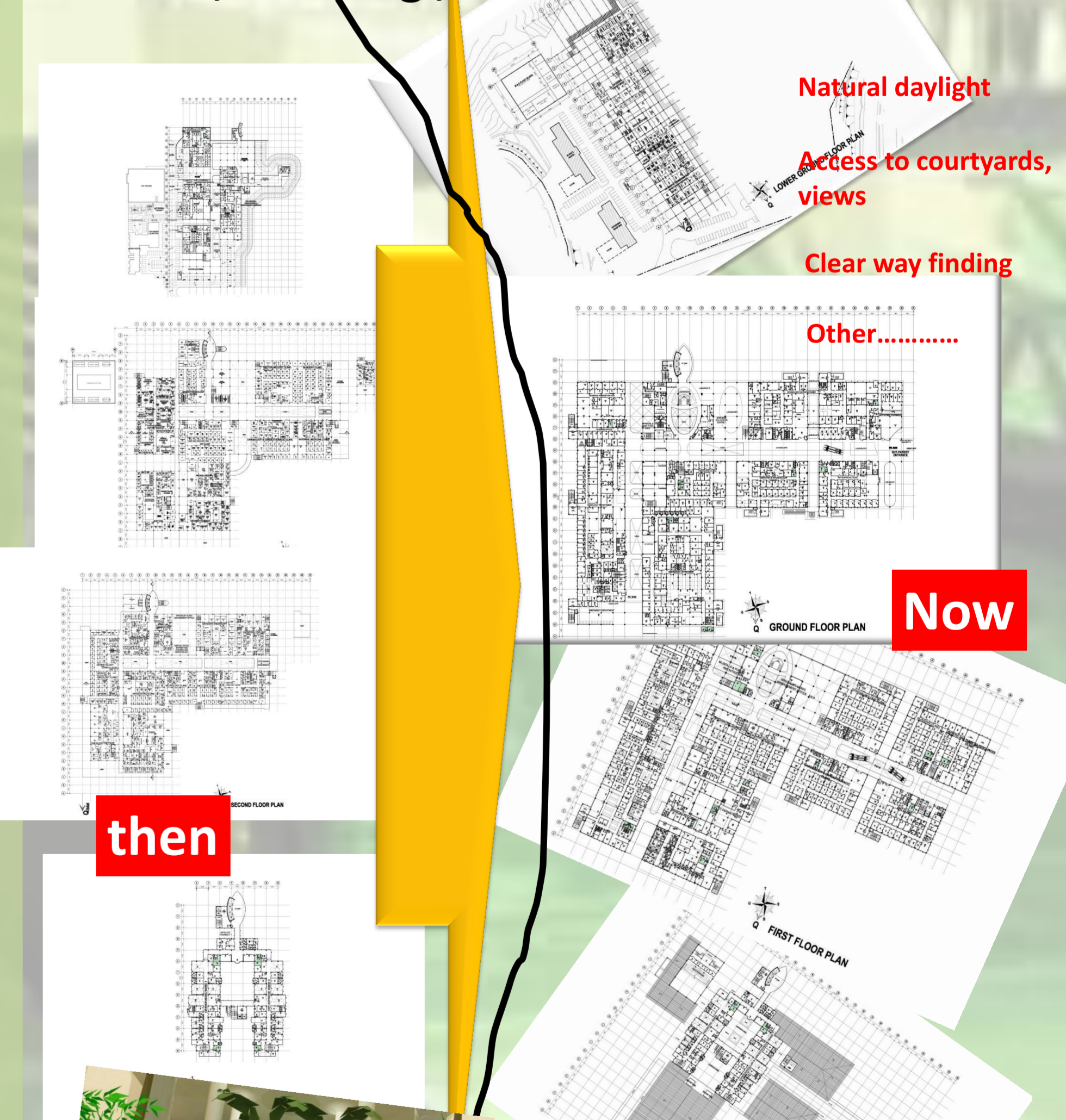
Discussion with clients CLARIFYING CONCEPTS and FUNCTIONS



Design Charrette with Students of IIUM on Masterplanning - Dec 2010,KAED,IIUM



Physical Development on the Drawing Board accommodating todays demand – technology, services, teaching, research and the future



The Proposed Outcome as perceived by Architects (for now-2012)



Refer
Baker, P. Hospital Spaces in the Medieval Islamic World. <http://www.kent.ac.uk/arts/cvss/cvss/projects/hospital-spaces-in-the-medieval-islamic-world.html>. Retrieved 19 June 2012.
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IIUM Medical Brief (2010)
AZRB project proposal (2010)