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Oral Presentation

A001

Islamic Spiritual Rituals in End-of-Life Care: A Review from the Lens of Shariah-Compliant Healthcare

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ABSTRACT

Introduction: End-of-life (EOL) care is a critical phase in a patient's journey, requiring holistic approaches that address not only physical symptoms but also emotional, psychological, and spiritual needs. In Islam, the dying process is a deeply spiritual transition, and Islamic spiritual rituals play a significant role in the EOL care for Muslim patients. In Shariah-compliant healthcare, these rituals not only provide comfort and meaning during their final moments but also reflect ethical obligations rooted in *Maqasid al-Shariah*, particularly in preserving faith (*al-Din*) and dignity (*al-karamah*). This review explores the diversity and significance of Islamic spiritual rituals in EOL care and their integration within modern healthcare settings. **Methods**: This narrative review employed a comprehensive search of academic databases (Scopus, PubMed, and Google Scholar) for literature published from 2000 to 2025 using keywords such as "Islamic end-of-life care", "Islamic spiritual rituals", "dying in Islam". **Results**: Findings reveal a range of core Islamic ritual practices at the EOL, including recitation of the *Shahadah*, Quranic verses, supplication (*du'a*), facing the *Qiblah*, and spiritual presence of family members. The role of healthcare providers in facilitating these rituals varies across settings, often influenced by institutional policies, cultural diversity, and awareness of Islamic bioethical principles. Integration of these practices within healthcare settings would contribute to patient-centred, culturally competent, and Shariah-compliant care. **Conclusion**: Islamic spiritual rituals are vital components of dignified EOL care for Muslim patients. Recognising and accommodating these practices reflects a commitment to diversity in healthcare and aligns with the ethical principles of Islamic bioethics. Enhancing awareness and institutional support for such rituals can foster compassionate and Shariah-compliant EOL care across diverse clinical settings.

Keywords: End-of-life care; Islamic bioethics; Islamic spiritual rituals; palliative care

A002

Culturally Integrated Revitalisation of Health Services in Mangudadatu, Maguindanao del Sur

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ABSTRACT

Background: The Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) faces major healthcare challenges due to poverty, cultural beliefs, and inadequate infrastructure that affect community's health-seeking behaviour and healthcare utilisation. In Mangudadatu, the Rural Health Unit (RHU) was revitalised through facility upgrades, staff training, and culturally sensitive branding. The "Kalingang Mangudadatu RHU" and "Ibadah-friendly RHU" initiatives improved health-seeking behaviour by rebuilding community trust and incorporating Islamic values, demonstrating how compassionate leadership and strategic branding can enhance rural healthcare and serve as a model for other BARMM communities. **Methods:** This study used a descriptive mixed-methods sequential convergent design to assess the impact of the revitalisation initiative. Quantitative data (n=400) were collected through surveys, followed by focus groups and interviews with key stakeholders. Stratified random sampling, statistical analysis, and thematic evaluation were used, with findings integrated for comprehensive interpretation. **Results:** The study revealed positive outcomes with excellent branding ratings in recognition (3.82/4.00), cultural relevance (3.99/4.00), and attractiveness (3.96/4.00). Healthcare utilisation increased from 2022 to 2024, along with improved community perceptions (3.89/4.00). Ibadah-friendly strategies earned perfect scores (4.00/4.00), enhancing health-seeking behaviour (3.89/4.00), preventive service use (3.88/4.00), and preference for modern treatment (3.79/4.00). Focus groups highlighted the importance of documentation, cultural sensitivity, and staff performance in fostering community trust. **Conclusion:** The RHU Mangudadatu revitalisation transformed healthcare delivery through culturally sensitive approaches addressing traditional health beliefs and trust barriers within the Muslim community. The Ibadah-friendly program integrated Islamic traditions, building exceptional community trust and establishing the facility as a healthcare cornerstone. This approach recognised multifaceted community needs-religious practices, cultural values, and healthcare expectations-fostering positive perceptions while improving infrastructure, service quality, and staff development. The study validated the Input-Process-Output-Outcome (IPOO) model, demonstrating correlations between culturally-informed revitalisation, patient satisfaction, and health-seeking behaviours, creating a replicable framework acknowledging varied dimensions of effective healthcare delivery throughout BARMM.

Keywords: Bangsamoro; ibadah-friendly; Kalingang Mangudadatu; revitalisation; rural health unit

A004

Association between Cognitive Function Level and Prayer Ability among Elderly Muslims Attending Kuantan Government Health Clinics

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ABSTRACT

Introduction: Cognitive impairment is a growing public health concern in Malaysia, particularly among the elderly. Mild cognitive impairment (MCI) often precedes dementia, and early detection is vital. Spiritual and religious practices, particularly daily prayers (salah), may influence cognitive health. This study aimed to assess the association between prayer ability and cognitive function level among elderly Muslims in Kuantan. **Methods:** A total of 351 respondents were analysed. The prevalence of abnormal cognitive function was 7.4% (n = 26), while 92.6% (n = 325) retained normal cognitive function. On univariate analysis, age ($p < 0.001$), total prayer ability score ($p = 0.001$), job scope ($p = 0.022$), marital status ($p < 0.001$), and education level ($p < 0.001$) were significantly associated with cognitive function. Meanwhile, in the multivariate logistic regression model, only younger age (OR = 0.889, 95% CI: 0.824-0.959, $p = 0.002$) and higher prayer ability score (OR = 1.163, 95% CI: 1.054-1.283, $p = 0.003$) remained independent predictors of normal cognitive function. **Results:** A total of 351 respondents were analysed. The prevalence of abnormal cognitive function was 7.4% (n = 26), while 92.6% (n = 325) retained normal cognitive function. On univariate analysis, age ($p < 0.001$), total prayer ability score ($p = 0.001$), job scope ($p = 0.022$), marital status ($p < 0.001$), and education level ($p < 0.001$) were significantly associated with cognitive function. Meanwhile, in the multivariate logistic regression model, only younger age (OR = 0.889, 95% CI: 0.824-0.959, $p = 0.002$) and higher prayer ability score (OR = 1.163, 95% CI: 1.054-1.283, $p = 0.003$) remained independent predictors of normal cognitive function. **Conclusion:** Advancing age and lower prayer ability were identified as independent predictors of low cognitive score among elderly Muslims. Prayer ability, as both a spiritual and physical practice, may serve as a valuable indicator for detecting cognitive decline in primary care. Incorporating spiritual dimensions into elderly health assessments may enhance early identification and management of cognitive impairment. As individuals age, their memory inherently deteriorates. However, the ability to perform prayers correctly appears to help preserve cognitive abilities.

Keywords: Cognitive impairment; elderly; Muslim; prayer ability; Solah

A007

Challenges in Integrating Islamic Principles into Routine Clinical Practice: A Qualitative Study in a Tertiary Shariah-Compliant Hospital

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ABSTRACT

Introduction: The integration of Islamic principles into medical practice at the International Islamic University Malaysia (IIUM) began nearly three decades ago with the establishment of the Kulliyyah of Medicine. These principles were initially imparted to undergraduate and postgraduate students through lectures and seminars. The founding of the Sultan Ahmad Shah Medical Centre (SASMEC) at IIUM in 2014 marked a significant transition, enabling faculty members and students to translate theoretical knowledge into clinical application. This study aims to explore the challenges encountered by medical practitioners in incorporating Islamic values into routine clinical practice and to propose actionable strategies for improvement. **Methods:** This qualitative study was conducted within the Department of Orthopaedics, Traumatology, and Rehabilitation at SASMEC. Participants included orthopaedic physicians and academic staff. Data collection methods comprised in-depth interviews, document analysis, and focus group discussions. Thematic analysis was employed to identify recurring patterns and insights. **Results:** The study involved 20 participants in individual interviews and 10 individuals-including physicians, a Shariah compliance officer, and a senior matron-in a focus group discussion. Additionally, 19 documents from the Shariah Compliance Department at SASMEC were reviewed. Four key themes emerged: (i) Inadequate training programmes on Islamic medical ethics and practice; (ii) Diverse educational backgrounds and clinical experiences among practitioners; (iii) High-pressure hospital environments limiting reflective practice; and (iv) Limited accessibility and visibility of institutional guidelines and policies. **Conclusion:** To enhance the implementation of Islamic principles in clinical settings, the study recommends the development of more interactive and contextually relevant training programmes, the identification and promotion of exemplary role models, and the dissemination of clear, accessible institutional policies and guidelines.

