

**Full Transcript: Ibadah Friendly Hospitals: Field Experiences**  
**First Episode: 5 Ws (What, Why, When Where and Who)**

Dr. Saade: All right. Assalaamu alaykum and hi everybody. It's a pleasure to welcome you all to this series on "*Muslims for Health, Leaving No Kenyan Behind*". Today, our episode will be on Ibadah-Friendly Hospitals: field experiences, sharing of field experiences. And for this episode, it's a pleasure to welcome my co-host, Dr. Abdallah Bajaber. And we also have two guest speakers who will be sharing their field experiences. Here we have Dr. Effat Abdulwahab, based in Nairobi. And Professor Salisu Ismail, who is joining us all the way from Nigeria. I hereby welcome everyone to say a few words. Welcome.

Dr. Bajaber: Assalaamu alaykum everyone, this is Dr. Abdallah Bajaber, the National Secretary for the Kenya Association of Muslim Medical Professionals. We are very passionate about the topic that we are going to discuss today, Islamization of health and the Ibadah Friendly Hospital concept. Glad to have you all on board.

Dr. Saade: Thank you. Next.

Dr Effat: I'm Dr. Effat Abdulwahab, a Kenyan based doctor with specialization in diabetes and currently pursuing my master's in psychiatry at University of Nairobi. I'm also the co-founder of HS Health Center, a women-led community-related outpatient facility in Nairobi, which is committed to dignified and integrated healthcare.

Basically, my interest is mental health, diabetes care and integration of Islamic values into the modern medical practice. And HS Heart Center emerged from the dream to create a faith conscious and woman friendly hospital that merges clinical excellence with spiritual dignity. Thank you.

Dr. Saade: Thank you.

Prof Salisu: Assalamu alaikum warahmatullahi wabarakatuh. My name is Dr. Salisu Ismail. I am the immediate past President of Islamic Medical Association of Nigeria and presently the Regional Director in charge of West and Central Africa for the Federation of Islamic Medical Association, Federation of Islamic Medical Association, FIMA. I am a cardiothoracic surgeon by profession and Associate Professor with the Pedro University in Jigawa State, Nigeria.

Actually, I have a very strong passion on this topic, Ibadah Friendly Hospital. And I was the pioneer of this program in Nigeria since 2016. And we have been doing a lot, both at local and international level regarding the concept and practice of Ibadah-friendly hospital care. Thank you very much.

Dr. Saade: All right. Thank you everybody for that detailed introduction. And because we've all heard this term, Ibadah Friendly Hospital. First, it's good for us to know where the word hospital came from, and then we'll go to what Ibadah Friendly means. So do you all know that hospital came from the word "*hospice*", which was a Latin word that meant guest? Or a place where travelers would stop during their journey. So, it's a mix of hospital, which for the French, it was the place where people stop and the guest. But then over time it evolved and it became now just instead of the guest, the guest disappeared and it now became the buildings where people get served.

So, can we first also learn what does this Ibadah friendly mean? Because as a Muslim, I know Ibadah means prayer. Please expound. Professor Salisu?

Prof Salisu: Yes, the term Ibadah friendly hospital means or we define it as a situation in a hospital setting where the Muslim can be able to perform their religious duties according to the guidance of their religion. And also patients will find it comfortable to observe their religious duties. So, any hospital setting or health care facility that allows for that, so, to Muslims, that hospital is Ibadah friendly. Because Ibadah basically is an Arabic word and it means to worship Allah or the creator. So, any situation that will allow somebody to perform these religious duties according to his faith, so that place is Ibadah friendly. So, when we get such setting in a hospital, so that hospital is Ibadah friendly. So, it's not only for Muslim actually, even other beliefs, when they found it easy to practice or observe their religious obligations while they are on hospital admissions or when they are on hospital duty in case of health workers. So, we can term that as Ibadah friendly.

Dr. Saade: So, if we have a hospital built right next to a masjid, or you have someone who sees a hospital and comes and builds a masjid next to it, isn't that enough to say now it's Ibadah friendly?

Prof Salisu: The building of a hospital, mean, mosque near a hospital is one part of it, but it's not enough to call it Ibadah friendly. Because we have so many hospitals with mosques and churches inside, but those hospitals are not Ibadah friendly. So it goes beyond that, actually.

Dr. Saade: Mm-hmm. Okay, Dr. Effat. Okay. Please expound what that means.

Dr Effat: So, basically when you're talking of Ibadah friendly, is not only the aspect of prayers whereby you have accessibility to the mosque. We have a lot of hospitals which have mosques next to them or even within. But the main aspect of Ibadah friendly is basically a hospital which integrates the Islamic values and spiritual needs into all aspects of care, holistic care. So it prioritizes on modesty, gender sensitivity and prayer facilitation as well as respectful communication.

Dr. Saade: Okay. All right, thank you. Professor Salisu, do you want to add anything more to that? Anything else that maybe we might have overlooked in the definition?

Prof. Salisu: Yeah, I think one thing that she has mentioned, is the holistic care. So that is actually what comprises. So, what I wanted to add from the Orthodox point of view, the definition of health is a state of complete, you know, well, I can say a complete state of physical, mental, and you know, social and spiritual well-being. So when you comprise these four states of well-being, that is the definition of health by World Health Organization. So if you want to...

Dr. Saade: Mm-hmm. OK. Thank you. No, I don't think the World Health Organization, yeah. I'm saying the World Health Organization does not have spiritual. It's just physical, mental, and social well-being. Really?

Prof. Salisu: No, spiritual is part of it. The spiritual is part of it because before 1978 assembly, it's a complete state of physical, mental, and social. After the 1978 assembly, then the spiritual aspect was added on it. So, it has four components. So that spiritual component is what is missing before.

Dr. Saade: Okay.

