FAMILY MEDICINE
HANDBOOK

This book aims to enlighten readers about the core knowledge in family medicine. The topics are highlighted in the realm of family medicine to enable readers define primary care, identify the similarities and differences between tertiary and primary care, elaborate the principles of family medicine and the role of family medicine specialists, especially for community and primary care. In addition, this book covers specific subtopics at postgraduate level such as practice management and medical ethics. Dissimilar from other books in the market, this book incorporates Islamic input for an integrative understanding of the subjects from a religious point of view. Whenever necessary, the topics also provide practical examples for a clearer picture of their clinical functions.

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Preface

Family Medicine Handbook is the latest textbook on family medicine core topics written by family medicine academicians and is recommended for both undergraduates and postgraduates in the family medicine curriculum. It is also beneficial to any reader and medical personnel who would like to enhance their understandings of the principles and general approaches of primary care.

This book aims to enlighten readers about the core knowledge in family medicine. The topics are highlighted in the realm of family medicine to enable readers to define primary care, identify the similarities and differences between tertiary and primary care, elaborate on the principles of family medicine and the role of family medicine specialists, especially for community and primary care. In addition, this book covers specific subtopics at the postgraduate level such as practice management and medical ethics. Dissimilar from other books in the market, this book incorporates Islamic input for an integrative understanding of the subjects from a religious point of view. Whenever necessary, the topics also provide practical examples for a clearer picture of their clinical functions. Therefore, this book indeed needs to be introduced as soon as possible.

This book serves as an ideal opening remark or as an eye-opener for those who are newly attached to family medicine or recently introduced to the posting. It can also serve as a good companion for those working in clinics and primary care as they apply the principles of family medicine in their daily work. The book also provides a general overview of the aforementioned subtopics and a detailed explanation of specific topics such as history taking, diagnosis, investigations and patient management. It also inculcates critical thinking among readers by providing objectives for each topic.

This book covers the topics of communication skills, diagnostic approach, data interpretation, patient management, disease prevention, practice management and ethics. Given the fact that core principles and approaches in primary care are presented in this book, specific diseases were not covered in detail; however, readers may gain such information from common guidelines of specific disease management. Furthermore, a general view of the Islamic perspective on family medicine is incorporated in the last chapter for integrative understanding. The book consists of 11 main topics with each comprising 12 to 20 pages. For easier understanding of the topics, figures and tables are used to summarise important ideas and they are placed next to the respective statement.

We hope and pray that this book will benefit graduates from various health professions, notably for the medical graduates to pick up the holistic concept of patient management and to distinguish challenges in the field of family medicine.

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Our deepest regards and utmost gratitude to all our parents and family members for their patience, encouragement and understanding. Finally, we would like to thank all the authors from the reference (books, journals, web pages and illustrations) that we referred to. This book would not have been possible without these sources of important information.

May Allah grant His blessings on everyone who helped us throughout this journey.

Amin Ya Rabbal Alaamin.

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Introduction

Family Medicine Handbook is a complete textbook for the readers to have an overview and understanding of the backbone of family medicine domains. It is a must-have for undergraduates and postgraduates of family medicine. This book consists of 11 important chapters written by ten family medicine specialists and lecturers at the International Islamic University of Malaysia. The first chapter entitled "Introduction to Family Medicine", provides an overview of the family medicine fraternity and the concept of primary care to ensure graduates are able to understand the core competencies required to improve community health. This chapter includes an introduction and the general principle of family medicine. The second chapter, entitled "Communication Skills", discusses the importance of communication skills towards a successful medical consultation. It includes an in-depth review of the components of history taking and the approach to verbal and non-verbal techniques. The title of the third chapter is "Consultation in Primary Care", which elaborates the concept and general structure of consultation and its application within the medical setting. A few examples of consultation models are presented to consolidate readers' understanding.

The fourth chapter, entitled "Diagnostic Approach", explains the concept of the diagnostic approach in primary care. In this chapter, graduates are introduced to the concept of diagnostic process framework and how to refine diagnoses to evaluate, appraise and support the diagnoses made. This chapter also covers Murtagh diagnostic strategy and problem list approach in constructing the diagnosis and planning the patient's management. The fifth chapter, entitled "Data Interpretation", explains the basic investigations focusing on the most ordered examination in the clinic. Students will be able to learn the indications for each investigation, how to interpret the results and how to formulate the diagnosis and treatment accordingly. The sixth chapter, entitled "Patient Management", explains and demonstrates the concept of holistic patient

management at the primary care level using two common approaches: disease centred approach and patient-centred approach. The scope of this chapter includes the principle of these two approaches and how they can be implemented and evaluated by a doctor for individual patient management.

The seventh chapter, entitled "Health Education", includes the stories behind health education and its basic principles such as credibility, trustworthiness, participation and motivation of both parties, general approaches and the recommended methods. This chapter is important to be read by all health personnel who will be involved in clinical healthcare settings in promoting health education. The eighth chapter, entitled "Disease Prevention", describes the concept of prevention in family medicine, the levels of prevention and their clinical significance with the current practice in Malaysia. The scope is to introduce the applied principle of prevention in family medicine clinical practice. The ninth chapter, entitled "Family Medicine Practice Management", explains the concept of practice management in a primary care clinic. The chapter highlights six common domains to be taught in managing the clinic to aid health practitioners in adopting critical thinking in dealing with problems by using a safe, justice and mature approach. It is related to the practical aspect in which a clinician needs to be a good observer and adhere to ethics and principles.

