Maqasid al-Shari`ah in Medical Decision Making

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Objectives

- At the end of the lecture, the audience should be able to understand and explain:
- 1. Importance of decision making in medical and clinical practice
- 2. The basic elements of medical decision making
- 3. Modes of medical /clinical decision making
- 4. Role of Maqasid theory in making a suitable decision making

Importance of Decision Making in Medical and Clinical Practice

- Medical decision is the process that converts information into action.
- Suitable decision is one of the most important factors of quality medical care and controlling the cost.
- Making clinical decision needs balance of experience, awareness, knowledge and information gathering, using appropriate assessment tools, and evidence-based practice to guide.
- Clinical decision making can be divided into different types such as intuitive, heuristic, and evidence-based decisions.
- Decisions can be on simple or complex cases where the level of uncertainty is high and an analytical approach is needed
- The theory of Maqasid al-Shariah can play an important role to make a suitable medical decision in complicated cases.

The Basic Elements of Medical Decision Making

- **1. The subject matter (case):** medical intervention/ policy related to medicine or health.
- **2. The decision maker**: person or persons who have the authority to making the decision (the patient, the guardian, the doctor, the government)
- **3.** A set of facts: information / knowledge that enables / support to make a suitable decision;
- **4. The decision**: the conclusion or the process that determines the action (to do or not)
- **5. The outcome:** results / consequences of the decision (positive or negative)

Models of Clinical Decision Making

• Based on authority, there are tree basic models of clinical decision making:

- Paternalistic model: a doctor-centered decision making, where the patient plays only a passive role.
 In this mode doctors make decisions to their patients almost in the same way parents make decisions to their children,.
 The major advantage of this model / approach is that a patient do not have to bear the burden decision making.
- 2. Consumerist (patient`s rights) model: the patient plays a major role in making decision
 - The patient should be given all the relevant information that derived through modern technology so that he can make his own decision about the case.
 - Medical practice in this model is seen as a service-oriented business and patients are considered as consumers who bring certain expectations to the relation (case)
 - > The advantage of this model is that patients are empowered to be active participants in the decision making process.
 - > The disadvantage of this model is that doctor`s expertise is not fully appreciated.
- 3. Collaborative model: this shared decision making, where both the doctor and patient contribute.
 - \succ It is a collaborative model, which based on mutual respect and trust between patients and doctors.
 - Here both participant are seen as bringing vital expertise to the relationship: doctor`s medical experts and patient`s personal experts are joined. Doctor knows about the disease and treatment, patient knows about himself.
 - Each participant is seen as having limited knowledge of the other`s area of expertise, yet being capable of learning from one another and using that gained knowledge to arrive at a usually agreeable treatment plan.

Sources of Knowledge for Medical Decision

- 1. Understanding the basic mechanisms of disease and pathophysiologic principles
- 2. Diagnostic tests and empirically derived evidence
- 3. systematic observation
- 4. Clinical experience and the development of clinical instinct
- 5. The historical and social background of the patient
- 6. Environmental factors
- 7. Understanding certain rules of evidence
- 8. Having a combination of thorough traditional medical training and common sense

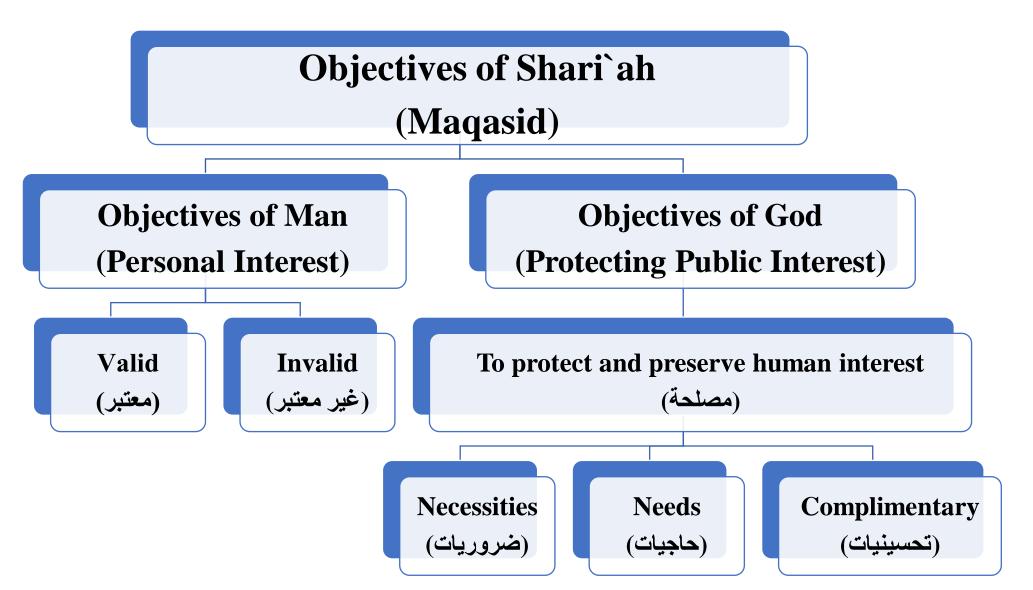
The Problem of Uncertainty in Clinical Practice

- Uncertainty (lack of Yaqin) is the major problem of clinical decision making
- How we able to atain Yaqin and reduce uncertainty in clinical decision making?