Prof. Salisu: So when you added spiritual component of the healthcare services for your patient to be well and okay. So, the patient has to be spiritually, socially, mentally, you know, and physically okay. So

that spiritual component actually when applied, so it will give a complete, a holistic care of a patient. And that is the one that will address the religious aspect of your patients. And when the patient is comfortable, then that aspect has been addressed. And of course, this is what Ibadah Friendly Hospital is trying to make sure is introduced and included in the holistic care of a patient.

Dr. Saade: Okay. Thank you. And now, I hand over to my co-host.

Dr. Bajaber: Thank you very much, Professor and Dr. Effat for bringing that important component of spirituality. And in as much as it hasn't been clearly stated out, even though the board, executive board of WHO in 1999, further refined the aspect of spiritual and, you know, added it more or less, the discussion was that it's also part of the social dimension.

But in the contemporary medicine, it has become a very large part of it. And just to add to what our guests have said on the difference of the contemporary or what we call the conventional health or hospital approach is you realize that We have in the conventional way the biomedical focus whereby medicine is just focused on scientific medication, surgery, procedures. Then you have specialization of the aspect of holism. Care is usually compartmentalized. Then you have the secular involvement, know, the secular environment whereby the hospitals tend to more or less be value neutral. Then the issues of driving efficiencies: patient volumes, having protocols, documentation and so on. And then the main thing that we are getting here is the minimal spiritual support in the conventional system whereby as much as chaplaincy these days, it may be offered, but often just as an oversight and not culturally or religiously tailored more or less for Muslims.

So, building on that, Professor, or rather let me start with Dr. Effat. How did you see the HS Health Center, the health center that you opened up to tailor or to cover some of these gaps? So, what are the gaps that you actually saw and why did you think of coming up with the hospital that you termed Ibadah friendly?

Dr Effat: Okay, thank you for that question. So basically, for HS Health Center, why we came up with it, starting it as an Ibadah friendly. There were some gaps, yes, we noticed in the conventional hospitals. And while conventional hospitals do provide critical services, they often neglect some spiritual dimensions. That's what we felt. And Muslim patients end up struggling with privacy, lack of same-gender care, difficulty in performing their prayers, and maybe getting decisions around fasting. Then there was also other issues that we realized that there were some unmet needs in the community where Muslim women felt uncomfortable in a mixed gender... or non-modesty conscious setting. We also realized that there some patients who even delayed medical care due to anxiety around religious accommodations. And some women actually did not go and seek medical care just because they could not get a lady specialist to see them. Others even we picked in the community where they would not go for medical, seeking medical attention because of their prayer times would be interrupted. As well as we also realized that there was a gap when it came to us as Muslim healthcare providers as well. Because what we picked is us working in hospitals. There was a lot of issues when it came to respecting our own Ibadah obligations.

Basically, the Wudu areas, the prayer times, it became really difficult with our hijabs, especially the ladies. So, we realized we needed something where the words "*Ibadah friendly*", well that modesty would be recognized as well. As we are still providing the critical care services which are needed in the medical setting.

Another thing that basically we wanted to do, there is this thing of halal diet and spiritual support as well. So those are two other things that we thought was very, very important, which was missing, especially within the Muslim patients who are seeking care at the hospital setting. So, we wanted to fill in the gap by offering excellent clinical care in an environment which was conducive to some of Islamic worship and ethics. Basically including having comfortable places, allowing same gender caregivers and respecting the rights of these patients when it came to spiritual mindedness.

Dr. Bajaber: Thank you so much, Dr. Effat, on that. So, I'm hearing something like along the lines that we are not just prescribing paracetamol, but we are offering what people call "soul" solutions to, yeah, refreshing the souls, spiritual care, among other things. Professor, to you, along the same lines. Why the Ibadah Friendly Hospital Initiative? And what does it bring more in terms of the patient outcomes or well-being of the patients?

Prof. Salisu: Okay. You know, the main reasons that triggers concern recently regarding the concept and practice of Ibadah Friendly Hospital care is that it was observed that a significant number of Muslim patients on hospital admissions were not praying.

So even though some of them were praying, but once they are on hospital bed, so it was observed that these people were not praying. And that is quite a great concern. Looking at the position of prayer for a Muslim that is not expected to delay prayers, except when somebody is unconscious,

No matter the situation, one needs to Weasels out of pollution depending on the state he found or she found herself. So, it was observed that these patients were not praying. And this also is not only in the non-Muslim or Arab countries. It's a widespread problem. So that triggers concern and attention that we really need to embrace the complete concept of Ibadah-friendly hospital care to assist these patients while they are on hospital admission seeking for a care. Because addressing their spiritual needs is also part of the healthcare practice. So, we need to integrate this into our practice so that we can support these patients to fulfill their religious duties.

We conducted a survey in Nigeria about three years back. So, the findings actually were so amazing and concerned and worrisome because we found that about 31 % of all the hospitals on admission were not paying at that particular period of admission because of various reasons.

So also in Malaysia, they were able to found about, you know, 43 or 45 % of Muslims on hospital beds were not praying. And this is actually the great concern. So, we embarked on the widespread sensitization regarding the concept and practice, and that is gradually reducing this number of those people that will be on hospital beds and not praying. And some of these patients will end up dying in that situation, abandoning prayers for 1, 2 weeks and nobody is saying anything. And that is quite a big challenge for Muslims, Ummah, as a general problem, if it's not addressed.

So, the ultimate target actually for implementing Ibadah Friendly Hospital is to achieve success in this life, you know, and get closer to Allah. And of course, even for the Muslim health care workers, to fulfill their duties as Khalifa or representative of Allah on the earth, to call people towards a good thing. And of course, you know, to take patients and patient relatives also closer to their creator. By the time you are able to remind your patient, for prayers, for other important religious duties, you are taking this patient closer to his creator. And even if that patient is going to die, he's going to die in a peaceful manner. So, this is actually one of the major reasons why we are so concerned with this concept of Ibadah-friendly hospital care. Thank you.