The tenth chapter, entitled "Ethics in Primary Care", discusses four pillars namely 'patient autonomy', 'beneficence', 'non-maleficence', and 'justice' in relation to primary care. Finally, the last chapter, entitled "Islamic Perspective in Family Medicine" provides an overview regarding the responsibilities of a Muslim physician and taking our beloved Prophet Muhammad (Peace Be Upon Him) as a role model in daily clinical practice. The integration of the topics in this Family Medicine Handbook with Islamic perspective is based on the evidence from the Quran and the Sunnah.

Overall, this book is concise and holistic in nature, but comprehensive in covering every aspect of family medicine and primary care. This book is indeed an eye-opener for all readers to improve their understanding of the beautiful concepts of family medicine in practice.

CHAPTER 1
INTRODUCTION TO FAMILY MEDICINE

Mohd Aznan Md Aris and Nurul Husna Azmi

Learning Objectives

1. Able to explain primary care services.
2. Able to explain the differences between hospital care and primary care.
3. Able to describe the principles of Family Medicine.
4. Able to accurately designate the role of the Family Medicine Specialist at primary care.

Introduction

Primary care (also known as family medicine as a medical speciality in primary care) is the first point of contact that an individual has with health care provision. Primary care doctors are known as family doctors, general practitioners or family physicians. Family medicine is a medical speciality that provides comprehensive and continuous health care for the individual and the whole family. The practise encompasses the biological, clinical aspect and behavioural sciences, whereas the scope covers all ages from womb to tomb, all sexes, all aspects of the organ system and all diseases.

The concept of family medicine is in line with what has been thought in Islam. Islam is a way of life that encompasses all aspects of human life: spiritual and physical, personal and communal, physical health and material wealth, and religious matters, as well as political issues. In Islam, our body and health are considered important gifts of Almighty Allah. Imam Ali (peace be upon him) said: "*Health is the best of blessings.*" In another narration, he says, "*One of the blessings [of God] is the abundance of wealth; however, better than the abundance of wealth is the health of the body.*" Imam Ja'far as-Sadiq (peace be upon him) said, "*A believer who is physically strong is better than a weak believer.*" It is in this sense that our body is the trust given to us by Allah, therefore we must safeguard and protect this trust.

Primary care is responsible for promoting a healthy lifestyle, performing health screening for disease prophylaxis and early intervention to prevent complications. It also entails health maintenance, providing counselling in various aspects of health problems, empowering the community with health education, and the most important bread and butter of primary care is the diagnosis and providing treatment for acute and chronic illnesses in a variety of healthcare settings. Primary care promotes effective communication with patients and empowers them as partners in healthcare. These practices are designed to ensure good quality of healthcare is provided to patients. Primary care services are provided by physicians who are specifically trained and skilled in comprehensive first contact and continuous care for persons with any clinical presentation or health problem that encompasses biological, behavioural, social and organ systems. It also facilitates the care of patients in collaboration with other health professionals such as referral for optimum care of the patient.

In Malaysia, primary care services are provided by the private and public sectors. The health clinics are responsible for public primary care services, whereas the general practitioner clinics provide private primary care services. The public sector is funded mainly by the government, whereas for the private sector, medical fees are charged to the patient. Although both private and public primary care settings have the same principles, the service delivery and practice management have different weightage most probably due to the differences in the financial impact.

Maternal, child health and chronic disease cases are seen more in the public sector while entrepreneurial skills are more required in the private sector.

The role of a family physician is important as the first contact doctor who integrates care and as acts as an advocate for the patient in a complex healthcare system. In contrast to other specialities, family physicians deliver a wide range of healthcare services that are not limited to certain organs or diseases only. They are involved in diagnosing, treating illnesses from acute to chronic cases and providing preventive care to the community.

In the advancement of the healthcare system, the role of family physicians in treating a person as a whole remains constant. They are qualified specialists in treating most health problems and provide comprehensive and continuous care for all. Personalised care focusing on integrated care is the cornerstone of family medicine which emphasises on patient centred medical care in delivering first contact consultation and treatment. Besides managing chronic illness, family physicians also coordinate with other subspecialties in providing the best healthcare to the community.

In line with the Sustainable Development Goal (SDG) in health and well-being by the World Health Organisation (WHO), the directions of healthcare are more towards preventive care. Family physicians play a vital role in preventive medical care services to improve overall community health, which will subsequently increase the productivity and socioeconomic status of a nation. The preventive medical care services include routine medical check-ups, health-risk screening, immunisation, health promotion, mental health screening and personalised counselling in maintaining a healthy lifestyle.

The History of Primary Care

In 1978, the World Health Organisation made a declaration about the importance of primary health care in any rational health care system, which is also known as the “Alma-Ata Declaration”.

CHAPTER 2
COMMUNICATION SKILLS IN PRIMARY CARE

Azwanis Abdul Hadi and Nurul Husna Azmi

Learning Objectives

1. Able to describe the importance of good communication skills in primary care consultation.
2. Able to apply the knowledge of the essential components in history taking.
3. Able to explain and practice the verbal and non-verbal techniques in history taking.

Introduction

Apart from solid medical knowledge, a primary care physician must be equipped with good communication skills. One of the main advantages of having good communication skills is to make it easier for the physician and patient to connect in order to reach holistic medical management. History taking is a structured medical interview comprising several important components that a physician must cover. History taking is usually the main platform that a physician uses to communicate with patients. When history taking is combined with verbal and non-verbal techniques, hopefully, successful communication between a physician

and patient would be delivered. As quoted by Iman Al-Razi, Adab Al-Tabib: *"He does not ask the patient what is obvious since this would indicate inability and ignorance on the part of the physician. He employs special methods of deduction and analogy."*

Communication Skills

Definition

Communication skill is defined as the imparting or exchanging of information by speaking, writing or using some other medium.

