

Doctor-patient relationship

Islamic perspective

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ABSTRACT

العلاقة بين الطبيب والمريض مفهوم شائك، حيث يأتي المريض إلى الطبيب بشكل تلقائي، ليدخل في عقد مع الطبيب، يلتزم المريض بموجبه بنصائح الطبيب. خلال العقود الماضية حدثت تغيرات جذرية في هذه العلاقة بسبب انتشار المفاهيم المادية والمشافي الخاصة. وقد أُجري مسح لكل ما نشر على المد لاين منذ عام 1966م وحتى أغسطس 2015م حول موضوع «العلاقة بين الطبيب والمريض من وجهة نظر إسلامية»، مستخدمين الكلمات الأساسية: «العلاقة بين الطبيب والمريض»، «الأخلاقيات»، «الإسلام». ولا شك أن على الطبيب المسلم أن يكون ملماً بالتعاليم الإسلامية فيما يتعلق بالقضايا الطبية التي يواجهها في ممارسته اليومية، وكذلك فيما يخص علاقته بالمريض.

The doctor-patient relationship is an intricate concept in which patients voluntarily approach a doctor and become part of a contract by which they tend to abide by doctor's instructions. Over recent decades, this relationship has changed dramatically due to privatization and commercialization of the health sector. A review of the relevant literature in the database of MEDLINE published in English between 1966 and August 2015 was performed with the following keywords: doctor-patient relationship, physician-patient relationship, ethics, and Islam. The Muslim doctor should be familiar with the Islamic teachings on the daily issues faced in his/her practice and the relationship with his/her patients.

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The basis of Islam is to believe that there is no God but Allah, and Muhammad (PBUH) is the messenger of Allah. The life of a human being on earth is just a preparation or examination for the eternal life after death. Good is from Allah in the Holy Quran and demonstrated by Prophet (PBUH), and bad is the influence of Satan (who again is created by Allah). The good or bad consequence of eternal life depends on how much a Muslim believes in and obey Allah. Medical practice is considered a sacred duty in Islam, and the physician is rewarded by God for his good work. Islamic scholars have agreed that the study and practice of medicine is an obligation that falls upon Muslims to have sufficient numbers of followers to practice (Fard Kifayah). Among a doctor and patient, both can be Muslim, or either can be Muslim. The Islamic perspective of the doctor-patient relationship is applicable to these groups; but possibly not the non-Muslim doctor-patient groups. A Muslim is first a Muslim then he/she is a doctor/patient. Therefore, those who claim themselves as Muslim should obey Allah, hence, should obey what Allah has said or Prophet Muhammad (PBUH) has demonstrated regarding the doctor-patient relationship. Obviously, like other Islamic issues, there should be the scope of "Ijma" (Consensus of Islamic Scholars) and "Qiyas," (analogy) when any new issue arises. Building a fruitful doctor-patient relationship is a vital part of successful medical care, and one of the most complicated professional responsibilities of physicians. Despite worldwide emphasis on the distinguished responsibility of physicians, teaching the art of physician-patient relationship has not yet been incorporated, into the curriculum of many medical schools.¹ Every medical practitioner should possess an adequate degree of knowledge and skills and should exercise a reasonable degree of patient's care. Doctors are expected to act according to acceptable medical opinion and current medical knowledge.² Over the years, the relationship between doctors and patients has evolved from a largely paternalistic model to a more

interactive relationship. The principles of autonomy, beneficence, informed consent, patient's access to medical information, and medico-legal concerns all now influence the doctor-patient relationship.³ The UK General Medical Council published "What to expect from your doctor: a guide for patients". The guide is a provisional step trying to help patients getting the best outcome from the interaction with their physicians.⁴ The importance of the intimate personal relationship between the doctor and the patient cannot be over emphasized, as both the diagnosis and treatment are directly dependent on it, and the failure of a young physician to establish this relationship is attributed to his inefficiency in the care of his patients.⁵ The only and sole interest the doctor should consider, is the best interest of his/her patient. Dr. Francis Peabody ended his speech to medical students of Harvard University on 21 October 1926 by saying: "Time, compassion, and understanding should be generously dispensed, but the reward is to be expected in that personal binding, which creates the greatest satisfaction of the practice of medicine. One of the greatest qualities of a physician is his interest in humanity, as the secret of care of the patient lies in the caring for his patient".⁵