Dr. Bajaber: Thank you so much, Professor. Before I hand over back to the co-host, I know it seems like a concept which we'll dig deeper into it and see where it has worked best. But what I'm hearing is the more or less the definition of holistic care. And even as Muslims, it says in the Quran to give. We are praying to have the best of both the worlds.

I just want to give a small story that I've just remembered when you're talking about this, where I was seeing some patients in a facility that had an allocated area for non-Muslims to do their prayers. So, every Sunday, the non-Muslims would go to offer their prayers, the patients that is.

And so, I came on Monday and I saw one of other patients, a Muslim patient, really down. So, I asked the other lady that they were very close to and I said, what's wrong with your neighbor? And she told me that, you know, every Sunday we get to go and offer our prayers, is part, we feel like it's part of our healing process. But for him, he's only able to pray within the room. If you guys could talk to the management, and this is a non-Muslim, know, talk to the management to have a place where they could have such a place for them to feel belonging, then I think it will bring the mood up. So one of the things we can think about even as we get the other aspects.

Back to you Dr. Saade.

Saade Abdallah (23:26.862): Thank you. This is really interesting. to me, Prof, you are saying that in Malaysia, you had like 43% of the Muslims patients were not praying on admission. But do you know their practices *prior to admission*? Were they praying anyway? On admission of these patients into an Ibadah-friendly facility, you should as part of your history inquire about their religiosity. What are their religious practices? Do they pray five times a day? Do they fast? they... All these things, because maybe when you're admitting and you're asking them now, you're telling them or reminding them to pray, are they used to it? Is it something they've been doing? And so this is what I'm curious about.

Prof. Salisu (24:25.363): Okay. Actually, the trend we noticed, it doesn't correlate directly to their religiosity because even those that were praying actually, so when it comes to sickness and hospital beds, so they tend to find it a bit difficult because of the situation they found themselves.

In most of these patients, we went ahead to ask the reasons why are you not praying? So they have various reasons among which include one, they said some of them there is no place to perform ablution. Some were concerned that there is no water for them to perform ablution. Some will say

The toilets are very dirty, so they don't feel that they can perform ablution there and pray. Some, they felt that they are weak, so they are not strong to pray. So because some of these patients, belief is that they have to stand, they have to perform ruku, they have to perform sujutsu, they don't know that they can even pray while they are lying on their beds. So some of them will have such reasons, various reasons, while some will say, we were not informed, it is time for prayer. So a patient is on the bed, some of them may not even know it is time for Dhuhr, it is time for Asr. I know, some will feel that since I am sick, I will pray when I go back home.

So, these are the various reasons we are able to find out from most of these patients. And of course, I tell you some of these reasons were actually, when we categorize these reasons, we categorize it into three places. One is the general ignorance by the patients regarding the prayers. Even if they are sick, they are weak, they are strong. That means they are not strong. They need to pray. So, if they know that, they will even ask their relative to help them and perform ablution for them when they are on the bed

and pray. So, but they felt they need to do the physical movement for the prayer. So that is an ignorance. So, the general ignorance by the patients and the patient relative as well, who's supposed to also help them when it is time for prayers. So that plays a significant role.

But this patient, it is not up to the hospital, they are on and about. Once it is time for prayer, they will go and pray. No, but because of that ignorance, they felt, I'm sick now, so I need to postpone the prayers. Then of course, the second reasons are the inability of the hospital management to provide basic facilities for prayers. So, if a patient will come to the ward on admission, they realize that there is a special cubicle, you know, dedicated for prayers. If the patient can move around, patient can go perform ablution, come to that place and perform their prayers comfortably. So that support by the hospital management, if there is none, then it makes so many patients postpone their prayers. And of course, the last one is ignorance by the hospital staff on duty to remind their patients when it is time to pray, especially the Muslims. So, most hospitals have, most Muslims, they don't feel that it is part of my duty to address the spiritual need of this patient. Just to remind this patient, while it is time for you, you can pray. So, most of them, don't add it as part of their duties. So, in most hospitals that practice Ibadah Friendly Hospital, they introduce what we call the prayer chart.

It's a chart, paper on their duty, I mean duty schedules. So, once you serve medication, you do anything you want to do for a patient. And also there is a Prayer Chart. Once it is time, if he is a Muslim, then you remind him it is time for prayer. When you confirm that this patient is able to pray, then you tick or you mark, okay, this patient has prayed. Like just you can sign and tick, this patient has taken his medication. So, they include praying.

Dr. Saade: Wow. Wow. Okay, thank you. That's powerful. So, does this mean that you have, you need just Muslim practitioners and Muslim staff? Will it not put off the non-Muslims? Dr. Effat, what's the experience in your facility? Are all the health workers Muslims? Or, and if they're not, how do they, you know, facilitate these kinds of reminders? Over.

Dr Effat: So basically, no, it is not that all the staff are supposed to be Muslims, no. And in fact, at our facility, we do have a mixture of Christian and Muslims who are healthcare providers. Yes, initially, because we have a modest uniform, so initially, the adapting to that modest uniform was not very easy for the ones who are not Muslims. But they did find it comfortable and they took it positively....

Okay, so basically, it's me. So basically, we do need to give trainings to this staff how to handle patients and how internal training even about themselves. So it does not become a problem. So far, I have not, I mean we are just one year, two months old, one year, three months old. So, I have not gotten any of those, but it is one of the challenges that we're going to discuss.

Dr. Saade: All right, thank you. Now we'll move on. Thank you, both of you. I mean, this is very interesting and very elaborate explanations. Thank you. We appreciate it. I would like to know, you know, when were these Ibadah-friendly hospitals first conceptualized and set up? Is it something new that is what I'm hearing is maybe Malaysia or Nigeria or, you know, Nairobi now, but when?