Keywords: Clinical service; implementation challenges; Islamic practice; shariah compliant hospital

A010

Maqasid al-Shariah Knowledge among Clinical Trainees

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ABSTRACT

Introduction: Maqasid al-Shariah serves as a framework to preserve essential values such as faith, life, intellect, lineage, and wealth. Its integration into medical practice is crucial in guiding ethical decision-making, especially in contexts where medical interventions intersect with religious and moral considerations. Despite its importance, the level of awareness and understanding of Maqasid al-Shariah among medical doctors remains underexplored. **Methods:** A cross-sectional study was conducted among 242 clinical postgraduate doctors in a local medical university. Data were collected using a validated structured Maqasid Shariah Knowledge Questionnaire that assessed demographic information, knowledge of Maqasid al-Shariah, and its application in clinical scenarios. Descriptive statistics were used to determine knowledge levels, while Chi-square and logistic regression explored associations between knowledge and demographic factors **Results:** Majority of the doctors are Muslims but only 36.8% have attended a formal session on Maqasid al-Shariah. Nevertheless, 62.8% have applied the principles of Maqasid al-Shariah in their daily clinical practice. 76% of the doctors demonstrated adequate knowledge of the five essentials of Maqasid al-Shariah. Doctors who have applied the Maqasid al-Shariah principles significantly associated with higher knowledge scores (OR 0.37, CI: 0.19-0.73). **Conclusion:** The level of doctors' knowledge of Maqasid al-Shariah is aligned with its daily application in medical practice. This highlights the need for structured educational modules and continuous professional development programs that integrate Maqasid al-Shariah into medical ethics and practice. Enhancing such knowledge may strengthen ethical decision-making and align medical care with holistic, patient-centered values.

Keywords: Al-Shariah; doctors; knowledge; maqasid; medical

A011

Tashkhis Dental AI: A Tawhidic Approach to Smart Web-Based Diagnostics for Oral Health and Ihsan-Centred Care

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ABSTRACT

Introduction: Oral diseases such as dental caries and periodontal bone loss remain among the most prevalent global health challenges, often detected late, leading to costly and invasive treatment. Limited access to specialised diagnostic tools further widens the disparity in oral health care. Guided by IIUM's Tawhidic Epistemology and the value of *Ihsan*, this project introduces Tashkhis Dental AI, a web-based diagnostic platform designed to integrate technology with ethical responsibility. **Methods:** A dataset of over 5,000 anonymised intraoral and panoramic radiographs was ethically curated, de-identified, and reviewed for quality before use. Convolutional neural networks (CNNs) were developed to detect dental caries, periodontal bone loss, and related pathologies, with data split into training (70%), validation (15%), and testing (15%) sets. Pre-processing included normalisation and standardisation, while augmentation techniques enhanced robustness. Model performance was evaluated using accuracy, sensitivity, specificity, precision, and F1-score, benchmarked against board-certified oral radiologists, with reliability measured via Cohen's kappa. The validated model was deployed as a cloud-based web application for real-time diagnostic support. **Results:** When tested against expert evaluations, the system achieved a diagnostic accuracy above 97%, showing strong reliability and agreement with board-certified oral radiologists. The integration of AI within a user-friendly web interface provided clinicians with robust diagnostic support, enabled large-scale community screenings, and reduced diagnostic errors. The tool also demonstrated scalability in underserved settings, highlighting its potential to strengthen clinical practice, enhance preventive care, and expand public health outreach through accessible AI-driven diagnostics. **Conclusion:** Tashkhis Dental AI exemplifies IIUM's mission of uniting technological advancement with Tawhidic values, ensuring innovation serves humanity ethically and compassionately. By fostering early detection, preventive care, and equitable access, this initiative not only aligns with IIUM's vision but also supports global priorities such as SDG 3 (Good Health & Well-Being) and SDG 9 (Industry, Innovation & Infrastructure).

Keywords: Artificial Intelligence; dental diagnostics; early detection; oral health

A027

Integrating Shariah and Medical Perspectives in the Management of Muslim Individuals with Gender Dysphoria and Differences of Sex Development in Malaysia

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ABSTRACT

Introduction: Gender Dysphoria (GD) and Disorders/Differences of Sex Development (DSD) are complex conditions requiring multidisciplinary approaches. In Malaysia, fragmented management has arisen due to a lack of guidance integrating medical science with Islamic jurisprudence. This policy is the first worldwide to harmonise Shariah principles with medical evidence, providing holistic and faith-sensitive management for Muslim individuals with GD and DSD. **Methods**: The policy was developed using Design and Development Research (DDR) and the Fuzzy Delphi Method (FDM). Three phases were conducted: (i) needs analysis through roundtable discussions with 17 experts from healthcare, Shariah, and government; (ii) drafting of a policy framework aligned with both medical best practice and Islamic principles; and (iii) evaluation of usability and validation through expert consensus from external reviewers. **Results:** The policy establishes structured algorithms for neonatal and paediatric screening of ambiguous genitalia, standardised referral pathways to multidisciplinary teams, and consultation with Shariah authorities. It harmonises definitions of khunsa, mukhannath, and mutarajjilat between Islamic scholarship and medical practice. Institutional roles-particularly those of healthcare providers, Jabatan Pendaftaran Negara (JPN), and JAKIM-are clarified to ensure integrated care. Psychosocial and spiritual frameworks are incorporated to mitigate stigma, improve mental health outcomes, and support families. **Conclusion:** This pioneering Shariah-compliant healthcare policy bridges medicine and Islamic jurisprudence in the management of GD and DSD. It aligns healthcare, legal, and religious institutions to deliver holistic, sustainable, and culturally appropriate care. The framework also serves as a replicable model for other Muslim-majority nations facing similar challenges.

Keywords: Differences of sex development; gender dysphoria; khunsa; Malaysia; policy development; shariah-compliant healthcare

A033

Patients' and Healthcare Professionals' Perspectives on Solat Performance in Shariah-Compliant Hospital: A Qualitative Study

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ABSTRACT

Introduction: Performing ibadah while being hospitalised is an essential element for Muslim patients. This study explores the challenges Muslim patients face in performing solah, a fundamental Islamic practice, in a hospital environment. Many patients are unable to perform solah due to unclear reasons, highlighting a gap in supportive healthcare services. **Methods:** The research employed a qualitative, single-embedded case study with Muslim adults who have been in a shariah-compliant tertiary teaching hospital for over 24 hours. Data collection involved in-depth interviews, observations, and document analysis, which were analysed using framework analysis and triangulation. **Results:** Researchers interviewed 18 Muslim patients and 13 healthcare professionals (HCPs) to ensure reliability and comprehensive insights. Findings reveal that poor communication hampers patients' ability to access resources such as ibadah kits and trolleys. Immobilised patients often remain unaware of available facilities, leading to underuse and wastage. Additionally, many patients lack awareness of service improvements related to cleanliness and support, impacting their willingness to perform solah. Enhancing information dissemination through technology and social media can improve understanding and engagement among patients and the broader community. Patients need clearer communication about HCPs' willingness to assist with ibadah. This reassurance can alleviate concerns about disrupting busy staff. Moreover, a community-wide education effort is essential. Many patients lack knowledge about performing solah, rukhsah, and tayammum; some are aware of these practices but unwilling to perform them. Education through schools, universities, and community programs can prepare patients for hospital stays and reduce the burden on HCPs. HCPs often lack confidence and practical training to assist with solah, despite receiving theoretical Fiqh Ibadah training. Incorporating hands-on, small-group practical sessions into their training could enhance their competence and confidence in supporting patients. **Conclusion:** In conclusion, understanding patients' religious needs and improving communication and training can bridge existing gaps, ultimately enhancing religious support and patient care in Muslim-majority healthcare systems.