Doctors manners. During the history-taking period, the doctor should not only obtain essential clinical information, but must use this opportunity to understand his patient as a human being. This is also when the patient begins to identify his/her doctor as a person and decide whether he is a caring and kind person or not!⁶ Globally, patients expect a certain kind of treatment from their doctors because of the nature and goals of the medical profession. The physician is expected to be kind, humble, compassionate, honest, trustworthy, and respecting confidentiality (Figure 1). He must have the interest of the patient at heart. He should avoid wrongdoing, not abusing his/her status



Figure 1 - The doctor is expected to be kind, humble, and compassionate.

for monetary gain, and not misleading his/her patient because God does not love the liars and wrongdoers.⁷ The Prophet (PBUH) said: "Those who have a perfect faith are those who have the best character".⁸

Islamic ethics instructs human beings not only to be virtuous, but also to contribute to the moral health of society. The Qur'an says:

(تَأْمُرُونَ بِالْمَعْرُوفِ وَتَنْهَوْنَ عَنِ الْمُنْكَرِ)

"You enjoin what is right and forbid what is wrong".⁹ The character of the Muslim is exemplified in a verse of the Holy Qur'an saying:

(إِنَّ اللَّهَ يَأْمُرُ بِالْعَدْلِ وَالْإِحْسَانِ وَإِيتَاءِ ذِي الْقُرْبَىٰ وَيَنْهَىٰ عَنِ الْفَحْشَاءِ وَالْمُنْكَرِ وَالْبَغْيِ)

("Indeed, Allah orders justice and good conduct" ... and "forbids immorality and bad conduct and oppression").¹⁰ The characteristic features of a virtuous physician are firmly rooted in the Qur'an and the Sunna. Consequently, the Muslim physician, guided by these 2 primary sources of Islamic law, should possess the essential manners of a good physician, and this will lead to a healthy doctor-patient relationship.⁷ The major distinction of Islamic medical ethics in relation to principlism-based medical ethics is that the former gives a religious basis to morality.¹¹ Prophet Muhammad says; "The best of you is the one who is most beneficial to others".¹² "Hazrat Jaber (Radiallhu tala anhu)", a companion of the Prophet said: "We were with the Prophet when a scorpion bit one of us. A companion asked, "O Prophet, may I do Ruyyah (recitation of Qur'an and supplications) to him." The Prophet said: "Whoever can do anything beneficial to one of his brothers, he should just do it".¹³

During the time of the Prophet (PBUH) a man was injured and the blood was congested in the wound. The man then called 2 doctors from Bani Amir to examine him. The man then claimed that the Messenger of Allah asked them, 'Who is the best doctor among you?' They Asked: Is there preferability among physicians, O Messenger of Allah? He said, 'The One, Who has sent down the disease also sent down the cure. Those who Know it will know it, and those who do not know it will not know it.' This Hadith indicates that Muslims should seek the best authority in each and every matter and field because such expertise will ensure that the job is carried out with excellence.¹⁴

Islam has enjoined 3 important points on which the doctor establishes a sound and healthy relationship with his/her patients: The first of these is justice among his

patients. The second point enjoined is “Ihsan”, which has no equivalent in English. It means to be good, tolerant, sympathetic, forgiving, polite, cooperative, and so forth. The third point, which has been enjoined, is good treatment of a patient’s relatives, which is a specific form of Ihsan.¹¹

Prominent physicians of the Islamic civilization involved themselves with medical ethics; among these were Al-Ruhawi, and Al-Razi. They wrote the earliest and most meticulous books on medical ethics over a thousand years ago. Al-Razi,¹⁵ in his book “Akhlaq Al-Tabib”, the physician duties to the patients. The first of which is to treat the patients kindly, not to be rude or aggressive, but should be soft-spoken, compassionate, and behave modestly. The physician should inspire the patients even those who have no hope for recovery. To Al-Razi, another duty of the physician to his patients is to treat the patients equally regardless of their wealth or social status. The aim of the physician should not be the money he will get after treatment, but the cure. Doctors should be even keener on treating the poor and needy than the rich and wealthy.¹⁵