Saade Abdallah (31:22.008): Did it happen and yeah, and where? Over.

Prof. Salisu: Yeah, I didn't get the last thing you said.

Saade Abdallah (31:41.312): All right, thanks. I'm just wondering, and I think even our listeners would be curious to know, you know, when were these Ibadah-friendly hospitals first conceptualized? How long have they been in existence, for example? And, you know, by who? Yeah.

H2. Salisu: So actually the, the earlier effort done at establishing this concept of Ibadah Friendly Hospital is actually since 1991 or so, around 1991 to 1992 in the Islamic hospital, Jordan.

Dr. Saade: Mm-hmm.

Prof. Salisu: And that was championed by late Professor Ali Michal. Professor Ali Michal is part of the founders of the Federation of Islamic Medical Association, FEMA, in 1981 in United States. And subsequently, he moved down to Jordan because he's from Jordan.

They established Islamic hospitals and from there they were able to integrate this concept of Ibadah-friendly hospital, the concept and the practice around 1991 to 1992. So that is actually where this effort started and subsequently spread to various other countries like Indonesia, Malaysia, Pakistan, Nigeria, Kenya, Philippines, and so many other countries now that are making effort in practicing the concept. Thank you.

Dr. Bajaber: Thank you, Professor Salisu for that. I think I remember hearing the stories of the initial Ibadah Friendly Hospital Initiatives and how very basic they started. Although I think we focused a little bit more on the prayer part. And as you said, you know, it involves more than the prayers, including all the religious matters that are involved in providing health care to the Muslims.

I remember that, upon spreading of these facilities, the basic things they had started with these things like addition of prayer places, you know, and Qiblah signs or where to face during prayers in hospitals, including, Islamic chaplaincy, which is another aspect of the, Ibadah friendly that I know.

Prof, you had mentioned sometime back that it could just start with the spiritual awareness to the patients and also the caregivers and then issues around halal food, gender sensitivity and modesty. Some of the snippets that were shared is that there was an attraction of other faiths because of a number of things, including mostly the human-centered ethics and so on, cultural competence. But these were mostly in places that were majority Muslims, I might say. And so, it would be good, you know, to have, hopefully in the near future when this picks data from our site, and how we are able to get feedback from the non-Muslim.

And this brings me to my question of how we handle non-Muslims in the Ibadah-friendly hospital setup, Professor. And then we could get an example from Dr. Effat as well.

Prof. Salisu: Yeah, I think it's quite not difficult to handle the non-Muslim patients. One, know, basically people are covered by their religions, by their religions. So, people also respect their religions. And if you respect your religion, you're supposed to also respect other people's religion. So, the issue of halal, the modesty and you know all other components, they are quite acceptable by most religions because most of these religions they have so many things in common. So whatever Ibadah Friendly Hospital is trying to promote, there is no place where it will go against a particular religion as well.

So, if you have a non-Muslims under your care, know, provided the non-Muslim wanted to perform their religious duties. So, you need to give them all the maximum support. But the only thing that is there,

which is not really, or which is disturbing much many other people is that if you, they need to be prayed, they need to pray. So, if there is space, where they can also pray because we all understood about the non-Muslims, the way they prayed, especially Christians because they are the ones that are dominant. So, they used to have schedules of their prayers in their churches. So, if there is chaplain or a place where they can go and observe their prayers, they need to go for that. So that can be provided so that at any point in time, somebody who wanted to go and observe their prayers, they can find it easy.

Secondly, for those that are on their beds, they cannot move around and they requested for, you know, a chaplain, a Christian chaplain or somebody to come and pray for them. So, they are supposed to have that, you know, the opportunity. They are supposed to be supported. They are supposed to be provided with somebody who will help them and pray for them while they are on the bed. But the only thing that is going wrong sometimes. Some of the Christians when they come to pray for their patients, so they tend to shout and they tend to shout in a way that the neighboring patient will find it difficult to, you know, get destabilized because that shout it actually may end up disturbing other patients. So provided we can avoid that, so your prayer will not disturb other people's prayers, I mean, other patients on the bed. So, if you come to pray for your patients, you pray for your patient in a gentle way that you can, you know, deliver all that you wanted to deliver. And at the same time, the other patients that are neighboring patients are not being disturbed. Because for some patients that sound specifically may be going against their situation.

So, provided that will not happen, I think you can provide all the necessary demands by a Christian patient that they need to have somebody to pray for them. They need to have somewhere to go and observe their religious duties. So, the way you can provide for every patient, I think you can also address that so that if you do that, you also finally address their spiritual needs. And you can see their physical. You know, the progress in their physical recovery tends to be faster because once the patient is spiritually okay, then you realize the patient is happy and the healing process actually in the body tends to speed up more than when the patient is not happy with the situation he is. Thank you very much.

Dr. Bajaber: Thank you very much for that.

Dr Effat: So.

Dr. Bajaber: I think I'll throw it back to Dr. Saade. Proceed, Dr. Saade.

Dr. Saade: All right. Yeah, I think Dr. Effat, you wanted to say something before I come in?

Dr Effat: Yes, actually hearing what Prof has said, this is very enlightening because it actually gives me more insight into when we change from an outpatient set-up to an inpatient set-up. Yeah, basically I realize that there's a lot, there's a whole journey ahead. So, for us, we have had this thing of a guiding principle from the Quran that there's no compulsion in religion.

So, Islam encourages justice, kindness and respect for all, regardless of faith. So, we do have like, we train our staff about providing welcoming environment to every person who walks in. We are not going to say that Muslims are the ones who are given, you even a simple thing like just a general greeting like welcome instead of saying "Assalamu alaikum" or something like that. So they feel like at home. They feel welcomed, they feel they are in a place which is welcoming them. We are not going to look whether this is a Muslim or a Christian, I mean that is what religion teaches us. Then we do as Muslims believe

that we respect all beliefs. So, of course when they need a place to pray or a quiet room for prayers, and they should not feel like they're not comfortable.