Why Does It Matter

Good communication skills in a medical consultation are vital skills that must be possessed by primary care physicians to develop a healthy patient-doctor relationship. A good patient-doctor relationship is fundamental for the physician to come up with the best management plan after considering the patient's thoughts, concerns, expectations and social background. Some of the main reasons for a physician to have good communication skills are:

1. To gain patient's trust
2. To gain patient's cooperation
3. To gain patient's satisfaction
4. To gain patient's compliance
5. To meet on "common ground" or agree on a mutual decision.
6. To avoid misunderstanding
7. To provide and receive excellent care.
8. For the healing process
9. For improved outcomes

The communication between a physician and a patient must not just be professional but must be transparent in its message with no hidden agendas from both parties. There are many examples of poor communication between a patient and a physician.

Scenario 1

A patient with poorly controlled type 2 diabetes who is compliant on maximum oral medications comes for follow-up. During this follow-up, the physician advises the patient to commence insulin as the next step of management but the patient is not keen. The physician proceeds with counselling the patient on the benefits of insulin and the risk of delaying the commencement. While the physician eagerly imparts his knowledge to the patient, the patient on the other hand, is still reluctant to start the insulin. However, she keeps quiet and takes the prescription from the physician, only to not use the insulin at home. Several follow-ups later the patient's blood glucose control is still poor and the physician keeps on increasing the dose. By now, the patient does not inform the physician that she is not taking the insulin so as not to offend the physician. In the end, out of desperation and worsening health, the patient starts taking over the counter herbal tonics. Her health deteriorates further, complications start to creep in and her prognosis worsened. She is then hospitalised and in the end suffers premature death.

Downfalls

1. The physician did not inquire about the reason why the patient was reluctant to start insulin. If this problem was addressed earlier, the patient would most likely have complied.
2. The physician was very doctor-centred. He was absorbed with his own agenda – which was to start insulin and did not enquire what the patient wanted.
3. The physician did not elicit the patient's level of understanding. It could be that they both have different levels of understanding. The patient might even have a false health belief.
4. The physician's doctor-centred approach would have intimidated the patient. Therefore, she was reluctant to open up and express her feelings to the doctor.

CHAPTER 3
CONSULTATION IN PRIMARY CARE

Azwanis Abdul Hadi and Fa'iza Abdullah

Learning Objectives

1. Able to describe the consultation structure in primary care.
2. Able to anticipate the barriers to a good consultation.
3. Able to apply effective consultation skills during clinical assessment and patient management.

Introduction

Medical consultation is defined as a formalised interaction between a physician and a patient about the diagnosis or treatment of a specific case. This includes evaluating the nature and progress of the disease in a particular patient. Consultation is used in all the processes of patient management from history taking to treatment as well as follow up stages. The process of consultation is an important part of primary care practice that helps pave the way for a successful treatment outcome. Taking care of patients with understanding and care is the responsibility of a primary care physician. Patients who are sick come with a vulnerability that must not be abused. We must remember that we will account for all our deeds to Allah (SWT) if we treat patients inadequately. Again, a physician must

always try to maintain calmness even when it is easier to get frustrated and angry. As one hadith mentioned, *a man said to the Prophet (PBUH) "Advise me," he said: "Do not get angry." He repeated his question several times and again the Prophet (PBUH) said: "Do not get angry."* Over the years, many consultation models have been suggested that can be used as a guide which will be discussed in this chapter.

According to Al-Razi, in his Adab Al-Tabib, the method of justice of the physician and its beginning is that *'it is necessary to be good, training one's self, and taking care of it by employing good morals and actions with sympathy, mercy, gentleness, chastity, courage, generosity, being just, keeping a secret, and anything similar as the virtues of the soul and its proper breeding with work, acquiring the art, studying its books and their meaning so as to practice them and to bestow [their benefits] on all people without distinguishing them as friend or foe, in agreement or disagreement.'*

Consultation in Primary Care

Definition

Consultation roughly means a meeting with an expert individual with specialised knowledge in order to seek advice. Therefore, a medical consultation means a meeting between a physician and a patient to establish diagnosis, prognosis and to come up with a management plan. A primary care physician must be clinically competent to achieve a successful consultation outcome. Clinically competent means a physician must be knowledgeable, have good communication skills to obtain a thorough history, be able to perform a proper physical examination and most importantly, be able to connect the findings that would lead to problem-solving, diagnosis and management strategy. Simultaneously, a physician must establish a good and trusted rapport with patients.

Rapport is an important part of a medical consultation where it strengthens the doctor-patient relationship, which is a prerequisite to ensure clarity of communication between both parties. The aim is to break down any barrier that hinders a successful consultation. Rapport should be continuously practised throughout the medical consultation.

A physician can practise a few techniques recommended by Murtagh to establish rapport:

1. Greet the patient in a friendly manner either with a smile or a handshake.
2. Treat patients with respect and courtesy. For example, to stand when a patient enters the room.
3. Greet patients by his or her preferred salutation. For example, using 'Miss' or 'Mr' for older patients or by just their first name for younger patients.