Keywords: Healthcare professionals; ibadah friendly; rukhsah solah; shariah compliance

Poster Presentation

A003

Bridging Faith and Medicine: Aligning FIGO Criteria with Islamic Rulings on Menstruation among Reproductive-Aged Women in Hospital Sultan Haji Ahmad Shah, Temerloh

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ABSTRACT

Introduction: Menstruation represents a convergence of medical and religious implications in the lives of Muslim women. While Federation of Gynecology and Obstetrics (FIGO) defines normal and abnormal uterine bleeding (AUB) based on cycle length, duration, and volume, Islamic jurisprudence classifies menstruation through observable features such as blood color, consistency, and prescribed durations. These differing frameworks can cause uncertainty in determining purity status (*Tahārah*), especially with irregular bleeding. This study aims to bridge the gap between medical science and Islamic rulings to provide evidence-based, faith-sensitive guidance. **Methods:** A comparative cross-sectional study was conducted at Hospital Sultan Haji Ahmad Shah (HoSHAS), involving 220 reproductive-aged women with either normal menstruation or AUB. Participants completed structured assessments, menstrual calendars, and used standardised pads to estimate blood volume. Menstrual patterns were analysed using FIGO criteria, and blood characteristics were compared with Islamic descriptions. Statistical analysis was performed using SPSS Version 29, with significance at $p < 0.05$. **Results:** While FIGO defines normal menstruation as 8 days, Islamic rulings allow up to 15 days before classifying as *Istiḥāḍah*. In this study, 85.7% of normal cycles met FIGO criteria, yet 84.2% of AUB cases bled beyond 8 days, creating a classification mismatch. Blood color aligned across perspectives, with 87.4% of normal cycles reporting darker blood. However, clotting showed divergence, 63.2% of AUB cases had clotted blood, categorised as *Istiḥāḍah* in Islamic rulings but linked to gynecological pathology in FIGO. The findings highlight overlaps and conflicts between medical and religious classifications, emphasising the need for an integrated framework for clearer diagnosis and guidance. **Conclusion:** Dark, clotted blood is recognised in both perspectives, yet differences in duration and criteria risk diagnostic confusion. Integrating FIGO standards with Islamic rulings could improve diagnostic precision, empower Muslim women in determining *Tahārah*, and advance Shariah-compliant healthcare that is clinically robust and culturally respectful.

Keywords: Abnormal uterine bleeding; FIGO; Islamic rulings; menstruation; purity

A005

Diversity in Clinical Challenges of Aplastic Anemia: Ethical Reflections on Hidden Thrombosis Risk

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ABSTRACT

Introduction: Aplastic anemia is predominantly managed with concerns over bleeding and infection, while thrombotic complications such as venous thromboembolism (VTE) remain under-recognised. This case reflects the diversity of clinical manifestations in aplastic anemia and emphasises the importance of culturally sensitive, Shariah-compliant approaches in complex decision-making. In line with hifz al-nafs (preservation of life) and harm reduction (darar), timely diagnosis is vital to ensure ethical and effective patient care. **Methods**: A descriptive case study design was applied, documenting the clinical presentation, bedside assessment, and ethical considerations in a patient with severe hematological disorder. Point-of-care ultrasound (POCUS) was used as the primary diagnostic modality, aligning with principles of accessibility and equity in resource-limited settings, and supporting diverse patient populations in Muslim-majority contexts. **Results**: A 49-year-old woman with very severe aplastic anemia (platelet count 4 x 10^9/L) presented with limb swelling, hypoxia, and hypotension. Despite atypical features and the absence of Virchow's triad, POCUS confirmed femoral and popliteal deep vein thrombosis with right heart strain. Due to recent intracranial bleeding, anticoagulation was withheld. The patient was stabilised with supportive care, highlighting the clinical tension between bleeding risks and thrombotic management within diverse healthcare realities where ethical, religious, and safety considerations intersect. **Conclusion**: This case illustrates how assumptions of bleeding risk may overshadow the potential for thrombosis in aplastic anemia. The integration of POCUS as a bedside diagnostic tool not only facilitates rapid and safe decision-making but also reflects shariah-compliant principles of safeguarding life, ensuring just healthcare delivery, and embracing diversity in clinical care. Broader awareness of VTE risks in thrombocytopenic patients is essential to align practice with ethical, diverse, and Shariah-compliant healthcare frameworks.

Keywords: Aplastic anemia; Maqasid shariah; POCUS; thrombocytopenia; venous thromboembolism

A006

Fiqh Al-Ma'alat: The Prevention of Diabetic Retinopathy among People with Type 2 Diabetes Mellitus

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ABSTRACT

Introduction: Diabetic retinopathy (DR) is a leading cause of preventable blindness worldwide among individuals with type 2 diabetes mellitus(T2DM). Despite advancements in screening and treatment, adherence to preventive practices remains suboptimal. Fiqh al-Ma'alat, an Islamic jurisprudential principle emphasising foresight and consideration consequences, offers a unique ethical framework that can be integrated into preventive health strategies. This concept paper explores the role of fiqh al-Ma'alat in strengthen DR prevention among individuals with T2DM. **Methods:** A narrative review of literature review was conducted using scoping searching from few databases (PubMed, Scopus AI and Emerald Insight databases) based on PRISMA-S compliant strategies. The inclusion criteria included peer-reviewed studies on DR prevention, T2DM, Islamic bioethics, and preventive health within Muslim population. Exclusion criteria included studies older than five years and animal studies. **Results:** Synthesis of 37 studies yielded that early screening, lifestyle modification, pharmacological therapy, and patient education are effective yet inadequately utilised. Jurisprudential analysis illustrates how fiqh al-Ma'alat aligns with preventive medicine by prioritising harm avoidance and supporting public health goals. **Conclusion:** A conceptual framework where preventive actions aligned with maqasid al-shariah may enhance adherence through religious validation.

Keywords: Diabetes mellitus type II; health education; Islamic bioethics; preventive health services; religion

A008

Bridging Vision and Faith: Ozurdex® for Refractory Diabetic Macula Edema in a Shariah Lens

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ABSTRACT

Introduction: Diabetic macular edema (DME) remains a leading cause of visual impairment despite anti-VEGF therapy. Corticosteroid implants such as Ozurdex® (dexamethasone 0.7 mg) offer anatomical and functional benefit, particularly in pseudophakic eyes and in cases insufficiently responsive to non-steroidal options. From a Shariah perspective, questions arise about composition, fasting, and peri-procedural drops. **Case description:** A 69-year-old Malay woman with type 2 diabetes mellitus, hypertension, chronic kidney disease stage 3, and prior cerebrovascular accident had right-eye non-arteritic anterior ischemic optic neuropathy, mild non-proliferative diabetic retinopathy (NPDR) in the right eye, and moderate NPDR with refractory DME in the left eye. She received 22 intravitreal anti-VEGF injections to the left eye over several years with suboptimal visual benefit. Both eyes were pseudophakic. Given refractoriness and pseudophakia, she underwent left-eye intravitreal Ozurdex® under local anesthesia; the procedure was uneventful. **Discussion:** Ozurdex® comprises dexamethasone in a biodegradable poly-(lactic-co-glycolic acid) (PLGA) matrix without reported porcine/animal-derived gelatins; PLGA hydrolyses to lactic and glycolic acids and ultimately to CO_2 and water. Plasma dexamethasone exposure after intravitreal implantation is generally below quantitation, supporting minimal systemic load in comorbid patients. In Shariah, non-nutritive injections and eye drops do not invalidate fasting, and the doctrine of ḍarurah (necessity) together with istihalah (permissible transformation) and maslahah (public/clinical interest) supports use when no halal-certified alternative exists. Adherence risks around Ramadan are documented, and counselling on eyelid closure/nasolacrimal occlusion reduces systemic absorption and unpleasant taste, aiding acceptance. Evidence indicates no benefit-and possible harm-from routine topical antibiotic prophylaxis after intravitreal injections; povidone-iodine antisepsis remains pivotal. **Conclusion:** For pseudophakic, anti-VEGF–refractory DME, Ozurdex® is evidence-based and can be delivered in a manner aligned with Shariah principles through transparent consent, fasting-safe protocols, and prudent peri-procedural practice.

