

A REVIEW ON THE APPLICATIONS OF RUKHSONH IN MEDICAL PRACTICES

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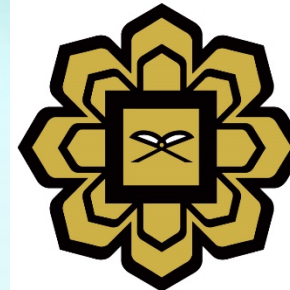
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وَنِيَّاتِنَا بِسَلَامٍ اَنْبَارًا يَجْنِبًا مِلْدِسِنَا

Outline

- Introduction
- objective
- The concept of rukhsoh
- Types of rukhsoh
- General principles/guidelines in its application
- Application of rukhsoh in medical practice
 - In purity and cleanliness
 - In treating opposite gender
- Conclusion and future plan



Introduction

- Islam is the religion of ease
- The ruling appeal to human nature

يُرِيدُ اللَّهُ بِكُمُ الْيُسْرَ وَلَا يُرِيدُ بِكُمُ الْعُسْرَ
وَلِتُكْمِلُوا الْعِدَّةَ وَلِتُكَبِّرُوا اللَّهَ عَلَىٰ مَا هَدٰنٰكُمْ وَلَعَلَّكُمْ تَشْكُرُونَ

- *“Allah intend every facility for you; He does not want to put to difficulties.”* (Al Baqarah: 185)
- from Abu Hurairah that the prophet SAW said, *“The deen is ease, whoever make the deen too hard for himself will be overpowered, so direct yourselves to what is right, follow the middle course, accept the good news for the reward of the good action, seek help [to reach your goal through constant worshipping] in the morning, evening and some of the night.”* (Al Bukhari: 39).

- The concept of ease is further discussed – flexible rules
- Different form of flexibles rules
 - *Dharurah*
 - *Rukhsoh*
 - *Occasionally used interchangeably
- Some differences
 - the rule of *rukhsah* is *mubah* (indifferent) and no obligation imposed.
 - *rukhsah* can be applied to eliminate difficulties that are not severe or not in the extreme need. (This concept of *rukhsah* encompasses all cases of need or necessity and not only for extreme situations).

(Al-Shatibi, *al-Muwafaqat fi Usul-Ahkam*)

Objective of the review

- to develop a structured account on the principles and applications of *rukhsah* in medical issues related to practical acts of worship

Concept of *Rukhsoh*

- *“Ruhksoh is rules that have been facilitated for competent people (mukallafin) who have valid excuse but which remain unlawful for those who have no such excuse, and matters whose non-performance has been allowed when normally they would be obligatory without the existence of a valid excuse” (Al Mutairi, 1997)*

Types/Classification of *Rukhsah*

- Based on cause
 1. *Rukhsah* caused by absolute necessity (*Dharurah*)
 2. *Rukhsah* caused by needs (*Hajah*)
 3. *Rukhsah* caused by journeys
 4. *Rukhsah* caused by forgetfulness
 5. *Rukhsah* caused by ignorance
 6. *Rukhsah* caused by defects (eg: physical defect- sickness etc)

(Sheikh Ahmad Azzu Inayah Ad Dimasyqi, *Ar Rukhasul Fiqhiyyah Fi Dhau'i Al Kitab Wa Sunnah*)

Guidelines in application

1. The existence of the difficulty which compels the move from *azaa'im* to *rukhsah*
2. The *rukhsah* is within the permissible scope of Islamic Law
3. The reason for the application of the *rukhsah* must be certain or close to certain
4. Reason for the application of the *rukhsah* has already occurred rather than expected to occur
5. The application of *rukhsah* should be limited within the point covered by the *Nass* (legal text) (according to some scholars-debatable)
6. the person applying the *rukhsah* must be fully aware of its pre-conditions and limitations as defined by the jurists
7. not allowed for a compelled person to apply *rukhsah* unless he is particularly compelled to do so
8. Not permissible to pervasively seek after the *rukhsah*
9. Forbidden optional actions of the heart do not come under *rukhsah* at any instance

Application of *Rukhsoh* in Medical Practice

- *Rukhsoh* in purity and cleanliness
 - Principally, a sick person is not completely exempted from keeping his body and clothes clean
 - if some *najasah* cannot be removed after the necessary measures have being taken, he should just proceed to perform other act of worship
 - qualified for a *rukhsah* - due to the sickness (associated with reasonable hardship to achieve usual level of cleanliness like healthy person)
 - exempted from general rule of cleanliness that could cause him a debilitating difficulty
 - The severity of a sick/ disabled patient range from
 - complete inability to perform the *wudhu'* (ablution) or *ghusl* due to certain conditions like quadriplegia (paralysis of four limbs),
 - or partial inability due to the presence of a cast or wound dressing (*jabirah*) that covering a part of the injured region of the body that needs to be washed for *wudhu'/ghusl*