While using these techniques, it is important to note that certain places have religious and/or cultural values that must be respected. For example, it is forbidden to shake hands with a Muslim patient of the opposite gender. In some Asian cultures, greeting an elderly patient with the proper salutation can be both respectful and friendly.

Setting the Scene

It is important for the medical consultation to be held in a proper setting. Preferably, the physician should be in a private room and not an open room that is shared with other colleagues. The room should be equipped with necessities such as tables, chairs, a bench or bed for clinical examination, curtains to maintain patient's privacy, a sink as well as clinical and non-clinical waste bins. The position of the physician and patient at the consultation table should be in an L-shape (please see figure 3-1) rather than facing each other with a table in between. The function of the L-shape position is to remove any physical barrier between the physician and patient. In addition, it portrays that the physician is approachable and amicable rather than someone who is interrogating. Near enough for the physician to be able to reach out for examination but not too near as to invade the patient's personal space. While at the same time, the physician will have access to the workspace on the table for notes, medical records or computers.

CHAPTER 4
DIAGNOSTIC APPROACH IN PRIMARY CARE

Fa'iza Abdullah and Nurjasmine Aida Jamani

Learning Objectives

1. Able to describe and apply a good history taking, perform proper physical examination and discuss relevant investigations for cases seen in Primary Care.
2. Able to summarize the history and construct diagnosis of common acute and chronic illnesses by using a safe diagnostic strategy.
3. Able to familiarize and compose the biological, psychological and social problems of individual patients so that patient centred management can be applied.
4. Able to evaluate and appraise differential diagnoses as well as to defend and support the provisional diagnosis made.

Introduction

Diagnosis is the identification of an illness or medical disease. It is a process of identifying the disease based on the manifested signs and symptoms, which is often aided by diagnostic tests. On the other hand, a differential diagnosis is a process of distinguishing a disease or illness

from others that present similar clinical features. The last decade has witnessed dramatic changes in both clinical diagnostic processes and patient's management. Several diseases are capable of being diagnosed early, cured or better controlled. A correct diagnosis in a timely manner has important implications on patient care. It assists physicians to prescribe an effective treatment while the patient has the best opportunity for a positive health outcome. Therefore, it is vital to have a reliable diagnostic process to facilitate a definitive diagnosis.

During the diagnostic process, it is essential for the clinician, the patient and the patient's family members to communicate. Central to Islam, Prophet Muhammad (PBUH) used two main methods to communicate with his people: oral and written. Communication is key in Islam and it serves as a guide for Muslim physicians. Moral and ethical communication behaviour with all humans is important, especially during clinical history interviews, examination and counselling. This chapter describes vital strategies used in the primary care setting in making a diagnosis, illustrates their application and is accompanied by a case scenario.

Diagnostic Process Framework

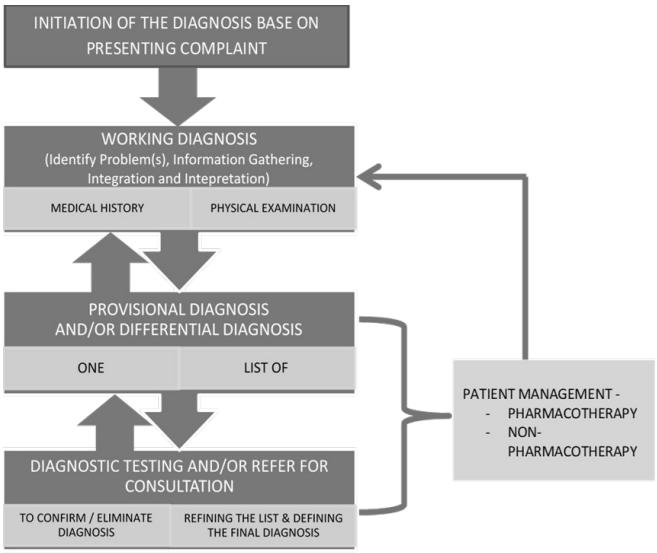

Figure 4.1: Diagnostic Process Framework

A patient may experience one health problem or list of problems that could either be related to physical or mental health. Once a patient seeks healthcare, a doctor can initiate several "spot diagnoses" for the initial response to the presenting complaint. These could be the possible diagnoses according to the doctor's hypotheses and subsequently, the diagnoses may be refined. The "spot diagnoses" are almost instantaneous; relying on clinical experiences based on pattern recognition of the given condition. Thereafter, the diagnostic process is activated.

Figure 4.1; Diagnostic Process Framework refers to a cyclical process of gathering, integrating and interpreting the information and performing a physical examination to form a working diagnosis. This is followed by diagnostic testing, referral for consultation or test of treatment to refine the diagnoses and to define the final diagnosis. The working diagnosis may either be a single potential diagnosis or a list of potential diagnoses known as a differential diagnosis. When diagnostic testing and/or referring for consultation with other clinicians is performed, it facilitates an indirect accumulation of information that may be relevant towards understanding the patient's health problem. Hence, it enables the confirmation of the diagnosis and/or eliminating other diagnoses and subsequently proceeding with the patient management.

The diagnostic process is continuous as new or more information, physical findings, investigation results and consultation choices are obtained whilst updating the working diagnosis and treatment. Occasionally, the provision of treatment known as the test of treatment can also act as updated information and help in refining a working diagnosis, as shown by the feedback loop from treatment into the diagnostic process in Figure 4.1. Thus, the diagnosis may be confirmed during the treatment process. It also illustrates that health problems may arise during the treatment, whereby the clinician may need to refine the working diagnosis and either proceed or change to a new treatment modality.