Keywords: Dexamethasone; diabetic macular edema; implant; Islamic bioethics; ozurdex; shariah compliance

A009

Keep the Fast, Keep the Drops: Shariah-Aligned Ophthalmic Guidance

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ABSTRACT

Introduction: Each Ramadan, uncertainty about whether eye drops break the fast drives anxiety and non-adherence among Muslim patients, especially those with glaucoma and dry eye, risking preventable vision loss. Ophthalmologists need concise, evidence-based, Shariah-compliant guidance to counsel confidently without compromising religious observance. **Methods:** We undertook a narrative review of authoritative Islamic rulings and contemporary ophthalmic pharmacokinetic evidence. Sources included the International Islamic Fiqh Academy (IIFA), Egypt's Dar al-Ifta, and Malaysian fatwa bodies, alongside trials and reviews on nasolacrimal drainage, systemic exposure, and mitigation techniques (eyelid closure, nasolacrimal occlusion, tissue-press). **Results:** Major juristic authorities state that ophthalmic drops do not invalidate fasting because they neither constitute intentional nutrition nor reliably reach the stomach. Pharmacokinetic data show low systemic exposure after topical instillation that can be reduced by about two-thirds with eyelid closure or nasolacrimal occlusion held ~2-5 minutes; a newer tissue-press method is similarly effective and easier to perform. Misconceptions remain common: a UK survey of 190 Muslims found 63.7% believed eye drops would break the fast. In an Egyptian hospital survey of 248 glaucoma patients during Ramadan, 60.9% continued daytime dosing; compliance reached 87.8% among those who believed drops are permissible and 88.1% among those counselled by their ophthalmologist. We synthesise a clinic-ready protocol: reassure permissibility; teach absorption-limiting technique; optionally time dosing at suhoor/iftar for reassurance; individualise postoperative regimens. **Conclusion:** Eye drops do not break the fast according to mainstream Islamic rulings, and clinical evidence corroborates minimal systemic impact. Proactive, Shariah-aligned counselling-paired with simple instillation techniques; can sustain adherence, prevent avoidable blindness, and strengthen trust between ophthalmologists and Muslim patients. Collaboration with religious leaders to co-create patient education tools is recommended.

Keywords: Eye drops; fasting; ophthalmology; Ramadan; shariah compliance

A012

Developing a Shariah-Compliant Model of Dental and Maxillofacial Surgery Care: A Tertiary Hospital Experience

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ABSTRACT

Introduction: A Shariah-compliant hospital embodies Islamic ethics in healthcare, aiming to provide treatment grounded in dignity, compassion, and holistic well-being. The Dental & Maxillofacial Surgery (DMFS) Unit at Sultan Ahmad Shah Medical Centre @IIUM (SASMEC@ IIUM) integrates the tawhidic paradigm and Islamisation of knowledge, framing clinical practice, ethics, and community service within Qur'anic and Prophetic principles. This presentation outlines the development of the DMS Unit, focusing on its Shariah-compliant framework, integration of tawhidic values in patient care and education, community outreach, and technological innovation. **Methods**: The establishment of the DMS Unit was implemented in two phases. Phase 1 focused on internal development-building a multidisciplinary team comprising oral and maxillofacial surgeons, pediatric dentists, special needs, restorative, and prosthodontic specialists. Services progressed from outpatient care to major surgeries, guided by Shariah principles such as halal-certified materials, gender chaperoning, and aurah protection. Continuous training included both clinical sub-specialisation and fiqh-based healthcare education to embed Islamic jurisprudence into daily practice. Phase 2 emphasised collaboration and outreach through partnerships with Oncology, ENT, Plastic Surgery, and community initiatives like Smile-A Tonne and Pacific Partnership. Outreach combined oral health promotion with spiritual and da'wah elements, while technological innovation introduced virtual surgical planning, 3D printing, and navigation-assisted surgery within an ethically grounded tawhidic framework. **Results**: The unit expanded its clinical scope, enhanced interdisciplinary collaboration, and strengthened community engagement while maintaining Shariah compliance. Digital innovations improved precision, efficiency, and cost-effectiveness, reinforcing the tawhidic approach as a model for Islamisation in healthcare. **Conclusion**: The DMS Unit at SASMEC@IIUM exemplifies how a Shariah-compliant, tawhidic approach in dental and maxillofacial care can harmonise faith, ethics, and technology-embodying Ihsan, the Qur'anic principle of excellence in service.

Keywords: Dental; Islamisation of knowledge; maxillofacial surgery; shariah compliant healthcare; tawhidic paradigm

A013

Contact Lenses: Unlocking Vision and Spiritual Clarity

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ABSTRACT

Introduction: Contact lenses are widely used in ophthalmology practice as a therapeutic modality for corneal pathologies. The Department of Ophthalmology, International Islamic University Malaysia, has been the tertiary centre for various corneal and refractive surgery cases. There are two most common types of therapeutic contact lenses used, namely soft bandage contact lenses and rigid permeable gas (RGP) contact lenses. Soft bandage contact lenses are commonly used for patients post-LASEK (refractive surgery procedure). Meanwhile, rigid gas permeable (RGP) contact lenses are widely prescribed for patients with keratoconus, and in both cases, the lenses are worn continuously, day and night, until the next scheduled follow-up appointment. This study aims to examine whether contact lenses and their solutions are derived from halal sources, and to determine whether they must be removed before performing ablution or the obligatory bath. **Methods**: Types and brands of contact lenses used by the department were identified. Then, the extensive literature review, bibliographic searches, and expert consultations were undertaken to examine the origin of materials used in contact lenses and to explore the relevant shariah rulings related to ritual purification. **Results**: The materials used in contact lenses and their solutions were found to be synthetic and do not originate from animal-derived or non-halal sources. Fiqh scholars, including Shāfiʿī school of thought, indicated that the inner part of the eye is not included among the obligatory parts to be washed during purification. **Conclusion**: The contact lenses used in the department are derived from halal sources, and their use does not compromise the validity of ablution or the obligatory bath; hence, patients are not required to remove them before performing purification.

Keywords: Contact lens; halal sources; LASEK; rigid permeable gas

A014

Acute Bilateral Visual Disturbance in a Child: Diagnostic Challenges and Ethical Reflections from Islamic Principles

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ABSTRACT

Introduction: Acute bilateral visual disturbance in children is diagnostically challenging, often suggesting demyelinating disorders. In Islam, children are regarded as an *amānah* (trust) from Allah, with health responsibilities shared by parents and society. Illness in childhood is seen as an *ibtilā'* (trial) that purifies the family and strengthens reliance on Allah. Sharīʿah emphasises *ḥifẓ al-nafs* (preservation of life) through timely medical intervention, while parental responsibility is considered a religious duty. **Case description:** We report a 7-year-old boy with mild autism and thalassemia trait who presented with acute blurred vision, headache, and fever. Clinical examination showed fluctuating acuity with photophobia but otherwise normal ocular findings. CT brain was unremarkable, while MRI demonstrated multifocal hyperintensities consistent with inflammatory demyelination. CSF, Aquaporin-4, and MOG antibodies were negative. He received intravenous steroids with tapering oral therapy, alongside supportive care, and achieved full visual recovery. **Discussion:** Paediatric demyelinating disease requires coordinated care between paediatrics, neurology, and ophthalmology. From a Sharīʿah perspective, *wilāyah* (parental guardianship) includes consent, financial responsibility, and safeguarding child welfare, representing an *amānah* entrusted by Allah. These duties align with the *maqāṣid al-Sharīʿah*, particularly *ḥifẓ al-nafs* (preservation of life) and *ḥifẓ al-māl* (preservation of wealth). Since children are below *taklīf* (legal accountability), illness is seen as *takfīr* (purification), encouraging *ṣabr* (patience) and *tawakkul* (trust in Allah) within families. Ethical decision-making merges medical expertise with Sharīʿah principles, ensuring both professional responsibility and spiritual accountability. **Conclusion:** Specialised paediatric care is both a medical necessity and a communal obligation (*farḍ kifāyah*). Integrating multidisciplinary practice with Sharīʿah ensures that the dignity, rights, and well-being of vulnerable children are protected in both worldly and spiritual dimensions.