2 common surgical/ orthopaedic conditions lead to partial inability

1. surgical wound or fracture that - require cast or splint or wound dressing
 - disagreement between the scholars to manage like a *khuf* i.e. wiped over the covered surface or be ignored
 - The second opinion i.e. ignored, seems to be the stronger opinion and supported by both authentic evidences and some prominent scholars like Sheikh Muhammad Nasiruddin al-Albani (*rahimahullah*)
 - all *hadiths* that relate the rulings of wiping over the jabirah are extremely weak thus couldn't be accepted as valid opinion. (Al-Albani, Tamam ul Minnah)
 - “by the texts of the Quran and Sunnah, anything that a person cannot do is waived for him. The opinion that require him a substitute for it would be a legislation, and a legislation may only be imposed by the Quran or Sunnah. There is no text in the Quran or Sunnah requiring substituting wiping on jabirah for the parts that cannot be washed. Therefore, this opinion is invalid.”

Cast and wound dressing



- The opinion of not wiping over *jabirah* but rather wash whatever accessible is more in harmony with the spirit of *rukhsah* due to the illness and would facilitate the affected patient to perform *wudhu'* and *ghusl* without significant hardship or damaging the *jabirah*
- *Jabirah* could be from plaster of paris or fiberglass-need to be kept dry at all times
- Or wound cover comprise of bandage (a woven cotton or synthetic material) and a more specialized inner dressing materials like adhesive film, alginate etc
- not wiping over the *jabirah*, would ease the affected patients to achieve the state of cleanliness and subsequently allow them to perform another act of worship like 5 times daily prayer without having to face significant difficulty
- prevent the common problem of abandoning 5 times daily prayer among the patient as one of the common excuse given is their failure to achieve the state of cleanliness i.e. failure to perform *wudhu'* or *ghusl* as adequately in accordance to the classical understanding of fiqh which not necessarily based on authentic and valid evidences.

(Based on unpublished observation of all authors throughout our many years of experiences in clinical setting in various government hospitals. A proper survey regarding this matter will be carried out in few selected hospitals soon)

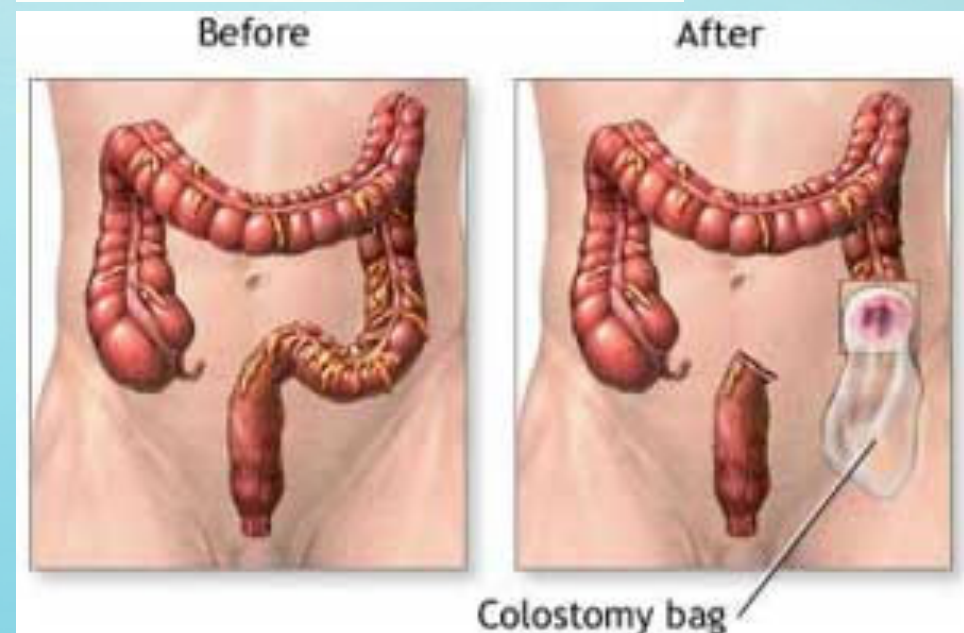
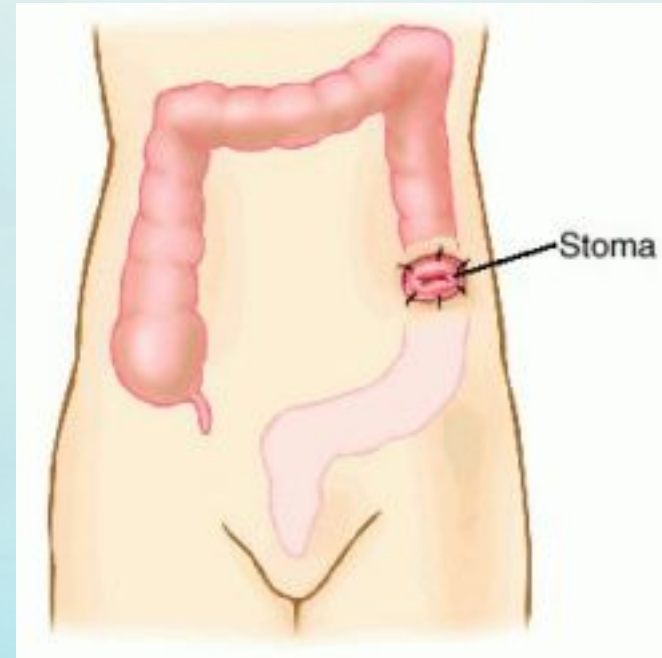
2. Creation of abdominal stoma due to surgical conditions like colorectal cancer

