

Full Transcript: **Augmenting Medical Education with Islamic Bioethics.**

Host: Dr. Saade Abdallah

Guest Speaker: Dr. Fatmah Abdallah, haemato-oncologist and former Senior Lecturer of University of Nairobi and member of Medical Ethics Committee

Dr. Saade: Welcome to the podcast "*Muslims for Health: Leaving No Kenyan Behind*". Today we have the episode entitled "*Augmenting Medical Education with Islamic Bioethics.*" And I'm really pleased to welcome our guest for today, Dr. Fatmah Abdallah. Dr. Fatmah please say a few words to our audience.

Dr. Fatmah: My name is Dr. Fatmah, a senior lecturer from University of Nairobi in the field of Hematology, Oncology and Blood Transfusion. I have 23 years teaching experience at the Kenyatta National and Referral hospital in Nairobi.

Part I: Current Medical Education in Kenya

Dr. Saade: Thank you Dr. Fatmah. First, let us see whether we know where the term "university" came from. What it used to mean in the medieval times. You know, it referred to scholars or masters. A group of scholars who are Masters. But now over time it has evolved from human beings to buildings. So now it refers to the buildings where teaching takes place.

So, as I said, today's talk is about medical education. And in this session on medical education, what we mean by the term is all the education that is given to people who are pursuing the health profession. This includes the basic education, the specialist education as well as the continuous education. So, all that is what we mean when we refer to medical education, that's what we're referring.

So, the first question for Dr Fatmah is: What's your opinion of Kenya's current medical education, given the substantive scientific advancement as well as the evolving needs of patients in Kenya.

Dr. Fatmah: That's a very good question. I think the Kenyan Medical Education is quite good. Yet there are gaps appearing in the current medical education. I think one is the fact that nutrition for example has advanced so much and such good research has been done and been published in peer reviewed journals on the role of complimentary nutrition within current medical education. But, if you look at the medical education currently as well as the number of hours given to nutrition, it's extremely deficient. Nutrition is taught as part of community health in one semester and maybe the nutrition itself and its role in health is limited to maybe two to three hours. And it's looking at only a few nutrients in the role of those nutrients in health. And yet, if you look at scientific journals that publish on nutrition and health you would be amazed at how

much knowledge has advanced in that field. And we've not yet incorporated it in our curriculum so that's one.

I think the 2nd gap that I can quickly point out is counseling and when health professionals are being taught, that part on counseling is not being stressed as part of the multi-disciplinary management of patients. Okay, I mean doctors are given courses in counseling but doctors for example, I'm talking about doctors mostly. They don't have enough time to sit with one patient for one hour at least and do good counseling, and counsel the patient properly. There's a whole long queue of patients waiting to be seen by that same medical doctor or health professional. And you know patients are getting impatient to be seen. So, the doctors can't spend that much time. So, this has been happening and role of counseling has slowly been handed over to counselors who are trained in counseling. But with the doctor, why doesn't he say, "Okay we are going to do 1,2,3,4,5. I will do 1,2,3,4 for you but for number 5, you will also need to go to the counselor in the next room. Or for the next meeting and you must know as part of this management that you must see the counselor and get some counseling. I feel personally, even in my own personal life that I would have benefited a lot if doctors used counseling as part and parcel of their management of patients.

And then I think we totally more importantly, that is that we totally ignore the fact that the majority of us human beings believe in a supernatural being. And that doctors really don't heal. We doctors just treat. Yeah, the supreme healer is really Allah our Creator, and that is all definitely missing. The theology part of it is definitely missing here in the training. And so maybe we end up making our doctors that maybe our medical or dental practitioners feel that it's all up to them. And it is, you know the other ones are going to do it and yet that's not really the truth

So, I think briefly I will just touch on those as far as the changes and advances that happened in the medical education. And then also maybe doctors too, are too lazy to read other journals. They only read medical journals. They don't read nutritional journals of physiotherapy journals. So maybe, maybe they are too busy. Maybe it's also a challenge in Kenya because we have a very high doctor to patient ratio. All this could be the reason. But I think as far as the curriculum and the training is concerned, these I think are the gaps I can point out very quickly.