Keywords: Child; parents; qadar; reduce vision; syariah

A015

Between Illness and Ibadah; Navigating Health and Faith in Complex Neurological Disease

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ABSTRACT

Introduction: The acute onset of diplopia in a healthy young individual presents a diagnostic challenge with profound emotional and spiritual implications. In Islam, vision, hearing, and mobility are regarded as blessings (*niʿmah*), and their temporary loss is viewed as a divine trial (*ibtilāʾ*). Sharīʿah emphasises preservation of life (*ḥifẓ al-nafs*), intellect (*ḥifẓ al-ʿaql*), and dignity (*ḥifẓ al-ʿirḍ*), with treatment considered both a professional obligation and a religious duty. **Case description:** A 20-year-old woman developed acute binocular diplopia due to right cranial nerve IV palsy, accompanied by progressive auditory disturbance and intermittent neurological symptoms. Despite normal CT, MRI, and lumbar puncture, the relapsing pattern of cranial nerve involvement raised suspicion of early demyelinating disease, such as multiple sclerosis. Multidisciplinary care was initiated involving ophthalmology, ENT, and internal medicine, with close follow-up and referral for specialist input. **Discussion:** This case highlights the diagnostic uncertainty often seen in early demyelinating disease, where negative investigations may delay confirmation. Sharīʿah, however, emphasises that care should not be delayed when harm is possible, in line with the principles of *darʾ al-mafāsid* (preventing harm) and *jalb al-maṣāliḥ* (securing benefit). Early intervention and ongoing surveillance thus represent both medical prudence and religious duty. The case also underscores *wujūb al-tadāwī* (obligation to seek and provide treatment) and the communal responsibility (*farḍ kifāyah*) of multidisciplinary care. Protecting vision and hearing fulfills the *maqāṣid al-Sharīʿah*: safeguarding life, intellect, and dignity. **Conclusion:** Illness in this context is both a medical challenge and a spiritual trial. Seeking treatment becomes an act of worship, while providing care is a collective duty. Integrating clinical excellence with Sharīʿah principles ensures that healthcare upholds patient welfare, dignity, and accountability before Allah.

Keywords: Double vision; qadar; syariah; young patient

A016

Cataract Surgery Complications as Shariah Challenges: Preserving Vision and Embracing Sabr

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ABSTRACT

Introduction: Cataract surgery is one of the most common and successful ophthalmic procedures, yet complications may still occur and lead to delayed visual recovery. In Islam, vision is recognised as a ni'mah (blessing), while temporary limitation is viewed as an ibtila' (test). This case highlights how Shariah provides spiritual, ethical, and practical guidance for patients who face prolonged recovery after surgery. **Case description:** A 59-year-old woman with diabetes, hypertension, hyperlipidemia, and end-stage renal failure on hemodialysis presented with bilateral senile cataracts and worsening vision. Visual acuity was poor (right 3/120, left 6/120) due to dense posterior subcapsular cataracts. After counselling on a guarded prognosis, left eye phacoemulsification under local anesthesia was performed but complicated by posterior capsular rupture, requiring anterior chamber lens implantation and iridotomy. Postoperatively, she developed high intraocular pressure and inflammation, which improved with intensive treatment and hemodialysis. After one week, inflammation subsided, and vision improved to 6/60 unaided and 6/24 with pinhole. **Discussion:** The patient's prolonged recovery period reflects how medical complications can test both physical and spiritual endurance. Shariah recognises such experiences as part of Allah's qadar (decree), guiding patients to embrace *sabr* (patience) and *redha* (acceptance). Islam assures reward for perseverance during hardship and offers *rukhsah* (concessions) that make acts of worship accessible even when vision is temporarily limited. Family and community support are integral in promoting recovery, reflecting Islam's emphasis on compassion and collective responsibility. **Conclusion:** Although her visual recovery was delayed, Shariah provides a profound framework for resilience, gratitude, and trust in divine wisdom. This case demonstrates that faith and patience can coexist with medical care, safeguarding dignity and maintaining spiritual closeness to Allah throughout recovery.

Keywords: Cataract; posterior capsular rent; qadar; shariah; visual disability

A017

Preserving Vision, Preserving Faith: A Shariah Perspective on Corneal Transplantation

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ABSTRACT

Introduction: Corneal blindness is a leading cause of visual disability worldwide. Penetrating keratoplasty (PK) remains the gold standard for advanced corneal endothelial disease, including Fuchs Endothelial Dystrophy (FED). Although outcomes are often favorable, some Muslim patients express hesitation about transplantation due to concerns regarding the permissibility of donor tissue. Addressing these concerns through Shariah-compliant perspectives is essential to support reassurance and informed decision-making. This case highlights both the clinical benefit and Islamic ethical framework surrounding corneal transplantation. **Case description:** A 71-year-old male with bilateral pseudophakia developed progressive corneal decompensation secondary to FED. Pre-operatively, vision in the left eye deteriorated to hand movements, severely limiting daily activities. He underwent PK for advanced FED. Post-operatively, the graft remained clear with well-opposed sutures and no signs of rejection or neovascularisation. At follow-up, best-corrected visual acuity improved to 6/12, and intraocular pressure was normal. **Discussion:** Visual rehabilitation restored functional independence, enabling the patient to perform personal tasks, ambulate safely, and engage in worship practices such as reading and prayer. Concerns about the permissibility of corneal transplantation are recognised in Muslim communities. *Fatwa* rulings affirm its permissibility when performed for medical necessity, with consent, and without commercial elements. These align with *Maqasid* al-Shariah, emphasising preservation of life (*hifz al-nafs*), intellect (*hifz al-'aql*), and religion (*hifz al-din*). **Conclusion:** Corneal transplantation not only restores vision but also enhances spiritual practice, autonomy, and quality of life. Organ and tissue donation, including the cornea, may be viewed as a virtuous act of ongoing charity (*sadaqah jariyah*), extending benefit beyond one's lifetime.

Keywords: Corneal transplantation; fuchs endothelial dystrophy; Islamic bioethics; organ donation; visual rehabilitation

A018

Faith and Aesthetics: A Shariah-Compliant Perspective on Prosthetic Eye Use in Cosmetic Rehabilitation

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ABSTRACT

Introduction: To report a pivotal case of cosmetic rehabilitation for phthisis bulbi and to critically evaluate its clinical, psychosocial, and Shariah-compliant dimensions at Ophthalmology Clinic, Sultan Ahmad Shah Medical Centre @ IIUM, Kuantan. **Case description:** A 72-year-old male with a complex ocular history-including myopia, rhegmatogenous retinal detachment, and aphakia-presented with phthisis bulbi and corneal decompensation. He developed acute periorbital redness, swelling, and discharge after attempting self-managed cosmetic concealment with an improperly fitted cosmetic contact lens purchased from an optical shop, which he wore daily and occasionally during sleep. Clinical examination revealed a decompensated cornea and asymmetrical ocular discoloration, attributed to inappropriate contact lens use. The patient was counselled on the severe ocular surface complications and advised that a custom-fitted ocular prosthesis represented a demonstrably safer and more effective therapeutic alternative. **Discussion**: From an Islamic ethical perspective, ocular prosthesis intervention is permissible. It is framed not as a cosmetic enhancement, but as a restorative act to remedy a significant physical defect and restore normalcy. This purpose aligns with Shariah principles, as it aims to re-establish dignity, alleviate psychosocial distress, and mitigate harm. **Conclusion**: This case demonstrates that an ocular prosthesis is both a superior clinical solution and an ethically robust intervention within an Islamic framework. Effective management requires a holistic approach that integrates state-of-the-art clinical solutions with culturally and spiritually congruent care, thereby advancing a truly patient-centered model of ophthalmic practice.