Coming to the dress code and modesty as well, like we have the non-Muslim staff, they are somehow not comfortable wearing the hijab. So we have not enforced any hijab on them as long as they are wearing the modest uniform. We have not told them it's a must to wear the hijab, that it is Ibadah friendly, we've left them comfortable.

Dr. Saade: Good.

Dr Effat: We do also look at the communication and concept. So, it is very, important also to be transparent in this setup. And as I say, are building trust and staff training. So that is what we are trying to do to counter that part of the question.

Dr. Saade: Thank you, Dr. Effat. You know, I think our listeners will be wondering when you say modest and they look at you. Yeah, can you clarify what is this modest uniform for the staff at your hospital?

Dr Effat: Thank you. Yes, yes, I can, actually...Okay, so basically, we are going to share a video at HS Health Centre, which will show basically the modest dressing, the uniform that the nurses, we have designed for the nurses. So, it's a loose uniform, not not very excessive loose also, and not even something which is short. So, it's a long top, knee-length with a trouser. But we do not force any hijab for the non-Muslims.

Dr. Saade: All right. Okay, thank you. I just want us to go back to when these hospitals were conceptualized and we need to recall that they were Bimaristans. I think that's how we started our talk, that the former hospitals in the Islamic Golden Era were called Bimaristans and these were as early as the 7th century, 12th century in Cairo, Damascus, Baghdad,

And the features that about these hospitals were, 1) Nobody was ever turned away. 2) They were managed by the government. 3) All the costs were borne by the government. 4) And they served all people irrespective of their color, religion or background. 5) And they [patients] were retained until they were completely recovered. And patients of different sexes occupied separate wards and they were served by staff of the same sex. So male patients were managed by male nurses, doctors, and female patients by only female nurses, doctors, whatever. And they also had adequate water and bathing facilities, and they would have an in-house pharmacy, library, lecture hall, mosque, and chapel as well for Christian patients.

So, all hospitals had physicians, doctors of all faiths, and they all worked together for the wellbeing of their patients. All right. And every physician had to be certified, screened and licensed. So like we had a hospital, I think it was in Baghdad, where they said, even the way they were set up is that they didn't just build a hospital anywhere. They looked for where it was less likely to get infected as somebody for the infection to spread. Like in Baghdad, they hang pieces of meat all over town and where the meat rotted least, decomposed least is where they said this is the right place to have a hospital. So, I mean, this is something fascinating.

To me, I see this Ibadah Friendly Hospital did not necessarily begin in 1991, but the name, the way it's called now, yes, yes, that I can agree that it began in 1991. Any comments from 1990?

Dr. Bajaber: Yeah, so just a quick overrun so that people understand where “Bimaristan” came from. In the pre-Islamic medical era where people were seen. Before these hospitals came up, we had the home-based care and we also had even temples, by the way, monasteries or military barracks were offering care. You know there were largely even at that time spiritual. And even in the Byzantine empire, you know, there were like a few hospital institutions where they were named like charitable hostels. Then you know came the revolutionizing of hospitals, you know, of the hospitals through bimaristans. Yeah, where you know as we all know that “bima” means “sick” and then “stan” means “place”. Like a place for the sick you know and then

With all those features that my co-host, Dr. Saade mentioned and one of the biggest hospitals, I mean, Bimaristan, at that time was the one in Baghdad, yeah, it was called, I think, a duty hospital, something like that. It had internships, libraries, the books were then later translated into the now the Western, I mean, the Latin books. And then now the Western world now borrowed the concept of institutional medicine training and the world set up. Now in the 90s as Professor has said, the actual co-inning of the word Ibadah-friendly hospital then came through to make sure the Ibadah concept is institutionalized.

Dr. Saade: Mm-hmm. Yeah. Thank you. Thank you.

Dr Effat: So, Dr. Saade, I want you to add something here. Basically, the concept of a hospital goes back to the Prophet ﷺ himself. So when you look at the key fact that there was this nurse, the first nurse, she was called Rufaida Al-Aslamia. So she was a nurse who used to live during the time of the Prophet ﷺ and in Medina. And she was trained by her father and the father was a physician so she volunteered during battle and the prophet ﷺ is the one who actually guided her to set up a tent during the battle of khandaq so that tent was to be used to treat the ones who are hurt in the battle and to give the nursing care to them

So, the concept of the hospital goes back when you look at it to the Prophet ﷺ. Then as Islam took over and the time of Harun Al Rashid, that's around 1200 years ago, that is where the first Bimaristan came up in Baghdad. And when you look at this, the Bimaristan, the one which came up. The very key thing to note is it did not only have the healing services available. SubhanAllah, it also had healing and then there was innovative also and educative services. you look at it, there's a lot of innovation which took place, the surgical equipment, the ones we still use until today. education, the medical students, like the concept of university comes in there as well. There was training going on for the medical students and they had to be licensed before, you know, they took up the jobs and Subhanallah goes back. So, when you look at its origin, it actually goes back to the Prophet ﷺ as the hospital concept went on. And then now it's like it's not something new. When you look, it's something that we are just trying to revive.

So very, very interesting topic, subhanallah. If you look at it, we cannot even separate medicine from Islam. It is one and whole.

Dr. Saade: Thank you. That's very true. you can see we're going back in history and I assure you we'll have an episode where we will focus more on the lessons from the Islamic medicine golden era. So, what I've seen is we have, you know, done a thorough discussion on the what are Ibadah-friendly hospitals, right?