The working diagnosis should be shared with the patient. It helps to improve the doctor's understanding of the patient's illness, especially in the process of refining the diagnosis. This doctor-patient discussion should include an explanation of the degree of uncertainty associated with a working diagnosis. Each time there is a revision to the working

CHAPTER 6
PATIENT MANAGEMENT IN PRIMARY CARE

Suhaiza Samsudin and Mohammad Che' Man

Learning Objectives

1. Able to recognize differences between disease centred approach and patient centred approach.
2. Able to describe and apply holistic approach upon managing primary care patients.
3. Able to appraise and evaluate the management of individual patients.

Introduction

Primary care is one of the medical disciplines which provides community- based, continuous, comprehensive and preventive healthcare. It is very common for a medical doctor in primary care to manage medical illness that covers a wide spectrum of clinical conditions from the most common and simple diseases to the rare ones. Features that make primary care practice to be different from a tertiary centre or any specialist-based medical practice include its role as the first point of contact care, the strategy used in arriving at the right diagnosis, personalised care, holistic approach, health promotion and providing domiciliary care as well as family care.

The proper way of patient management is crucial at any level of healthcare as it will give an impact on the patient's condition as a whole. In primary care practice, a holistic or whole-person approach is an important way of managing patient care. Understanding the holistic approach will assist doctors in providing the best health care management and indirectly improve patient satisfaction.

From an Islamic viewpoint, health is regarded as one of the greatest blessings that Allah (SWT) has bestowed on humans. The greatest blessing after belief is health.

> *As narrated in the following Hadith, Prophet Muhammad (PBUH) mounted the pulpit, then wept and said: "Ask Allah (SWT) for forgiveness and health, for after being granted certainty, one is given nothing better than health." Related in Tirmidhi.*

Ibn Sina (Avicenna) was one of the most eminent Muslim physicians and philosophers of his days whose influence on Islamic and European medicine persisted for centuries. The Europeans called him the "Prince of Physicians".

Although Ibn Sina made advances in pharmacology and clinical practice, his greatest contribution was in the philosophy of medicine. He created a system of medicine that is presently referred to as holistic medicine, which integrates the physical and psychological factors with treatments of diseases when managing patients. His examples of medical practices should be followed by all healthcare professionals.

As Muslim physicians, enhancing our clinical skills by providing patient-centred care can potentially improve the delivery of primary health care services. Physicians should respond to patient needs and tailor them with the current best available evidence by considering every single aspect of the biological and psychological impact of patients and the family.

Physicians need to know and understand the patients' backgrounds and beliefs in order to afford the best care of patient management. Among the important highlights that we should pay attention to include asking patients and families on how we can help them to make their experiences with us more beneficial, avoid being judgmental and making assumptions towards patients.

Narrated by Usamah Bin Shareek (may Allah be pleased with him):

> *'I was with the Prophet (PBUH), and some Arabs came to him asking, "O Messenger of Allah, should we take medicines for any disease?" He said, "Yes, O You servants of Allah take medicine as Allah has not created a disease without creating a cure except for one." They asked which one. He replied, "old age."*
>
> *(At-Tirmidhi)*

Disease-Centred Approach

The disease-centred approach is the most common and popular medical management model which is based on history taking, focused physical examination and performing relevant investigations. The ultimate objective of the disease-centred approach is to determine the correct diagnosis and provide a clinical treatment of the underlying disease. This is considered a traditional approach that has been used globally for many centuries.

Under this classic approach, physicians will control the whole process of managing patients' care and receive very limited input from patients and families. This model is commonly encountered in hospital or tertiary settings, whereby the emphasis is directed towards the pathological cause of the disease with little attention paid to the psychosocial aspect of the patient.

This approach has received extensive criticism due to its paternalistic pattern where it gives little consideration to an individual's preferences; or rather the decisions made primarily come from the medical doctors' point of view. Furthermore, given that this approach focuses only on the disease and its management, it has the potential to compromise a patient's right to self-determination and autonomy.

The two clinical scenarios below illustrate an example of disease centred approach management:

CHAPTER 7
HEALTH EDUCATION IN THE CONTEXT OF FAMILY MEDICINE

Mohammad Che' Man and Nor Azam Kamaruzaman

Learning Objectives

1. Able to define the concept and principle of health education.
2. Able to apply good health education in clinical practice.
3. Able to define the general methods of health education.
4. Able to integrate Islamic approaches in health education and counselling.

Introduction

Health education is one of the fundamental components of health promotion activities which helps to increase knowledge. These programmes can be implemented either in clinics, hospitals, schools, homes, workplaces or in our community. It is the cheapest, powerful and a very effective medicine in the treatment and prevention of diseases. It can influence people on the way to attain the best health.

The common important topics for health education include a basic healthy diet, physical activity, specific exercises, prevention of nicotine addiction, mental health issues and precaution against HIV/AIDS and so on. These topics are always discussed especially in primary care.

A person referred to as a health educator is expected to be very dedicated and enthusiastic. However, the challenge is how to effectively deliver health education activities. Health education plays an important role in the Islamic perspective, According to Imam Ali a.s, *"Piety... heals the disease of your body." (Imam Ali a.s, 1380, 658)*

Islam has a special focus on the physical health of individuals and even prohibits religious practices when they are harmful to the body (Quran, Baghera: 184).