Communication. Globally, a patient’s complaints of doctors’ communication skills are recorded at the top of the analyzed complaint lists.¹ It is crucial to treat the patient, not only the disease. Modern technology makes the physician’s skills focused on the treatment of the disease with less emphasis on the patient himself. Consequently, the symptoms of the disease are temporarily alleviated, while the root of the problem is still present. Hippocrates made an invaluable remark saying “*where there is love for human being, there is love for the art of healing*”.¹⁶ It was reported that Avicenna used to tell his patient: Look!. You, I and disease are “3”. If you help me and stand beside me, we become “2”, and the disease will be left alone; then we will overcome it and compel your illness. But if you stand beside the disease, you will become “2” and I will be alone, then you will overcome me, and I will not be able to cure you.¹⁷

A physician taking a history from his patient in a way similar to an interrogating lawyer, and paying little attention to his patient’s answers is doomed to be a poor clinician.⁶ Many doctors are reluctant to improve communication, which is one of the crucial elements of treatment. Despite the efforts of some medical universities to reform their medical curriculums and implement communication skills, it seems that many doctors do not appear to build effective relationships with their patients.¹ Since the clinics became more crowded, with an increase in referrals to specialists, doctor-patient exposure decreases as visits became

shorter, and patients are frequently exposed to different physicians. Unfortunately, patients are becoming more distant from their doctors. They have more access than ever to medical information. They are far more knowledgeable on pathology and modes of therapy, and often express their desire to participate in treatment decisions. We are going to see an amazing progress in technology shortly, and the practice of medicine will be very interesting, but very different from today.¹⁸

Communication with children’s parents. Most parental complaints of dissatisfaction are attributed to lack of communication or due to a cold, rough, or indifferent attitude, or behavior, of the doctor or any member of the treating team, and not due to lack of knowledge and skills or unsatisfactory treatment of the patient. The patients and parents should have the feeling of being treated with respect and dignity at all times.¹⁹ Physicians should be tactful and careful in deciding not only “what to tell the parents” but “how to tell” as well. Parents should be informed the condition of the child in a simple language without medical jargons. They should also be pragmatic and honest in telling them the true medical status of the child, while keeping the hope alive, which has great healing capacity.¹⁹

Patient’s satisfaction and trust. Improvement of patient’s satisfaction is a major target for hospitals and is often dictated by patients’ perception of the level of communication of the hospital team.²⁰ When doctors communicate effectively with patients, they identify patients’ problems more accurately, and the patients are more satisfied.²¹ An American study²² of 500 difficult patients in general medicine revealed that only one patient out of 2 is leaving the doctor’s office satisfied with the care provided. This satisfaction increased to 63% when the same patients were asked about their feelings 3 months later. The most satisfied patients were those over the age of 60 who saw an improvement in their health.²² A relationship characterized by a high level of trust in the physician leads to an increase in adherence to treatment, improvement in follow-up, and reduction in unnecessary investigations, and requests for a second opinion. Consequently, the overall cost of healthcare will be significantly reduced.²³ A greater number of problems may be solved during a consultation when patients have a deeper relationship with their doctors.²⁴

The gender issue in the doctor-patient relationship. Modesty is an important issue for Muslim women, and many female patients may tune out what the doctor is saying, out of nervousness over having their bodies exposed. For a Muslim woman, it could be very stressful to expose her body in front of a male physician, or even to discuss with him sensitive issues related to her health.

Consequently, some Muslim women may not reveal their health problems to a male physician or may not even seek medical care.²⁵

Patients typically prefer same-gender providers and may feel uncomfortable when alone with a physician of the opposite gender. If that's unavoidable, leave the door or privacy curtain partly open (as long as your patient is dressed). It is quite common for the husband to ask to stay with his wife during a physical examination. Having a female nurse available for examinations may help a Muslim woman to feel more comfortable, and is mandatory in all countries in the world. Posting a sign stating, "Please knock on the door before entering," may also be helpful.

Informed consent. Informed consent is the cornerstone of the doctor-patient relationship, and is a recognized legal obligation for the medical profession. Physicians must obtain informed consent from the patients or their legal guardian, in case of minors or mentally deficient, before undertaking any medical or surgical procedure, providing a clear explanation of the planned procedure, intended benefits, potential risks, and complications.²⁶ DelPozo and Fins²⁷ note that informed consent addresses the individual rights of patients. However, Islamic law respects the privacy of person and family. They conclude that the Western way of obtaining informed consent in a patient from the Eastern culture may involve providing "too much information and may leave the patient feeling misinformed." Giving too much information, at times, may raise suspicion that the physician might be withholding information or even concealing the truth."^{27,28} To respect the autonomy of the patient, the doctor should have more knowledge of the cultural values and behaviors of his/her patient. For a Muslim patient, absolute autonomy is very rare; he/she will have a feeling of responsibility towards God, and live in social cohesion, in which the influence of relatives play a significant role.²⁹ The patient-doctor relation is continuously changing, and informed consent will never prevent unfortunate outcomes, leading to serious questioning of doctor's performance and the proper use of resources. Even if this reaches an exemplary level, it does not guarantee the patient's satisfaction with the medical service provided, and avoid possible legal accusation.³⁰

The role of family/companions in medical consultations. The family is the basic structural element of a stable Islamic society. Family members frequently accompany patients to the clinic or hospital, and medical decision-making usually involves the patient's immediate family even when the patient is *compos mentis*.