We've defined what the *Ibadah friendly hospitals* are and even what *hospitals* are. And then what are the components? Can we just remind ourselves now after all this? Because first we started by saying it's about prayer. But then we said it's also about modesty. It's about the halal foods. Then we are also

saying about the gender. Being gender sensitive, females managed by female, practitioners, males by males. What else did we say falls under the definition? I want us to do a recap so that our listeners, even those who joined late, will be clear.

Dr Effat: So, Dr. Saade, there's something I feel we should also add is the Muslim healthcare providers. The Muslim healthcare providers also need training. The doctors and the nurses and basically the ones who are providing healthcare in hospital setups. Being in an Ibadah-friendly setup, that's your workplace. It makes your life much more comfortable as you are...

You are in a setup where your solar cannot get missed. You are in a setup where you are reminded about the Muslim obligation that you have as a Muslim healthcare provider to the ummah at lunch.

Dr. Saade: Mm-hmm. True, true. what you're saying is we've answered the what, the why, the where. I think we've talked about where these facilities are, when they were, it was conceptualized and then we've gone back in history. So, what you're reminding us, which is very important, is we also need to discuss about the who, right? So, one, I think Dr. Bajabir also mentioned: it's not just the providers, it's the patients and it's the relatives, right? So do you have like a committee or something to oversee that, you know, these by the friendly hospitals are actually over meeting the expectations of why it's there. Professor, are you a bit quiet?

Prof. Salisu: Yeah, maybe to add something small before I move into this regarding the hospitals in the Muslim Golden Age. The main motive behind establishing of hospitals is good for us to know it and also to encourage our Muslim brothers and sisters to know that and also to put that in the mind. One of the main reasons is that actually they are looking for what can they do to get closer to Allah. So one of the reasons is to honor the children of Adam or to honor the human beings. And of course, this has come in one of the verse from the Holy Quran which says, "*Indeed we have honored the children of Adam.*" So this is what Allah said.

So, in an attempt to also do similar to the ummah, so they now consider establishing a hospital is one of the way that you can honor the human beings. So this is one of the basic motives of why those people, know, our Muslim, in the golden age, established such hospitals.

And of course, some they look at it also at Sadakatul Jariya. Because when they establish a hospital, they provide services even if they are dead, so they will continue to get reward from it. And of course, the third motive is to establish a Waqf endowment. So these are the various motives, the way they look at establishing a hospital and it's important for our Muslim brothers and sisters to know. When they are establishing a hospital, even if they are going to do it as a business venture, they should also remember this. They are contributing something to the ummah, they are helping the mankind, they are supporting the mankind. So that once they go with this intention, they will be able to manage their business and they will get reward from Allah. So, this is quite important, all these things so that we should not use the hospital ground to exploit patients. And once you make it a site of exploitation, getting something from patient, then at the end, you may not end up getting the reward for establishing a hospital. So then going into who's supposed to do that. So like I said, some of the reasons why

Most of those patients could not be able to perform their religious duties when they were on hospital beds. So, they were evaluated as, you know, three major ones. The ignorance of the patients and the patient relatives, the ignorance by the hospital staff to take that as their responsibility. And of course, the, you know, hospital management. So, if we look at these three, if we really wanted to establish

perfect, the better friendly hospital care, have to really address these three sections. know, first is for even their patient to know what is prayers, what they need to do when they are sick. So, the guidance, religious guidance regarding prayers and other religious obligations when a patient is sick or when somebody is sick is very vital. So patients need to do that if they don't know. For us that are working in the hospital, we need to address or establish a system where this patient will be able to know. One of the examples is that in the hospitals in like in Malaysia, Indonesia and some other countries you know, where they are practicing this.

So, once they admit their patient, part of the package they give to the patients include a guidelines or guidance regarding their religious obligations, prayers, and some other things. So as part of the admission package, you give a small pamphlet for a patient to read. If you are sick, what do you need to do as a Muslim? So, when the patient read through that, before even spending the first day, or the relatives read through that they know how to make sure they supported their patients when to address their religious obligations. So, the patient themselves, the patient's relatives, we need to address that in educating them so that they can assist in making sure that the patient is able to observe their religious duties. Then the hospital staff, we that we are workers, those that are on duty, they need to know that.

And they need to know that they need to support these patients to make sure that they fulfill their spiritual needs. So, if they are also aware, so they will be able to help the patient perfectly. So, most of them too, they don't have the knowledge. So, we may need to also establish some pamphlets for them to know so that they should know that it's part of my duty, not only as a Muslim, even as a healthcare provider. Because addressing the spiritual need of a patient is part of your duty. So, once they understood that, they will be able to support the patient perfectly. And of course, from our findings, the last part are the management, the hospital management. If the hospital management is concerned, is aware, if they are not aware, you need to advocate to them. You need to educate them about what is going on, about the concept and the practice. Once they embrace it, they will make the conducive environment for the practice of an Ibadah friendly hospital. If it is the mosque or a chapel that is a charge that is needed within the hospital premises, they will be able to establish it. If it is praying cubicles within the wards, they will be able to provide it. If it is a site for ablutions, if it is toilets that are dirty, they will be able to make sure all the toilets are always clean.

Whatever is needed by the patient to fulfill these religious obligations, once they embrace the practice and they understood it well, they will make it possible and they will make it easy so that they can, you know, allow the practice of Ibadah-friendly hospital care. So, this is actually the aspect that from our findings, one will be able to address to make sure that Ibadah-friendly hospital care is being practiced the way it's supposed to. Thank you very much.

Dr Effat: So to add on to what professor has said, about the Who. Yeah, we were talking about the Who. So basically, like in Kenya, we realized that we have a huge number of Muslim healthcare professionals and it is like possible that Muslim healthcare professionals do understand better about the need for Ibadah friendly. So they would be a good group to start such a set up. Advocating for and implementing basically the faith-sensitive practices in the hospital set up. Another thing is you see there are so many Muslim-owned hospitals, so their hospital management could actually have policies which has frameworks aligned to the Islamic principles. And I think that there also is another way of at least making it easier. To do with government and health ministries, I think it's also important for us to make them aware of some of the key things that I mean the Muslim population you see like the prayer area even in the conventional, normal hospital.