Furthermore**,** Abu Hurairah R.A reported:

The Messenger of Allah, peace and blessings be upon him said, "Whoever travels a path in search of knowledge, Allah will make easy for him a path to Paradise." (Sahih Muslim, 2699)

For health promotion and education programmes, Islam shows more perfect evidence than many other beliefs. Islam and health education are the integral parts from which we may deduce the best source for an Islamic principle of health as enshrined in the verse of God in the Quran. From Al-Khayat in 1997 and El-Kadi in 1996, there are several approaches in encouraging health education among people. Firstly, it starts with a legal approach that promotes health and prohibits unsafe actions to people based on Islamic rules. Secondly, there is an approach that guides people to a better way of life based on Islamic fundamentals. This approach comprises rules and regulations guiding individuals in their daily lives and behavioural guidelines for routine activities in the life of a Muslim. The third approach is what we call the 'healing effect of the Quran' which is the recitation of some parts of verses of the Quran on the various systems of the human body. It is believed to provide a healing effect to the readers. However, from the Al-Awwa in 2002, it was revealed that the Quran is not a medical book but it delivers supervision to mankind for certifying pleasure, well-being and happiness through obeying the commands.

The Quran and Sunnah comprise of positive health-related education that inspires Muslims, with direct influence on performance among people and affects their health condition indirectly. Islam is both a

religion and 'a way of life' that significantly guide the behaviour of Muslims in their daily lives including their health status. From the Ottawa Charter by Leeuw and Hussein in 1999, it was declared that the World Health Organisation (WHO) has renowned the important role of health education and promotion.

Definition of health, health promotion, health education and health literacy

Definitions

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Health promotion: Process of enabling people to increase control over and to improve their health. Health promotion has its roots in many different disciplines. Over time, it incorporated several previously separate components, one of which was health education. Some authorities hold the view that health promotion comprises three overlapping components: health education, health protection and prevention.

Health education: The health of individuals can be improved by influencing their attitudes through learning experiences. According to the Alma-ata declaration in 1978, health education was described as "Consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills, which are conducive to individual and community health". In addition, health education encourages people to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health and to seek help when needed.

It is a process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyles (National Conference on Preventive Medicine, USA).

Health literacy: The extent to which people can access, understand, evaluate and convey information to engage with the different health context demands to promote and maintain good health throughout life.

CHAPTER 8
DISEASE PREVENTION IN FAMILY MEDICINE

Nor Azam Kamaruzaman and
Mohd Shaiful Ehsan Shaliman

Learning Objectives

1. Able to define and illustrate disease prevention and its role in family medicine.
2. Able to identify level of prevention in family medicine context and describe each activity.
3. Able to apply concepts of evidence-based prevention in clinical practices.
4. Able to integrate Islamic principles on prevention into current practice.

Introduction & Definition

Preventive care activities are essential core elements in family medicine as they are often incorporated into family physician practice either in patient care or in clinical settings. Examples are when the doctor measures the blood pressure of a patient complaining of skin rash to screen for hypertension or an accompanying person checking his own weight and height at the self-examination corner in the clinic. Preventive care activities are most offered regularly as scheduled care such as in childhood immunisation programmes and periodic health examinations.

The literal definition of prevention is the action of stopping something from happening or arising (Oxford) or the act of preventing or hindering (Merriam-Webster). On the other hand, the conceptual definition of disease prevention is specifically population-based and individual-based interventions for primary and secondary prevention, aiming to minimise the burden of disease and associated risk factors (WHO).

As an old Arab wisdom says,"prevention is better than cure", Islam gives utmost priority to disease prevention. The concept of prevention, *wiqayat*, has been mentioned many times in the Quran. It is the fixed laws of Allah (*sunnatul Allah*) in this world and its application in medicine is mostly obvious. Humans use empirical knowledge on risk factors to predict disease risks and propose preventive action to reverse the risks. Preventive activities are not considered as against fate (*qadar)* as every human being is responsible to preserve a healthy life and stay away from any harmful objects or high-risk behaviours;

- *"And don't throw yourself into the danger of destruction"*. (Al-Quran, 2:195).

The level of prevention mentioned previously is also applicable from the Islamic perspective. An example of primary prevention in education on healthy nutrition is clearly illustrated in al-Quran:

- "*Eat and drink but be not excessive. Indeed He (Allah) does not like those who commit excess*". (Al-Quran, 7:31)

On secondary prevention, Islam also recommends seeking appropriate health intervention which must be thoroughly studied (evidence-based medicine):

- "*For every illness, there is a remedy. When the remedy is appropriate, the illness will be cured by God's will"*. (Related by al-Muslim)

The recent COVID-19 pandemic has also highlighted the importance of preventive measures in controlling infectious disease:

- Social distancing and medical isolation: "*Those who are sick should not get close to those who are healthy"*. (Related by al-Bukhari)
- Quarantine: "*When you hear of any area which suffered an outbreak of infection, do not enter it. And when you are already in that area, do not leave it"*. (Related by al-Bukhari)

Level of Prevention in Family Medicine

Prevention is the most effective method of disease control. The concept of prevention can be categorised into four levels; primordial, primary, secondary and tertiary. In clinical medicine, prevention is generally to avert the premature occurrence of 3Ds: disease, disability and death. Referring to this objective, almost all activities in family medicine practice can be categorised under preventive activities. However, the same activity may be classified differently by other clinical disciplines.

Primordial Prevention

(This involves the health authority and other agencies)

Definition : Activities to prevent the occurrence of risk factors in society and the environment.

Target group : Whole population.