The family may deliver bad news gradually to the patient. Although a patient may choose to pay attention to the influence of family and friends, the ultimate decision to agree with the procedure, or surgery must be made by the patient. The role of the family should be affirmed and respected, but this recognition must be balanced with the priority of patient autonomy. All communication regarding the risks and benefits of medical procedure, or surgery must be understood by the patient. It is not acceptable to ask a surrogate for consent for a capable and conscious adult patient unless the patient chooses to permit it.³¹ Companions usually play a supportive role in the majority of consultations. They give emotional support, help in transport, and may express patients' concerns.³² During the procedure or surgical operation, relatives often recite prayers or read the Quran, appealing for the cure of their loved ones.

Ethical issues in visual recording. Visual recording of patients is commonly used for clinical, research, legal, and academic purposes. It is frequently used in the specialties of plastic surgery, dermatology, wound care, maxillofacial surgery, and otolaryngology. Guidelines for biomedical recording have been issued by several health authorities, associations, and journals.³³ Photographing patients may have an indirect effect on treatment, by aiding diagnosis; and written consent should be obtained from the patient or his/her legal representative before carrying out the procedure.³³ The identity of the patient should always be concealed. In recent years, doctors have been investigated for uploading medical data that can identify patients onto public internet forums. Muslim jurists' rulings on human recording vary from being permissible to being discouraged, and forbidden. However, the ruling is ultimately dependent on the intended use of the images or recording, the way images were obtained, and the potential usage of the whole procedure. For images to be permissible, the procedure must not contradict Islamic law. Only the minimum necessary area should be photographed. Subjects' rights and dignity must not be violated, and their religious and cultural background respected.^{33,34}

Confidentiality. Breaching confidentiality can be acceptable or required by medical authorities, when failure to act can lead to physical harm, to either the patient or people in contact with that patient; such as the case of certain infectious diseases, where the doctor or researcher has a duty to protect the health of those who may be at risk.³⁵ Certain circumstances demand a breach of patients' confidentiality to protect other individuals or society as a whole. Breach of confidentiality under

such conditions is justifiable in Islam. Examples include reporting, to the assigned authorities, probable criminal acts (such as domestic violence or child abuse), serious communicable diseases or circumstances, which pose a threat to others' lives (such as an epileptic patient working as a driver), notification of births and deaths, medical errors, and drug side effects. If the patient agrees to disclose the complexity of his medical condition to the family, then there is no breaking of confidentiality. If a consort has an HIV infection, then the physician's duty is to inform the other consort of the true diagnosis. The doctor should take the permission from the infected person, or ask him to tell his consort, in his presence, the true diagnosis.³⁴

In a fatwa issued by the International Islamic Fiqh Academy in 1993, jurists affirmed that a breach of confidentiality can be acceptable only if the harm of maintaining confidentiality overrides its benefits. The fatwa describes some situations in which breaching confidentiality is allowed, or mandatory.³⁶ "Such cases are of 2 categories: a) Cases where a confidence must be broken on grounds of the rational of committing a lesser evil and obviating the greater one, and the rational of seeing to a public interest, which favor enduring individual harm so as to prevent public harm if needed. These include 2 sets: Those which involve protecting society against some prejudice, and those which involve protecting an individual against some prejudice. b) Cases where a confidence may be broken: 1) To ensure a public interest. 2) To prevent a public damage. In all such cases the objectives and priorities are set out by Shari'ah (Islamic law) regarding preserving the faith, human life, reason, descendants, and wealth".³⁷

Breaking bad news/disclosure. Breaking bad news, defined as "any information that seriously and adversely affects an individual's view of his or her future," is a nerve-racking moment in the relationship between doctors and their patients. It is very stressful for patients, especially if the clinician is inexperienced.³⁸ Health care workers in Muslim communities are required to modify the Western-based recommendations to match the culture of their patients and their families.³⁹ In all cultures and communities, the statement of Buckman⁴⁰ firmly stands: "...if the breaking of bad news is badly done, patients and their families may never forgive us, but if it is done properly they will never forget us."