We could also at least push for that Ibadah friendly set up. Not an entire set up, even if it is not an entire set up, at least a set up where the Muslims who are going there should be comfortable. Muslim community and donors, so that's another one. So basically, in summary, I believe Ibadah friendly hospital is a shared duty for the Ummah and it should involve the faith driven health professionals, Islamic scholars, hospital leaderships and supportive governments with the Muslim community at large. So it's not a job of one person, it's a collective responsibility rooted in the Islamic values of compassion, dignity and holistic care.

Dr. Saade: Very important. Wow, that's fantastic. Thank you both. So, I asked a question. Does this call for an Ibadah friendly committee to oversee? You know, I mean, because like, to check how are you running your hospitals? Is it just the in charge? Or is it just the hospital staff who are involved, you know, whether you call it a hospital committee, or is it wider that you also engage external persons? I don't know. Do you have an Imam who makes the Adhan also when it's time to pray? Over.

Dr Effat: So, I want Professor to start first. He's got an in-patient exposure. Then I'll check in after Prof. Salisu.

Prof. Salisu: Okay, sorry. Dr. Saade, can you come again? I didn't get the last question.

Dr. Saade: You didn't get my question right? Prof, who's in charge of running and making sure this hospital fulfills that mandate of Ibadah Friendly? Is it just the facility in charge with some representation from the departments? Or do you have external people also participating, like maybe the Imam who's doing the Adhan and...maybe do you have chaplains coming in from outside? Do you have these, you know, please expound.

Prof. Salisu: Okay. M3. Salisu: Yeah, so the I will give you the scenario actually is

Dr. Bajaber: So maybe as a Prof comes in, I remember in one of the lectures that he was giving, I'm alluding to this being the norm, that when the concept of Ibadah Friendly is engraved into our facilities as it should be, then it becomes the work of everyone working in that set up, to increase understanding on what is the Ibadah Friendly Hospital.

Dr. Bajaber: The concept is it goes into the different layers. So, the hospital management committee, of course, other than looking at the general outcomes of the patients, then in terms of the spirituality part, there's usually the imam or the religious leader in these facilities who actually look at the spirituality. But when it comes to operations, the wudhu, the washing and so on, then all the in-charges of these hospital areas are taken through the religious concept of handling these matters. I hope I haven't spoken out of time. think Prof. Salisu could allude more to that.  
Professor?

Prof Salisu: Hello?

Dr. Saade: Yes, welcome back. We missed you. Yes.

Dr. Bajaber: Yes, sir. Come back.

Prof. Salisu: Yeah, thank you very much. So implementing this depends on the type of facility we are talking about. One, you may have a full government facility that is a public hospital, then all you have is a

private facility. When it comes to public hospitals, then of course, you know there are so many forces around. And when it comes private, there is more control in the whole system. So, above all, we need to have, I mean, above all, first, the health workers themselves, they are key. Even if they are not going to practice it directly, they need to have proper understanding and open the door for it. Because many a times, if the health workers are not keen about it. Even the Imams or the chaplains that are coming out from outside, they may not get encouragement by the staff. And at the end, some of them may even get frustrated and they will stop coming. So, one of the key are the people on ground. They need to know about it and they need to really support it even if they are going to, they are not going to do it directly. Then two, in most of the hospitals, we need to get volunteers. Volunteers in the sense that to form like an Ibadah friendly hospital team. And this team, even if it is once in a week, they can visit the patient and they can find out the situation of the patients and they can analyze their needs. So that they will see what do they need to do for them. If it is awareness, they will keep informing them, giving them awareness regarding what to do. If it is something that needs to be provide for them, that will help them so they can do it as volunteers. So at some regular visitations that a team will move around, visit patient as a form of spiritual visit, talk to them about their religions, their duties, what they need to do, what are their challenges and problems during this hospital admissions or during this hospital visitation. So, when they do that, they will be able to serve as the Ibadah Friendly Hospital Champion and they will do that for the sake of Allah as seeking for word from Allah. That is one way. Two, in a hospital where they understood the concept very well, they established the religious offices in form of chaplains or some other department that will take charge of that. They are the chaplains of the hospital. They can go around the way all other health workers are going around. They will see their patients. They will be able to guide them, address their spiritual needs. So that will make it perfectly to work very well because they are employed by the hospitals and they are purposefully there for that. In most of the hospitals that establish the concept of Ibadah-friendly hospitals in Malaysia and Indonesia, they have these religious offices. Their main duty is to address all these components, while the other staff also are encouraged to learn and know about the practice so that since they are always closer to the patients, they will be given supporting hands for the patient to really take care of that.

Dr. Saade: Okay. That's very important.

Prof. Salisu: And for those that are coming from outside, basically also they are volunteers who wanted to come and see patients, greet them, also assist them to perform their religious duties. So those groups, they need to establish a good rapport, a good understanding between them, their team, and the management of the hospital, including the hospital staff. So, if they get that, you know, a relationship and they get appropriate ground, so they will find time. I mean, they will find it comfortable anytime they come to visit their patient and they will deliver what they're supposed to. We got a lot of complaints from those people in some hospitals coming from outside that most at times when they come, some of the nurses on duty may not give them support. So, at the end, will feel, you know, rejected. They will feel frustrated. And at the end, they may not perform exactly what they wanted to perform. So that is why I said even if the group is coming from outside, we need to work seriously on the people on duty to know their work and to know the need for that work and the need for them to support whosoever is ready to come and help a patient to make sure their spiritual needs are addressed. These are the aspects that will help us to really do it well

Dr. Saade: Thank you. All right, thank you, Prof. I think we are approaching towards the end. I think we have like 5, 10 minutes, but this is fascinating. And I want to assure the listeners that this is not the end of this conversation. All right, that we shall have a follow-up episode. I can see we need another episode that we, where we shall discuss what are the key achievements, what are the successes, the lessons

learned and the challenges. Because you could hear that professor was already going into some of these challenges, which we need to deliberate on more deeply. Let me pass over to Dr. Bajaber. Do you want to, do I recap or are there any burning questions you want to pose before we close?

