The correlation between UK Good Medical Practice guidance of the GMC with the established virtues of Muslim Physicians

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Revalidation was introduced in the UK in 2012 as a process by which all licensed UK doctors demonstrate that they are up to date and fit to practice in their chosen field, and are able to provide a good level of care[1]. The standards for revalidation reflect the UK General Medical Council's (GMC) core professional guidance for doctors, *Good Medical Practice (GMP)* (2013)[2]. Whilst revalidation is a recent phenomenon and is still in the process of embedding within the UK medical system, the concept of ascertaining quality assurance of physician care has been established within the Islamic medical ethos, with Ibn Al-Qifti (1172-1248 AD) advocating the supervision and maintenance of medical knowledge including by the periodic checking of physicians' medical knowledge and practice, alongside the established licensing procedures for medical practitioners which were developed in the tenth century A.D.[3].

The ethical code of physician conduct (Adab al-Tabib) is well recognised within the discourse and practice of medicine in Islamic cultures through the ages. The core standards are rooted within the moral virtues espoused within the Quran and Hadith, and have reflected the prevailing virtue ethics of the Islamic cultures of the time as articulated by scholars and physicians such as Al Razi, Al Ruhawi, Ibn Butal and others, with a noticeable emphasis on the physician as a moral being in his/her own right. In contrast, *Good Medical Practice* defines a framework of principles and values of professional conduct, which has been developed from consultation with medical professionals, patients and other societal stakeholders and so reflects UK secular societal values including the increasing value of individualism and patient autonomy. The GMC state that "serious or persistent failure to follow it [*Good Medical Practice*] will put a doctor's registration at risk"[2], and so judges the physician's actions, rather than the physician's moral fibre.

Nevertheless, in practice, the domains of *Good Medical Practice* show a significant alignment with the Islamic ethical concepts guiding the Muslim physician, due to a convergence on what may be considered a set of universal ethics of the medical professional. This will expanded on below.

GMP Domain 1 (Knowledge, skills and performance) highlights the need for physicians to develop and maintain professional performance, apply knowledge and experience to practice.

This correlates with the Islamic virtue of pursuit of excellence. The Prophet, peace and blessings upon him, said: "*Verily, Allah loves proficiency in all things*" [*Muslim*] and instructed the Ummah to implement excellence in all aspects of life, even to the point of routine tasks such as the slaughter of animals: "*Verily Allah has enjoined goodness (ihsan) on everything; so when you kill, kill in a good way and when you slaughter, slaughter in a good way. So every one of you should sharpen his knife, and let the slaughtered animal die comfortably*" [*Sahih Muslim 21:4810*]. It may be easily deduced how valued the pursuit of excellence would be, when practicing the art of medicine.

The Qur'an describes an attribute of the inheritors of al-Firdaus (the highest rank in Paradise): "*Those who are faithfully true to their amaanaat (all the duties which Allaah has ordained, honesty, moral responsibility and*

trusts, etc.) and to their covenants." [al-Mu'minoon 23:8]. The practice of medicine to a certain standard of proficiency is a trust between the Muslim physician, and the licensing regulatory body on behalf of the general public, and so should be honoured.

Domain 1 also and record work clearly, accurately and legibly. Clinical recordkeeping should reflect principles of physician-patient confidentiality, honesty and transparency – which is also highly valued in the Islamic ethical context: *"And cover not Truth with falsehood, nor conceal the truth when you know what it is"* [al-Baqarah 2:42]

In reaching for excellence in all aspects of professional work for the Muslim physician, this links to other domains within the *GMP* framework.