Now the other thing is that of course now patients go to Mr. Google. They will read on Mr. Google and get a lot of information and so they will ask the doctor questions. Maybe in the training we don't emphasize that a patient has their patient rights and that one of the patients' rights is to have information. And sometimes the doctor just says, "No. I just told you that this is all we're going to do. They don't understand what the patient is asking as they don't read things outside the medical field. So, sometimes we don't handle patients' queries when they are asking why don't we do this or couldn't we have done this another way? Why did you decide to do it this way? Why can't ... And then sometime these days for example patients do ask their physicians, "Can I use supplements? But the training as I've just said, it's because the training in nutrition is so, so deficient that doctors feel, "No they don't work. You know you have to use the medicines as prescribed. This is what I prescribe for you. Just go and get what is prescribed. You don't need supplements. They don't work."

I think that's really part of the deficiency. The doctor feels deficient because he doesn't know much about nutrition because maybe the patients say, "Oh I have heard there is Carotenoid complex as a supplement to boost immunity. What do you think - can I use it? Will it help me? And the doctor has never heard of it. He doesn't know how it works. Hasn't read a paper about it. Yet patients are reading and they are being exposed out there to some of these wellness companies that give them this information. So, I think they're also reading. Then the doctor is not able to manage the patient and he says, "No don't use it. Just use what I have given you and that's it." And yet as I've said the science of nutrition as well as for other alternative medicine has really advanced so much that sometimes we do try and give patient the medicine, and they keep coming back and coming back and we are not helping the patient. And I think then we as physicians need to be open to say, "OK. let me now send you to a physician on alternative medicine or nutrition and you go try it. Maybe that will work for you. But we don't. And then, but a part of this may also be (I don't know what, what to say without stepping on people's toes). But maybe the pharmacological companies also feel, maybe feel threatened if a patient is going to use alternative medicine or use supplements. And yet they really don't need to because it's in the advancing science knowledge. It clearly shows this is the role of medicine, modern pharmacological drugs. And it's a different role to that which nutrition and supplements play. And yet if they could be combined, we may be able to manage our patients more satisfactorily. So, I think that's what I can say about it in my opinion as you ask, in my opinion

Dr. Saade: From your response, I mean there are many things that have emerged or you've touched on. You know, one of them is that: okay we've inherited from the colonialists our curriculum. Right? And which is now more pharmaceutically based or profit driven. Previously, we did have alternative therapy. Like if we look like at Islamic medicine, it is so broad. Yeah, because Islamic medicine covers conventional medicine. And they have really contributed to what we call now modern medicine. But we do have the nutrition supplements we have herbal medicine, we have cupping. We have other, you know, the Quran recitation, and all that.

Dr. Fatmah: Yeah, prayers and all that.

Dr. Saade: So, I mean now what we are seeing also the patients' needs are evolving. Yeah, it's not just a bio-pathological or physiological issues or a biological basis that is contributing to their disease.

Dr. Fatmah: Absolutely right

Dr. Saade: So that the training in the medical school that we get we spend three whole years doing basic sciences, yes right. So, I don't know now in our time we did two years of clinical or so . Which I don't know if we did have enough exposure to everything - in obstetrics, surgery, whatever pediatrics medicines psychiatric. Right? So, I don't know now if it's evolved now to be more years clinical so that you have more exposure to patients care than what we had?

Dr. Fatmah: Yes, there is a bit more clinical exposure in even in in the pre-clinical years. They are being called tutorials. So that even while they are doing the basic medicine in first 3 years, the total time spent has been increased from 5 years to 6 years. And in that there a lot of

tutorials have been added for patient contact to increase exposure of students to patients in a limited way. But in at least at an earlier stage instead of later. That's true that at least has happened and that's, that's some good improvement that has happened.