Dr. Bajaber: No, thank you so much. I think just a quick recap. Of course, I'd be very delighted to see my discharge summary with a *Dua* on it. Or to see the door of the entrance to HS facility in Park Road changed: *Visiting hours 3 to 5 pm* rather changed to *Visiting hours after Asr* [late afternoon prayers] with some chai and mandazi or something, Ha Ha... But yeah, there's more to this Ibadah-friendly hospital initiative as professor has alluded.

So, we've discussed What it is and although we didn't dive deeper into the misconceptions which can come as part of the challenges later, we've understood What the Ibadah-friendly hospital initiatives are. Why it was thought of in the initial places and what are some of the success stories in the places that Professor has mentioned. And How you know step by step it was carried out. What was the impact and hopefully now we'll go deeper into the success stories and challenges that are faced in these facilities that have established the Ibadah Friendly Hospital initiative.

So, before we close it, it would good to mention that in our set-up in Kenya, I know that our current minister is very big on the spirituality in health. And I remember recently he mentioned the issue of chaplaincy should be very big on agenda. So, Dr. Saade, this is the right time and thank you for picking this up to address this issue. Thank you. Back to you.

Dr. Saade: Thank you. I think the chaplaincy we will dwell in the next episode because there are important lessons we can learn from what's happening at Kenyatta Hospital.

What are parting shots from this everybody? For me, I think it means that Ibadah Friendly Hospitals is something that, you know, it can work. It's feasible in Kenya. And because now we just have it in one site at Dr. Ifat's hospital, but to me it's not just there. I think we do have it by the Ibadah friendly components in different places, but we'll talk more later. But to me is the biggest lesson is it's feasible. And it's not just for Muslims and everybody should support it.

What are the others? Let's go around, who has a Parting shot, please. Yes.

Prof. Salisu: So, like you said also, this Ibadah Friendly care is a form of holistic care that actually once people understood the exact concept and the practice, everybody will run for it. Because once you want to address your spiritual needs, so at the end it gives you significant advantage because you get peace of mind. Because once somebody believe in any religion and the religion guided you to a particular direction, so you can only have peace of mind when you are able to fulfill that direction. So, this is one of the important advantage people will derive from it. And of course, it's not something new. Like I said, it's incorporated in the definition of health itself by the World Health Organization. And of course, for Muslims, they will be able to get reward from Allah and a patient will get closer to Allah. The relatives will be happy with the data. At the end, the relationship between the patient and the patient, I mean the healthcare workers, as well as the patient's relatives is always improving because apart from serving medications, you also want to put an extra effort to make sure this patient is addressing his or her religious need.

Obviously, the patient will be happy with you. And those quarrels that are happening between the patient, the patient relatives, and the hospital staff, it will drastically go down because the cordial

relationship will be improved. And of course, patient will be happy. The patient's relative will be happy. And the health care workers also will be happy. So I think it's something that we all need to embrace 100%. Thank you very much.

Dr. Saade: Thank you. Thank you. Dr. Effat.

Dr Effat: Yeah, so basically, we realized that the Ibadah Friendly Hospital is not only about religion. It's basically restoring dignity in care of the patients. It represents the belief that spiritual peace enhances physical healing as well. So, from our experience in Nairobi, we are just one, around one year, three months old. and it of course has its challenges which we'll discuss later. And it is something which is actually possible. I believe very strongly that it is possible. It is practical and it can be a powerful way of helping our patients regain their healthcare. So yeah, basically I believe even the normal and the hospitals can adapt the model. It doesn't necessarily have to mean the entire model, but of course parts of it here and there to at least make it easier for the patients and comfortable for the patients when they're coming to achieve the healthcare. So that is basically what I believe and I would want to share the video for HS Health Center.

At least you can realize that we are trying and we have started working on this concept and inshallah looking forward to one day having a fully-fledged hospital, Ibadah friendly hospital with an inpatient care, theatre, ICU, everything that we need. eventually inshallah looking forward also to a medical school. I mean, if the Bimaristan had all the three, why should we not adapt? I feel like it is a possibility. Nothing is impossible and we look forward to our dreams coming true inshallah.

Dr. Bajaber: Thank you. Just to add to that, mine is just a call to action to our viewers. The Ibadah Friendly Hospital Initiative starts with one step, training one healthcare worker, guiding one patient, and changing one policy. Will you all be part of this movement? Thank you. Back to you.

Dr. Saade: Thank you all. I think from here, for our viewers, just to know that we are seeing the Ibadah friendly hospitals are central. And feeding into it is we could see it's the Islamic history, the Islamic medicine, golden age history. We are hearing from Dr. Effat what she wants is the school, the training. The Islamic ethics should also feed into this. To me, what else should feed into this? Because it's a series that we have. There's the Shariah compliance. I hope you won't start fearing about Islamophobia, but it's broader and it's one of the sessions that we shall also discuss. And the community engagement, I think from here it came out loud and clear that for this Ibadah Friendly Hospital to work, the community must be engaged. So please join us in the next session where we will go more into the successes as I said and the lessons how to measure the performance in order for us to appreciate the *So What* of this.

We've really enjoyed having our guest speakers and my co-host and I thank you all and please stay tuned until the next episode thank you

Dr. Abdallah Bajaber): Thank you.

Saade Abdallah (01:21:23.082): Okay, Assalaamu Alaikum everyone.