Keywords: Cosmetic rehabilitation; Islamic ethics; phthisis bulb; prosthetic eye; psychosocial implications

A019

Enhancing Religious Literacy in Healthcare: A Study of Fiqh Ibadah Training's Influence on Tertiary Hospital Staff Knowledge and Practice

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ABSTRACT

Introduction: A tertiary hospital has undertaken efforts to enhance its *Shariah* compliance standards through the organisation of various programs and training workshops for both internal staff and external participants. This initiative marks one of the pioneering training efforts for shariah-compliant hospitals in Malaysia, as no similar programs have been conducted previously. The *fiqh ibadah* workshop, an in-house training designed to provide both theoretical knowledge and practical skills, aimed to improve staff understanding and application of *Shariah* principles related to *ibadah*. **Method**: To assess the effectiveness of the training, a series of questionnaires was distributed. **Results**: There were 600 respondents - 193 from males (32.17%) and 407 from females (67.83%). Most respondents had been working at the hospital for less than five years (73.94%) and were unfamiliar with the concept of *Shariah*-compliant hospitals (65.94%) prior to the workshop. After the training, 77% of participants reported increased knowledge, confidence, and the ability to explain *ibadah*-related issues to patients. **Conclusion**: These results indicate that the workshop successfully enhanced staff knowledge and practical skills in *Shariah* compliance.

Keywords: *Fiqh Ibadah* workshop; knowledge; practice training; tertiary hospital staff

A021

Examining Superstitious Beliefs in Healthcare Through an Islamic Lens

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ABSTRACT

Introduction: Although evidence-based medicine has expanded rapidly, certain superstitious beliefs continue to persist among Muslim medical practitioners. These include the perception that wearing red attire influences referral rates, the attribution of chaotic on-call duties to a colleague labelled as a "Jonah," the avoidance of the term "quiet" during periods of low patient volume, and the association of full moon phases with increased hospital admissions. Such notions, however, are inconsistent with the principles of Islamic belief. The review aimed to evaluate the potential impact of such beliefs on patient care and to contextualise these practices within the Islamic perspective. **Methods:** A narrative review of the literature on superstition in medicine was undertaken using the search terms "superstitious belief", "lunar cycles and black cloud" and "medical practice" in PubMed and Google Scholar. In addition, selected Islamic teachings concerning fate (*Qadar*) and the attribution of events were examined. **Results:** There are 8 studies were reviewed from 2007 until 2024. All studies show no significant correlation between lunar cycles and patient volumes, nor between the perception of "black cloud" residents and actual workload. Such superstitions persist due to misattributed causality and the desire to control uncertainty. In Islam, attributing misfortune to people or events contradicts Quranic and Prophetic teachings, which affirm that all outcomes are decreed by Allah, requiring gratitude or patience in response. **Conclusion:** Superstitious beliefs remain common among Muslim healthcare workers but are not supported by scientific evidence. Islam encourages on trusting Allah's wisdom and expecting good from Him, discourages blaming individuals or omens, and response to all outcomes as opportunities for gratitude or patience. Continuous education addressing both scientific evidence and Islamic principles may help reduce superstition in the workplace.

Keywords: Black cloud; Islamic principles; lunar cycles; medical practitioners; superstitious beliefs

A022

RIoTLite Prototype for Evaluating Shariah-Compliant Rehabilitation IoT in Post-Stroke Care

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ABSTRACT

Introduction: The lack of affordable, continuous, and inclusive rehabilitation services creates disparities in patient outcomes, particularly for vulnerable groups, and raises concerns about fulfilling the ethical responsibility to ensure fair and compassionate healthcare delivery. To address these challenges within a Shariah-compliant healthcare framework, this study introduces a computational approach using the Rehabilitation Internet of Things (RIoTLite) to enable remote, ethical, and Patient-centred rehabilitation. **Methods:** Hand Gesture-based data from 200 post-stroke patients at Putrajaya Hospital were collected using the MediaPipe Pose framework for real-time skeletal and hand tracking. Features such as repetition count, and completion time were extracted and analysed through predictive models, including linear regression and ensemble methods, with validation based on tolerance-based accuracy. **Results:** Tolerance-based accuracy evaluation demonstrated clinically meaningful outcomes within a 20-30% margin of agreement with manual assessments. For hand strengthening (HS), the system achieved 71.5% accuracy at ±20% tolerance and 88.5% at ±30%, reflecting strong reliability in measuring gross motor functions. Hand opposition (HO), which relies on fine motor precision, yielded 61.5% accuracy at ±20% and 84.5% at ±30%, indicating acceptable reliability at broader thresholds despite higher variability. **Conclusion:** These results affirm that RIoTLite can be regarded as a clinically usable tool for remote rehabilitation monitoring, particularly under ±30% tolerance. Furthermore, significant correlations were observed between computational metrics and established clinical outcomes, confirming the reliability of the proposed framework. Beyond clinical utility, the framework ensures patient data privacy and aligns with the *Maqasid* al-*Shariah* in upholding *ʿAdl* (justice), *Taysīr* (facilitation of access), and preservation of *Akhlāq* (morality). Overall, the findings highlight the potential for ASEAN healthcare systems to adopt technology-driven rehabilitation strategies that enhance patient autonomy.

Keywords: Computational modelling; gesture recognition; post-stroke rehabilitation; RIoTLite; shariah-compliant-healthcare

A024

Predictors of Successful Early Breast-Milk Expression among Mothers of Preterm Infants Receiving Pasteurised Donor Human Milk at the Shariah Compliant Human Milk Bank in Tertiary Hospital

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ABSTRACT

Introduction: Breast milk is the optimal source of nutrition for preterm infants, providing immunological protection and improved clinical outcomes. When mother's own milk is insufficient, pasteurised donor human milk (PDHM) is used as a bridge. However, early initiation of maternal breast milk expression is crucial for establishing long-term lactation. Limited local data exist on factors influencing successful expression in mothers of preterm infants. **Methods:** We conducted a retrospective observational study at the Shariah compliant human milk bank in tertiary hospital between October 2021 and August 2025. Mothers of preterm infants (<37 weeks gestation) admitted to the neonatal intensive care unit and receiving PDHM were included. Data collected included sociodemographic characteristics, obstetric history, delivery mode, expression timing and frequency, breastfeeding support practices, and infant clinical factors. Successful early expression was defined as initiation within 24 hours postpartum. Logistic regression identified independent predictors. **Results:** Among 85 mothers, 64.7% achieved early expression, a rate higher than in some comparable neonatal settings. Independent predictors were iatrogenic preterm birth (aOR 13.4, p=0.003) and lactation counselling within 24 hours (aOR 47.9, p=0.025). Hypertensive disorders of pregnancy and the presence of Baby Friendly Hospital Initiative (BFHI) practices were also associated with early initiation. Early expression was linked to improved feeding outcomes,

with significantly higher exclusive maternal milk feeding at discharge (74.6% vs 25.4%, p=0.012). **Conclusion:** Early breast milk expression was strongly influenced by type of preterm birth and timely lactation counselling. Early initiation improved exclusive maternal milk feeding at discharge. Hence, strengthening structured counselling and consistent BFHI practices should be prioritised to optimise breastfeeding outcomes in preterm infants.