- Stoma :
 - artificial hole in the abdomen that directly connected the large intestine to the external bag
 - allow the faeces to leave and become collected in the bag.

-patients experience difficulties to perform their religious duties (to perform *wudhu'*, *ghusl* and prayer) (Herek et al, 2003)

-involuntary abandonment of prayers due to the believe that their prayer will not be accepted due to uncontrolled faecal flow (Cavdar, 1999).

-refrain to perform due to inability to ibtain sufficient info



Stoma



- *Rukhsoh* allow them to ignore the area of stoma during their *ghusl* or they could resort to perform *tayammum* instead of washing their body with water.
- require further discussion and healthy debate from both scholars and medical practitioners in order to reach to a well supported consensus.

Rukhsoh in treating opposite gender

- Debatable and create heated argument
- Some scholars against
- Majority of scholars allow in situations of necessity- no individuals from the same sex available to give the same level of care i.e. in term of expertise and energy
- based on the practice of women's companions who treated wounded men in the battle with Prophet SAW
- Ar Rabi' Bint Muawwath:

“ We (women) used to go for fighting with the prophet SAW. We would give water to the army, serve them, and bring them back the wounded and dead to Madinah.”

(Bukhari, Ahmad and other).

- permission to treat member of opposite sex could be categorized under *rukhsah* due to absolute necessity, general need or medical diseases which lifted the prohibition of intermingling, touching and staring between members of two sexes
- the permission is within the limits of necessity (Al-Fatawa, Abdullah Jibreen, 1997)
- the individuals treating female must be following the priority list where the doctor should first be a Muslim female, followed by a non Muslim female, then a trustworthy Muslim male doctor and finally a non Muslim doctor, depending on the availability. Additionally, there should be a presence of a *mahram* or trustworthy women to prevent the *khulwah*. (Decisions of the Islamic Fiqh Consortium of Makkah, Majallat Majma' il-Fiqh il-Islami, 1986)
- If the female or male patient request to be examined by a doctor of similar sex, we should attempt to fulfill their request to respect their personal preference and cater for their psychological comfort, as long as it does not jeopardize the treatment process
- the preservation of patient's life is considered as the top priority in accordance to the shari'ah where priority should be given to fighting a harm, which threatens safety of the of the five essentials: faith, life, intellect, property and lineage.

- The discussions on 2 common scenarios have given a clear picture on how *rukhsah* come into place and the validity of choosing the originally prohibited actions when one finds it advantageous to the healing process or treatment procedure.
- Finally, the higher value of *rukhsah* in medical practice is to preserve both human's physical and spiritual health by avoiding conflict between adherence to the sharia rules and treatment plan.

Conclusion and next step

- A need to revisit the application of rukhsoh in common medical practice
 - its advantageous to the healing process or treatment procedure.
 - preserve both human's physical and spiritual health by avoiding conflict between adherence to the sharia rules and treatment plan
 - Doable
 - Based on authentic evidences
- Properly design study/survey – to collect more data on the current scenario
- Improvement in the mutual cooperation/colaboration between medical professionals and Islamic scholars

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Thank you

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