How the Maqasid Theory can Contribute?

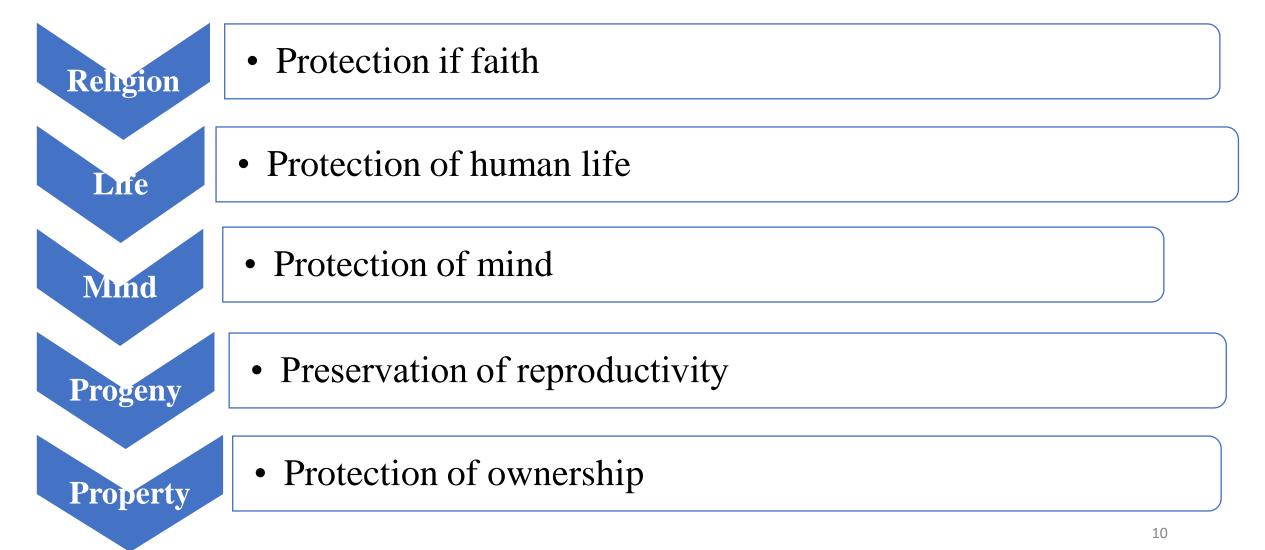
- ✓ Overview on Maqasid theory
- ✓ The necessities (ضروریات)
- ✓ How maqasid theory can contribute in the medical decision making?
- ✓ The main objective of Maqasid al-Shariah is to determine the hierarchy of acts to protect and preserve human interest.

An Overview on Maqasid Theory



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Necessities (ضروریات)



How Maqasid can contribute in Making Medical Decisions

- 1. Protection of life as base for decision making
- 2. Protection of faith (value-based) decision making
- 3. Protection of mind as a guideline for decision making
- 4. Protection of progeny as guideline for decision making
- 5. Protection of property as base / a guideline for decision making (economic factors as major bases for decision making)

The Ethico-Legal Hierarchy of Human Acts

- Human acctions and conducts, in Islamic perspective are categorised into the following five levels:, recommended, indifferent, reprehensible and prohibited.
- 1. Wājib or fard: obligatory duties which are rewarded for fulfilling them, and punished for failing to fulfil them, in this world or in the afterlife .
- 2. Mandūb or mustahabb: recommended actions, lead to reward when they are performed, but carry no punishment if they are not performed.
- 3. Mubāh: denotes that which is permitted or allowed; this is an 'indifferent' category of actions in which one is neither rewarded nor punished for performing or abstaining from the action.
- 4. Makrūh: actions are reprehensible or discouraged; one is rewarded for abstaining from these actions, but is not punished for performing them. All four of these aforementioned categories are considered halāl, or permitted.
- 5. Harām: prohibited actions: one is rewarded for abstaining from prohibited actions, and is punished for committing them..

The End

Thank you for your attention