Examples:

- Promotion of healthy nutrition and food safety. This entails handling, preparing and storing food in a way to best reduce the risk of individuals becoming sick from foodborne illnesses.
- Promotion of the implementation of personal protective equipment and safety measures such as child restraint seat, motorcycle helmet and car seat belt.
- Travelling ban to or from countries known to have an outbreak such as Ebola or COVID-19, usually at the beginning of a pandemic.

Primary Prevention

Definition : Activities to keep or prevent diseases from occurring at all or avoiding the manifestation of a disease.

Target group : Healthy population

Examples:

- Health education: any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes. Examples: education on healthy diet, dangers of smoking, exercise, safe sex and dental hygiene.

CHAPTER 9
FAMILY MEDICINE PRACTICE MANAGEMENT

Mohd Shaiful Ehsan Shalihin and Abdul Hadi Said

Learning Objectives

1. Able to understand and initiate a new programme in the health clinic.
2. Able to understand the principles of clinical audit and perform the clinical audit.
3. Able to understand the different types of medical records and ways to improve the record system.
4. Able to understand the principles of managing resources including instruments, staff and medications.

Introduction

Practice Management in a clinic refers to managing day to day issues about primary care practice. Practically, it involves decisions, actions, and resource allocation to enable the provision of professional services to meet the objectives of the organisation at the clinic. It requires an understanding of the needs of health professionals, patients, non medical staff and the public. The process involves planning, finance, technology application, information and most importantly, dealing with people.

Practice management not only evolves with medical management but also requires knowledge on financial planning, marketing, training and human resources. It is also indirectly related to the manager's personal development and interaction with the surroundings, especially resources. Above all, experience and maturity in handling new and difficult situations would determine the success of the practice management. It should come hand in hand with health promotion and disease prevention strategies of the clinic. Among the domains under practice management includes setting up a programme at the clinic, conducting a clinical audit, managing information system and medical records, managing clinic resources, preparing budgets, and managing medications or treatment supply.

From an Islamic perspective, practice management reflects the good conduct of a medical doctor in fulfilling his obligations as a healthcare practitioner in conjunction with Islamic teachings under the guidance of Al-mighty Allah, through Al-Quran and by following prophet Muhammad (peace be upon him). Islam emphasises discipline and high moral values, especially in deciding to involve himself and other persons related within his care. This includes identifying the benefits and disadvantages of each action before implementing the decision at clinic levels.

Indeed, working is considered as a form of worship to Allah (ibadah) in Islam; therefore, medical doctors need to be righteous and careful in making clinical decisions for the patient's best interest by using the appropriate resources available at the clinic. A hadith narrated by Imam Al-Baihaqi Rahimahullah mentioned that the Prophet Muhammad (peace be upon him) had said:

إن هللا يحب إذا عمل أحدكم عمال أن يتقنه

Which means: *"Indeed Allah loves one who when he does a work, he does it with excellence."*

CHAPTER 10
ETHICS IN PRIMARY CARE PRACTICE

Abdul Hadi Said and Mohd Aznan Md Aris

Learning Objectives

1. Able to understand and compare the principles of the four pillars of medical ethics and to practice them for primary care.
2. Able to identify and understand the extended ethical issues that are relevant to primary care practice.
3. Able to analyse and apply the ethical principle in dealing

Introduction

Family physicians deal with various types of patients from different ages, races and social backgrounds. A family physician needs to be well equipped with a clear understanding of ethical principles to enable them to manage any kind of ethical issues raised. This chapter aims to discuss the four pillars of medical ethics namely 'patient autonomy', 'beneficence', 'non-maleficence' and 'justice'. These four pillars will be discussed from the primary care perspective. Beyond that, this chapter will also discuss the extended medical ethics which are particularly relevant to primary care such as patient's confidentiality, child's rights,

statutory rape and public safety. Lastly, this chapter provides a brief and simple guide to manage ethical issues in family medicine practice. This guide will be based on the scenarios presented and the ways to handle the cases individually. The discussion should help readers to have clearer and better ideas on how to implement the ethical principles in each case and other important aspects to be consideredwhen dealing with ethical issues. As Muslim doctors, we should not separate any of our acts, including medical ethics, from Islamic teaching as it will later be asked by Allah (SWT). To be able to do that, we need to learn and understand the views of Islamic teaching with regards to medical ethics.

> *"You are the best ummah produced [as an example] for mankind. You enjoin what is right (ma'ruf) and forbid what is wrong (munkar) and believe in Allah". (Quran; al'Imran 3:110).*

The above Quran verse is one of the clearest examples that proves Islam has been promoting good (beneficence) and prohibiting harm (non-maleficence) for more than a thousand years ago, long before the existence of medical ethics. It is our duty as Muslim doctors to realise and embrace this. Whenever we practice something according to medical ethics, we must realise that it is also what has been taught in Islam since many years ago.

> *"And fulfil (every) covenant. Verily, the covenant will be questioned about". (Quran; al-Isra' 17:34).*

The above instruction from Allah more than a thousand years ago is related to the principle of 'confidentiality' in medical ethics. It is compulsory for a Muslim to keep the secret of others and failure to do so will result in punishment from Allah in the hereafter. Being a doctor is a tough job since we have to deal with our patients' secrets almost every day. However, if we really adhere to what Allah has told us, we will practice the principle of confidentiality as best as we can.

In conclusion, being a good doctor (a doctor who adheres to medical ethics) is exactly what has been taught in Islamic teaching. As doctors, we should remember that every act we perform in this life will be judged by Allah in the hereafter. We cannot avoid making mistakes, but we should

always learn from them and improve ourselves. Hopefully, when the time comes for Allah to take our life, we already managed to achieve the best of ourselves prior to meeting Allah, our 'Creator'.