Full disclosure and patient's autonomy are the focal point of medical ethics in the West. Consequently, Western medical practice advocates free and open communication with patients, to the point that they are fully aware of their disease and treatment.

Nondisclosure of a cancer diagnosis is common practice in many Eastern communities. Consequently, families often approach oncologists with requests for nondisclosure. As a result, most doctors opt to break a cancer diagnosis to the family before informing the patient himself. Nondisclosure may carry high costs to the patient and family, who may receive less than optimal supportive and medical care. The patient may be deprived of the chance to finalize his affairs and say goodbye.⁴¹ For many Muslim patients, it is God who permits death, hence giving up hope is not welcome in religious teaching.

In conclusion, the practice of medicine firmly relies on the relationship between the doctor and his/her patient. Consulting with a patient is a complicated skill that is gradually learned during medical training and perfected when one grows to take his/her role as a doctor. Medicine is not a business to be learned, but a profession to be satisfied with. Medical technology should not be allowed to dehumanize further medicine, and the declining image of the medical profession should be rectified. The caring doctor is the one who does not over-test or over-treat his/her patients and communicate with them properly. The success of the doctor-patient relationship is evident when doctors treat patients with respect and courtesy. Physicians are expected to possess scientific knowledge, technical skill, and a human touch and understanding. Physicians should be kind, decent and modest, well mannered, and insist on the treatment of poor and needy patients as much as law and regulations can permit. However, these regulations may hamper such good will. These are considered to be doctor's essential duties to the patients and the society.

Continuous education and model leadership are required to maintain the portrait in which doctors see their patients as people and not a disease. This will not only improve the relationship between physicians and patients, but often improve the clinical outcomes. All medical schools should initiate regular education programs in medical ethics, social, and behavioral sciences, and the art of communication for both undergraduate and postgraduate medical students. We also recommend developing a monitoring and evaluation system for doctors working in hospitals, clinics in public and private sectors to monitor for how they adhere to the "Code of Islamic medical ethics."