Keywords: Breast milk expression; breastfeeding outcomes; lactation counselling; pasteurised donor human milk (PDHM); preterm infants

A025

Trance-like Episodes Interpreted as *Rasuk*: A Case Managed in a Shariah-Compliant Tertiary Hospital

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ABSTRACT

Introduction: Spirit possession, locally known as *rasuk* in Malay culture, is traditionally perceived as an altered state of consciousness attributed to supernatural influence. Its manifestations often overlap with medical or psychiatric conditions, complicating diagnosis and management. Many affected individuals initially pursue religious healing or *ruqyah* (spiritual recitation) before seeking hospital care. We present a case of alleged spirit possession admitted to a Shariah-compliant tertiary hospital, highlighting the collaborative role of the spiritual care team in supporting clinical management within an integrative healthcare setting. **Case Description:** An 18-year-old woman presented with behavioral changes, lethargy, irrelevant speech, child-like behavior, and auditory experiences for two days. She reported feeling watched and claimed to have bruises, though none were observed. Previous episodes had resolved with *ruqyah*. On admission, systemic and neurological examinations were normal, while blood tests, urine toxicology, and CT brain excluded structural, metabolic, or toxic causes. The psychiatry team diagnosed acute stress reaction, while medical teams investigated for encephalitis and autoimmune conditions. After a session of *ruqyah,* the patient regained calmness and full consciousness. She declined lumbar puncture and was discharged against medical advice. **Discussion:** This case illustrates the diagnostic complexity when symptoms overlap between psychiatric, neurological, and culturally influenced presentations. While psychiatric assessment suggested an acute stress reaction, concurrent exclusion of organic causes such as encephalitis was crucial. The patient's rapid improvement following spiritual recitation emphasises the importance of culturally sensitive spiritual care. Collaboration between medical, psychiatric, and spiritual care teams can optimise patient outcomes in contexts where cultural beliefs strongly shape health-seeking behavior. **Conclusion:** This case highlights the importance of integrated, culturally informed care in managing possession-like states. A *Shariah*-compliant hospital framework enabled holistic management, combining medical, psychiatric, and spiritual approaches to enhance engagement, reduce stigma, and improve recovery.

Keywords: Holistic approach; Malay culture; *rasuk; ruqyah;* spirit possession

A026

Innovating for Diversity: A Shariah-Compliant Model of Human Milk Traceability in Hospital Settings

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ABSTRACT

Introduction: Human milk banking (HMB) is globally recognised for its role in improving neonatal survival. However, in Muslim communities, it requires careful attention to milk kinship (raḍāʿah) and Shariah compliance. A traceability system to protect lineage (*nasl*) while ensuring Shariah-compliant processes in donor human milk (DHM) is essential. This review examines how Shariah-compliant HMB models address operational diversity, particularly in relation to traceability and documentation of kinship in hospitals. **Methods:** A narrative review was conducted of published studies, conceptual papers, and reports from 2015 to 2025. Sources were synthesised to capture current approaches to donor intake, milk labelling, storage and tracking, consent procedures, and kinship safeguards. The review emphasised diversity in healthcare practice, ethical integration, and shariah-compliant governance. **Results:** The review identified three main themes. First, ethical and religious safeguards are central, as documentation of milk feeding in HMB requires informed consent to ensure Shariah compliance. Second, different operational models were observed, with variations in milk collection, distribution, and digital record-keeping practices. Third**,** cultural and societal acceptance emerged as a critical factor, where public trust and effective governance strongly influenced the success and sustainability of HMB. Taken together, these findings highlight traceability as the essential link that binds medical safety, accountability, and religious integrity. **Conclusion:** Shariah-compliant HMB requires more than clinical adaptation; it calls for structured integration of Islamic ethics, kinship protection, and technological innovation. The novelty of this work lies in positioning traceability as a key pillar of diversity in Shariah-compliant healthcare for premature infants. This model connects ethical, clinical, and governance dimensions, offering guidance for policymakers, healthcare professionals, and Islamic institutions across ASEAN who seek to advance shariah-compliant healthcare.

Keywords: Diversity in healthcare; human milk banking; kinship; shariah compliance; traceability

A028

From Compliance to Internalisation - Embedding Shariah Values in Hospital Quality Management (MS 1900:2014)

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ABSTRACT

MS 1900:2014, the Shariah-based Quality Management System, integrates ISO 9001 requirements with Shariah compliance, offering a holistic approach to healthcare governance. Achieving certification requires both organisational commitment and systematic implementation. This paper describes the journey of [Hospital Name] towards certification of MS 1900:2014, highlighting key strategies, challenges, and lessons learned. **Methods:** The certification journey began with consultation and benchmarking visits to a hospital with prior experience in MS 1900:2014. Awareness sessions and targeted training were provided to heads of services to build leadership understanding. The foundational groundwork included the development of the Shariah Critical Control Point (SCCP) framework and the formation of a Shariah Panel to oversee compliance. Subsequently, the hospital refined its core values to align with Shariah principles. Two surveys were conducted among the staffs to assess the level of understanding and implementation of these core values across departments. Continuous training, monitoring, and reinforcement were carried out, followed by two internal audits to ensure readiness. **Results:** The structured approach fostered stronger staff engagement and clearer integration of Shariah elements into daily operations. Internal audits identified gaps which were rectified before the certification audit. Ultimately, the hospital achieved MS 1900:2014 certification, reflecting its commitment to both quality and Shariah compliance. **Conclusion:** A phased, participatory approach-anchored on leadership awareness, Shariah governance structures, and continuous staff engagement-proved essential in attaining MS 1900:2014 certification.

Keywords: Core values; hospital certification; MS 1900:2014; shariah compliance; shariah critical control point

A029

The Intersection of Rehabilitation Care and Islamic Jurisprudence: Chronic Neurogenic Bladder and its Association with Maqasid al-Shariah: A Case Series

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ABSTRACT

Introduction: Patients with spinal cord injuries or disorders (SCI/D) frequently develop neurogenic lower urinary tract dysfunction (NLUTD), which increases the risk of vesicoureteral reflux, recurrent urinary tract infections (UTIs), nephrolithiasis, and progressive renal impairment. Although structured bladder programs and urologic evaluations can mitigate these complications, care delivery often remains fragmented. This case series explores how comprehensive bladder management within a rehabilitation setting aligns with the five objectives of Maqasid al-Shariah, offering a holistic approach for Muslim patients. **Case Discussion:** The individualised bladder care plans included clean intermittent catheterisation when feasible, pharmacologic management using antimuscarinics or beta-3 agonists, infection surveillance, renal imaging, and escalation to botulinum toxin or surgical interventions when necessary. Rehabilitation efforts emphasised patient education, caregiver training, pressure injury prevention, continence planning, and shared decision-making. Each management strategy was mapped to Maqasid al-Shariah principles: (i) Protection of Religion (Hifz al-Din): Restoring continence and minimising infection-related disability supports ritual purity (taharah) and enables consistent worship practices; (ii) Protection of Life (Hifz al-Nafs): Early risk stratification, UTI prevention bundles, and renal monitoring reduce morbidity and prevent life-threatening complications; (iii) Protection of Lineage (Hifz al-Nasl): Sexual health counseling, fertility-conscious medication choices, and infection control promote marital intimacy and family stability; (iv) Protection of Intellect (Hifz al-ʻAql): Addressing the psychological burden of chronic illness helps prevent anxiety, depression, and social isolation; and (v) Protection of Wealth (Hifz al-Mal): Preventing complications reduces long-term healthcare costs, hospitalisations, and loss of productivity. **Conclusion:** Structured neurogenic bladder care in rehabilitation not only improves clinical outcomes but also upholds Islamic legal objectives. This case series demonstrates that evidence-based protocols can be ethically and spiritually consonant with Maqasid al-Shariah, offering dignified and feasible care for Muslim patients.