Part 2: Traditional and Alternative Therapies

Dr. Saade: Then you also talked about now the alternative medicine in Kenya. What is the Ministry of Health position with regards to these alternative or complimentary therapies? And if it is doctors and the people who've already gone through, they're certified medical health professionals? Is there a mechanism that they can now expand their training to go into complementary therapies or is it that we need another group of people who missed out on medical school? Are they the ones who are allowed to go back?

Dr. Fatmah: Actually, in Kenya right now, there is no institution that is offering training on alternative medicine as far as I know. I had thought that JKUAT was planning but they haven't yet started. They were actually going to offer diploma, certificate diplomas and degrees in traditional medicine plus, alternative medicine and complimentary medicine. Yes, so right now if anybody wants to get trained on that, they have to go abroad.

Dr. Saade: That's very sad

Dr. Fatmah: Yes, that's true. But the ministry, at least does allow them to practice because the Kenyan Medical Practitioners and Dentist Council (KMPDC) has been given the mandate to license them. As long as they can produce certificates from reputable institutions, they can be given a license to practice. But they but, and this now tells you the attitude of our Ministry of Health: they won't be able to practice in a hospital, side by side to our contemporary doctors practitioners. They really have to open their own clinics. There is such limited opportunity they have. They cannot walk into the hospital and ask and demand to be employed as part of the workforce in a hospital to offer this...

Dr. Saade: So, even if it's a private facility somebody?

Dr. Fatmah. Okay so I'm discussing, sorry I meant the government-run. Here I understand in the private sector it entirely depends on the CEO or the or the manager of that institution. If he'd been using it and thinks that there's a role for alternative medicine and that he can offer jobs to such people within his institution to offer care to his patients then it becomes now an individual or an organization decision. If for example it is the faith-based organization that are running those facilities that's acceptable. Um yes, because they'd be licensed That we have a Kenyan medical practitioner approved by the council. Yes, once they've been approved and shown their certificates and their transcripts, so that that can happen

Dr. Saade: I mean because studies have shown that doctors have, you know doctors it's known that they also go to these providers of alternative or complimentary medicine. I know all of us have used like the black seed. And many of us at the coast use that. I remember during Corona we had the "Koto" and found it was very effective for Covid symptoms. So, I mean that's the gap that we need to see how to reach, because we are looking at the patient's needs. Patients are fearful of the toxic effects of pharmaceutical drugs.

Dr. Fatmah: Right, that's true, that's really true. And even the professionals themselves know that even a simple drug such as paracetamol has side effects. And some of them can be quite serious. Yeah, so they are aware of it. But they don't have the knowledge of what alternative medicine can I also use or combine with this maybe to reduce toxicity or reduce the side effects out the medicines. And what are their doses. So, instead of writing 6 to 7 drugs to give to one patient, maybe he can write 2 and then the other medicines will be from herbal or alternative therapy supplements. Exactly yeah, so there is that gap. But it could be a big thing or an issue to handle as you can imagine because the pharmaceuticals will fight it. Yes, they have, they have an interest in that happening. As I've just said instead of prescribing 6 drugs you prescribe only 2. And the other 2 are supplements or perhaps other alternatives here and there.

Dr. Saade: It is clear we require some major going back to the drawing board.

Dr. Fatmah: Yeah, absolutely

Dr. Saade: and so thank you. I think here we have covered about what are the gaps between what the patients need and what is taught right. And also, we've looked at the alternative therapies that are available. And maybe what the health workers or health professionals need to consider. Right? So, from this what else would you say we need to emphasize before we move on to the next phase of the episode.

Dr. Fatmah: ATo look at how is this medical or health professional curriculum deficient? I think that we've touched on it. But how do you want to tell so that the quality of the healthcare being provided to Kenyans is up to standard? And I think that at least the government has thought about it for example the Kenya Medical practitioner Board or Council - they provide all the universities with a standard basic curriculum that's okay for teaching of medical and dental professionals. And so has also the Nursing Council been given that task for the nurses. And clinical officers council.