Four Pillars of Medical Ethics

Autonomy

It means that patients have the right to make their own decisions about their health. This principle is a recognition that patients have total control over in making decisions whether to opt for the offered treatment or not. As physicians, we should never force them to accept our treatment/ opinion. The most important thing to do is to make sure the patients fully understand the benefits and side effects of the treatment offered. A physician should also explain the harm of refusing treatment to make sure the patient is fully aware of everything before he/she makes the decision. It is also essential to note that the treating physician must make sure that the patient is capable of making that decision. If a patient is deemed unable (incompetent) to make decisions for themselves, for example when detained under the Mental Capacity Act, then the principle of autonomy does not apply directly to this patient. In this case, consent may be sought from the family members. Besides, the legal age to be able to give medical consent in Malaysia is 18 years old. For those under 18 years old, consent should be obtained from the parents.

Beneficence

It means doing what is best for our patients. The idea is always to achieve the best outcome for the patient (although this is not always the case). It is the duty of a physician to identify and offer a treatment that will most likely give the best outcome to the patient. Although this can be extremely complicated at times as some patients may have their own opinions/ views about the treatments which may be beyond modern medicine. This is where communication skills are particularly important. It is about addressing and respecting their views, identifying the best option and discussing it with the patient.

CHAPTER 11
ISLAMIC PERSPECTIVE IN FAMILY MEDICINE

Hasbullah Mohamad and Mohd Aznan Md Aris

Learning Objectives

1. Able to understand the principle of Islamic perspective for Muslim physician.
2. Able to relate the Islamic perspective with primary care practice.

Introduction

The Muslim physician, guided by the two primary sources of Islamic Law; the Quran and Sunnah, will possess the necessary traits of a good physician. Primary care Muslim physicians will deal with various types of patients and cases of different ages, races, religions, and social backgrounds. They need to have a good personality guided by sources of Islamic Law and upon reflecting on the life of Prophet Muhammad (PBUH). This chapter will discuss and relate most of the topics in this book on Islamic perspective and will provide simple guidelines to become a good Muslim physician.

Oath of Muslim Physician

As Muslim physicians, they need to obey their oath of Muslim Physician once they have graduated. The oath is outlined below: (Adopted from Oath of Muslim physician, Kulliyyah of Medicine, IIUM)

- In the name of Allah, Most Gracious, Most Merciful.
- Praise be to Allah, The Sustainer of His Creation, the All-Knowing, Glory be to Him, the Eternal, the All-Pervading. I serve none but Thee, and as the Instrument of Thy Will, I commit myself to Thee.
- I render this Oath in Thy Holy Name and I undertake:
  - To be the instrument of Thy Will and Mercy, and, in all humbleness, to exercise justice, love and compassion
  - To extend my service to one and all, to the rich and the poor, to friend and foe alike, regardless of race, religion or colour.
  - To hold human life as precious and sacred, and to always protect and honour it and under all circumstances in accordance Thy Law.
  - To do my utmost to alleviate pain and misery, and to comfort and counsel human beings in sickness and anxiety.
  - To respect the confidence and guard the secrets of all my patients
  - To maintain the dignity of healthcare, and to honour teachers, students and members of my profession.
- O Allah grant me strength, patience, and dedication to adhere to this Oath at all times.

Soft Skills in Family Medicine

A few soft skills have been discussed in earlier chapters in this book. It starts with the communication and consultation skills, followed by the health education and diagnostic approach. We have learned the importance of communication skills in medical consultation in the earlier chapter. However, it is important to note that these skills are all dictated and learned. Being knowledgeable, following scripts and learning techniques is just the tip of the iceberg for a successful consultation. The core for a successful medical consultation is for the physician, him/ herself to possess admirable qualities as a person.

To be sincere in a relationship and communication with patients, a Muslim physician must possess within him/herself a good personality (*akhlaq)* and manners *(adab).* A physician with good *akhlaq* and *adab* will naturally win the confidence and trust of patients. *The best among you is those who have the best manners and character* (Reported by al- Tirmidhi: 2617)

There is no better example of someone with the best character than our beloved Prophet Muhammad (PBUH), which is supported in the holy Quran. His exemplary characteristics are such that there are multiple verses in the Quran regarding this. The Almighty Allah says:

> *"There has certainly been for you in the Messenger of Allah an excellent pattern for anyone whose hope is in Allah and the Last Day and [who] remembers Allah often."* (Al-Quran, Chapter 33, Verse 21)

Good communication skill is one of the essential components in clinical skills during medical consultation. Our beloved Prophet Muhammad (PBUH) had already been practising good communication skills long before our time. In fact, our prophet had shown several good manners which are important for the Muslim physician to emulate as presented below:

Smiling

Smiling is the best ice breaker in greeting patients. Our Prophet Muhammad (PBUH) is well known for his friendly conduct and is always smiling at passers-by and at those he greets, which encourages positive interaction in the same way we hope to engage with our patients.

> *"I never came across a person who smiled as much as Prophet Muhammad (PBUH)." (Reported by al-Tirmidhi: 3650).*

Smiling in Islam is such that it is seen as charity equivalent to financial aid. This means the value of a smile is as precious as giving money or helping others. This is logical as a person who is feeling sad, depressed, or lonely would appreciate a smile from others and one can win over hearts by smiling wisely and sensibly.

CONTRIBUTORS

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