GMP Domain 2: Safety and Quality highlights need to take part in systems of quality assurance and improvement in order to promote patient safety. Domain 2 focuses on responding to risks of patient safety, and offering help within emergencies and to those who are vulnerable, as well as protecting patients who are posed a risk by a physician's health. The removal of harm to others is a foundational legal maxim in Islamic law – *"Do not cause harm or return harm"* [Sunan Ibn Majah 2340] and highlighted through numerous lived examples and sayings within the life of the Prophet, peace and blessings be upon him – *"Whoever believes in Allah and the Last Day, let him not harm his neighbor"* [Sahih al-Bukhari 6110] *"The Muslim is the one from whose tongue and hand the people are safe, and the believer is the one who is trusted with the lives and wealth of the people"* [Sunan al-Nasa'I 4998]. The great emphasis within the Islamic ethical tradition on not causing harm to others, and actively reducing harm, aligns with the medical professional standard requirement to engage in clinical governance and protect patient safety.

GMP Domain 3 highlights the need for effective communication, partnership and teamwork. Physicians should be able to take into account the views of patients, meet their communication needs and respond honestly. In addition, they should work collaboratively, treat others fairly and with respect, and honour any agreed work contracts, including contractual notice. The GMC stipulates that physicians should be prepared to teach and train, be honest in assessments, and take on a mentoring role.

Teamwork can be seen as a group-contract in relation to rights and responsibilities to achieve a certain aim in the area of work. An emphasis on teamwork with others

within domain 3 is harmonious with the strong emphasis on honouring agreed contracts with others, as a defining characteristic of a Muslim: *"Those who faithfully observe their trusts and their covenants."* (Surah An-Nur 24:8). The Prophet (peace and blessings upon him) demonstrated excellence in just leadership, communication and teamwork when it came to achieving various goals in establishing the community of believers in Madinah. His communication and conduct with others was underpinned with the Islamic ideals of respect, patience and mercy: *"Be merciful to others and you will receive mercy. Forgive others and Allah will forgive you."* (Musnad Ahmad 7001)

Regarding the Prophet (peace and blessings of Allah be upon him), Anas (may Allah be pleased with him) relates: *"I served him for ten years, and he never said 'Uff' (an expression of disgust) to me. He never said 'Why did you do that?' for something I had done, nor did he ever say 'why did you not do such and such' for something I had not done.* (Al-Bukhari and Muslim).

The Prophet (peace and blessings be upon him) acted as a role model, mentor, guide and teacher throughout his life with numerous examples contained within his Seerah. Although a detailed review is beyond the scope of this article, the attitude and approach he took when fulfilling these roles provides an exemplar par excellence for Muslim physicians meeting domain 3, as praised in the Quran: *"And most surely you conform (yourself) to sublime morality"* (Al-Qalam 68:4).

The final Domain 4 focuses on the maintenance of physician trust. It outlines the need for respect of patients, not exploiting vulnerability, and acting with honesty and integrity in all dealings and communication with patients, colleagues and other health and societal stakeholders. Within the Islamic tradition, there is an extremely high level of value placed on fairness, uprightness and trustworthiness, with numerous exhortations within the Quran and Hadith: *"Oh you who believe! Fear God, and be with those who are true (in word and deeds."* (At-Tawbah 9:119). The Prophet (peace and blessings be upon him) would say in his sermons: *"Remember, there is no faith in him who is not trustworthy; there is no place for him in religion who cares not for his pledged word or promise."* and "*The Muslim is one from whose hand and tongue the people are safe, and the believer is one people trust with their lives and wealth."* (Sunan Nisa'i 4998). Another tradition says: *"The signs of a hypocrite are three: when he speaks, he is false, when he promises, he fails; and when he is trusted, he plays false."*

The principles of professionalism defined within the 4 domains of *Good Medical Practice* are encompassed within the traditionally established ethical conduct of the Muslim doctor (adab al-tabib), as defined by physicians such as Al-Ruhawi in the 9th century CE. It can be seen that there is no incongruity between the practical manifestations of two codes, although the underlying inspirational source may be differ. For the virtuous Muslim physician, maintaining and honouring the principles of professionalism is an expression of his or her *adab* (an inner disposition that inclines towards good) with the Creator and creation.

References

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