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References

1. Ghaffarifar S, Ghofranipour F, Ahmadi F, Khoshbaten M. Barriers to effective doctor-patient relationship based on precede-proceed model. *Glob J Health Sci* 2015; 7: 43280.
2. Rathor MY, Rani MF, Shah AM, Akter SF. Informed consent: a socio-legal study. *Med J Malaysia* 2011; 66: 423-428.
3. Fontanella D, Grant-Kels JM, Patel T, Norman R. Ethical issues in geriatric dermatology. *Clin Dermatol* 2012; 30: 511-515.
4. The doctor-patient relationship: capturing the ideal. *Lancet* 2013; 381: 1432.
5. Peabody FW. Landmark article March 19, 1927: The care of the patient. By Francis W. Peabody. *JAMA* 1984; 252: 813-818.
6. Hurst JW. Dr. Francis W. Peabody, We Need You. *Tex Heart Inst J* 2011; 38: 327-329.
7. Arawi TA. The Muslim physician and the ethics of medicine. *J IMA* 2010; 42: 111-116.
8. Al-Albani MN. Sahih Al Jamae. Dar Almaktab Alislami. Damascus, Syria. 2002 Hadith No: 3260.
9. The Holy Qur'an. Madina (KSA); King Fahd Complex. 2005; Chapter 3: 110.
10. The Holy Qur'an. Madina (KSA); King Fahd Complex. 2005; Chapter 16: 90.
11. Chamsi-Pasha H, Albar MA. Western and Islamic Bioethics: How close is the gap? *Avicenna J Med* 2013; 3: 8-14.
12. Al-Albani MN. Sahih Al Jamae. Hadith No: 2038. Damascus (SY): Dar Almaktab Alislami; 2002.
13. Al-Nawawi Y. Sahih Muslim Bishareh AlNawawi. Hadith No: 2199. Beirut (LB): Dar AlFiker; 2004.
14. Ibn Qay'em E. The Prophetic Medicine. Translation By Abd El-Qader the son of Abd El-Azeez. Cairo: Dar Alqad; 2009.
15. Al-Razi AB. Akhlaq Al-Tabib. Al-Abd AL, editor. Cairo (EG): Dar Al-Turath; 2001. p. 130-133.
16. Islam MS, Jhora ST. Physician-patient relationship: The present situation and our responsibilities. *Bangladesh Medical Journal* 2012; 41: 55-58.
17. Albar MA, Chamsi-Pasha H, Albar A. Mawsouat Akhklakhiat Mehnat Altib. Jeddah (KSA): King Abdul Aziz University; 2013.
18. Thompson JM. The changing patient-physician relationship. *AMA J Ethics* 2015; 17: 473-476.
19. Singh M. Communication as a bridge to build a sound doctor-patient/parent relationship. *Indian J Pediatr* 2015; 1: 1-5.
20. Adams DR, Flores A, Coltri A, Meltzer DO, Arora VM. A missed opportunity to improve patient satisfaction? patient perceptions of inpatient communication with their primary care physician. *American Journal of Medical Quality* 2015; July: 1-9.
21. McAlinden C. The importance of doctor-patient communication. *Br J Hosp Med (Lond)* 2014; 75: 64-65.
22. Jackson JL, Kroenke K. Difficult patient, encounters in the ambulatory clinic: clinical predictors and outcomes. *Arch Intern Med* 1999; 159: 1069-1075.
23. Gopichandran V, Chetlapalli SK. Trust in the physician-patient relationship in developing healthcare settings: a quantitative exploration. *Indian J Med Ethics* 2015; 12: 141-148.
24. Merriel SW, Salisbury C, Metcalfe C, Ridd M. Depth of the patient-doctor relationship and content of general practice consultations: a cross-sectional study. *Br J Gen Pract* 2015; 65: e545-e551.
25. Yosef AR. Health beliefs, practice, and priorities for health care of Arab Muslims in the United States. *J Transcult Nurs* 2008; 19: 284-291.
26. Ajlouni KM. History of informed medical consent. *Lancet* 1995; 346: 980.
27. DelPozo PR, Fins JJ. Islam and informed consent: note from Doha. *Camb Q Healthc Ethics* 2008; 17: 273-279.
28. Packer S. Informed consent with a focus on islamic views. *J IMA* 2011; 43: 215-218.
29. Westra AE, Willems DL, Smit BJ. Communicating with Muslim parents: "the four principles" are not culturally neutral as suggested. *Eur J Pediatr* 2009; 168: 1383-1387.
30. Ajlouni KM. Values, qualifications, ethics and legal standards in Arabic (Islamic) medicine. *Saudi Med J* 2003; 24: 820-826.
31. Hussain W, Hussain H, Hussain M, Hussain S, Attar S. Approaching the Muslim orthopedic patient. *J Bone Joint Surg Am* 2010; 92: e2.
32. Andrade M, Kausar S, Ambreen A. Role and influence of the patient's companion in family medicine consultations: "The Patient's Perspective". *J Family Med Prim Care* 2013; 2: 283-287.
33. Saidun S. Photographing human subjects in biomedical disciplines: an Islamic perspective. *J Med Ethics* 2013; 39: 84-88.
34. Al-Bar MA, Chamsi-Pasha H. Contemporary Bioethics: Islamic Perspective. New York (NY): Springer; 2015.
35. Beauchamp TL, Childress JF. Principles of biomedical ethics. 7th ed. New York (NY): Oxford University Press; 2013.
36. Alahmad G, Dierickx K. What do Islamic institutional fatwas say about medical and research confidentiality and breach of confidentiality? *Dev World Bioeth* 2012; 12: 104-112.
37. Resolutions and Recommendations of the Council of the Islamic Fiqh Academy. International Islamic Fiqh Academy. 1993. Decision No. 79 (10/8). [Accessed 2015 August 31]. Available from URL: <http://www.fiqhacademy.org.sa/>
38. Bousquet G, Orri M, Winterman S, Brugière C, Verneuil L, Revah-Levy A. Breaking bad news in oncology: A Metasynthesis. *J Clin Oncol* 2015; 33: 2437-2443.
39. Salem A, Salem AF. Breaking bad news: current prospective and practical guideline for Muslim countries. *J Cancer Educ* 2013; 28: 790-794.
40. Buckman R. Talking to patients about cancer. *BMJ* 1996; 313: 699-700.
41. Chittam M, Butow P. Responding to family requests for nondisclosure: the impact of oncologists' cultural background. *J Cancer Res Ther* 2015; 11: 174-180.