Keywords: Chronic bladder dysfunction; Maqasid al-Shariah; neurogenic bladder; rehabilitation; spinal cord disorders

A030

Fundamentals of the *Tawhidic Epistemology* as Applied in Healthcare Systems

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ABSTRACT

Introduction: Unlike many educational institutions in the Muslim world, IIUM is adopting Tawhidic Epistemology (TE) and Islamisation of human knowledge (IOK) as educational philosophy. The basic question in both cases is about the application, especially in the field of medicine. This paper aims to investigate application of TE on healthcare systems. **Methods**: This research project has two parts: the first part surveys the key concepts of TE which have medical implications from the holy Qur`an, Sunnah, and works of Muslim scholars. The second part investigates methods of applying TE on healthcare systems. Subthemes of this part include: (i) the medical implications of Tawhid al-Rububiyyah (God as ultimate cause of everything, including sickness and healing), (ii) the medical implications of Qadha-Qadar (predestination), (iii) the medical implications of Tawakul (trust in God), and (iv) the medical implication of Sababiyyah (cause & effect system). Adopting the analytical method of qualitative approach, the paper explores these points. Investigation of these points can be supported by empirical studies. **Results:** Tawhidic epistemology, from medical perspective, can be defined as 'theory of knowledge which is based on unity of God as ultimate source of knowledge, of disease and cure, and life and death.' Beside His absolute power, God also has created system of 'cause and effect'. Therefore, TE has medical implications, as well as practical knowledge. In fact, medical practice is ultimately based on faith in God (true God or false gods); thus, medicine across the history is connected with oath. The two key questions that arise in this context are: what are fundamentals of TE, and how it can be applied on healthcare systems? **Conclusion:** It is expected that conclusions of this research will provide practical guidelines to the Islamic input for medical education, practices of Shariah compliance healthcare centres, and clinical practices.

Keywords: Clinical practices; healthcare systems; Tawhid al-Rububiyyah; Tawhidic epistemology; theory of knowledge

A031

Audit of the First 100 Neonates Receiving Pasteurised Donor Human Milk at Shariah Compliant Human Milk Centre in Tertiary Hospital

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ABSTRACT

Introduction: Pasteurised donor human milk (PDHM) is internationally recognised as the optimal alternative to mother's own milk (MOM) when the latter is unavailable, particularly for preterm and medically fragile neonates. The Halimatussaadia Mother's Milk Centre (HMMC), established at Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM), is Malaysia's first Shariah-compliant human milk centre. It was founded with a dual mission: to improve neonatal nutrition and outcomes through access to PDHM while ensuring strict adherence to Shariah principles. This audit reports the demographic characteristics and outcomes of the first 100 neonates who received PDHM at HMMC, providing early insights into its impact on neonatal care within a Shariah-compliant framework. **Methods:** A retrospective descriptive audit was conducted on neonates who received PDHM between 28 September 2021 and 30 August 2025. Demographic, anthropometric, and clinical data were retrieved from medical records. Descriptive statistics were used to summarise gestational age, birth weight, and duration of PDHM administration. **Results:** A total of 107 neonates received PDHM. Median gestational age was 34 weeks (mean 33.8; range 26-41), with late preterm infants (34-36+6 weeks) forming the largest group (n=50). Birth weight ranged from 650-4,300 g, most commonly 2,001-3,000 g (n=42). Median duration of PDHM use was 3 days (mean 4.1; range 1-23). No milk kinship relationships were established during five years of operation. Three cases of necrotising enterocolitis (NEC) occurred during PDHM feeding. **Conclusion:** Most PDHM recipients were late to moderate preterm infants with birth weights between 1,500-3,000 g, receiving PDHM briefly as bridging nutrition until MOM was available. The occurrence of NEC in three cases underscores the importance of continued outcome monitoring and evaluation of PDHM use in high-risk neonates within the Malaysian context.

Keywords: Halimatussaadia; HMMC; human milk bank; infant feeding; shariah compliant milk bank

A032

Five-Year Audit on Donors at Shariah Compliant Human Milk Centre in Tertiary Hospital (2021-2025)

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ABSTRACT

Introduction: Halimatussaadia Mother's Milk Centre (HMMC), established in 2021 at SASMEC @ IIUM, is Malaysia's first Shariah-compliant human milk centre, recognised by the Malaysia Book of Records. While stringent protocols govern the handling of pasteurised donor human milk (PDHM) to ensure the running complies to Shariah needs, equal emphasis is placed on rigorous donor recruitment and screening processes to ensure safety, ethical compliance, and sustainability. **Methods:** This audit reviewed donor recruitment between September 2021 and August 2025. Screening involved staged assessments, including confirmation of excess breastmilk, logistic feasibility, medical and mental health history, lifestyle factors (active/passive smoking), infectious disease testing (HIV, syphilis, hepatitis B) and preference for milk-kinship establishment. Data was analysed using simple descriptive analysis. **Results:** A total of 26 women underwent preliminary assessment. Three were excluded during screening: two for medical conditions (vitiligo and multiple atopy, rejected due to theoretical concerns on epigenetic influence through milk sharing), and one for a positive syphilis test (RPR, low titre). The remaining 23 women were accepted as donors. Most donors (n=19, 82.6%) were mothers to term infants, while four had preterm infants. The majority were Muslim (n=22, 95.7%). Recruitment primarily occurred among women delivering at our maternity units, supplemented by referrals through word-of-mouth within the community. At initiation of donation, the infants' ages ranged from 27 days to 10 months 21 days. Donation was sustained until infants were between 2 months 4 days and 1 year 2 months old, reflecting both short-term and prolonged contributions. **Conclusion:** This five-year audit demonstrates that HMMC has successfully developed a Shariah-compliant, structured donor recruitment model with strict health and ethical safeguards. The findings highlight key considerations in donor selection, community awareness, and operational feasibility, contributing to the sustainability of human milk donation within a faith-based framework.

Keywords: Breastmilk donation; HMMC; human milk bank; milk bank donor recruitment; shariah compliant milk bank

A034

Integration of Naqliyah in Contemporary Health Discourse: A Review

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ABSTRACT

Introduction: *Naqliyah* (النقلية), or Islamic revealed knowledge from the Qur'an and Hadith, offers profound guidance on well-being, including concepts like *hifz al-nafs* (preservation of life) and ethical conduct of healthcare professionals. Currently, the literature on the systematic integration of Naqliyah in contemporary health issues has not been reviewed. Our aim was to investigate the existing literature discussing various methods of integrating the naqliyah approach, with a focus on disease management and patient treatment within the healthcare system. **Methods:** A systematic literature review was conducted using the PRISMA framework, which included three databases in the literature search: Scopus, PubMed, and Dimensions. The study synthesises past contributions, identifies prevailing themes, methodologies, and theoretical frameworks, and analyses the evolution of this interdisciplinary field. By mapping scholarly engagement, the review highlights gaps, particularly in systematic integration and policy alignment (e.g., with Malaysia's MADANI Agenda), thus justifying the need for greater academic focus. **Results:** This review indicates a steady growth in scientific production in this field, with a marked increase in publications in the past five years. The thematic focus has expanded from general references to Quranic healing to more structured applications of Maqasid Syariah (objectives of Islamic law) in areas like mental health and pandemic response. Recent years show a methodological shift toward empirical studies and policy-oriented analyses, moving beyond theoretical discussions, with researchers increasingly employing interpretive models like Al-Nusus (ayatisation), Al-Muqaranah (comparative), Al-Takayyif (adaptation), and Al-Tafaqquh (internalisation), to apply a Naqliyah lens to health issues. **Conclusion:** The literature demonstrates a maturing body of knowledge that is increasingly integrating Islamic revealed sources with modern health sciences. The systematic integration of Islamic revealed knowledge offers a pathway toward holistic well-being and culturally resonant health solutions.

Keywords: Health sciences; integration; islamic healthcare; Naqliyah

A035

Detection of Diverse Microplastic Polymers in Human Breast Milk

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ABSTRACT

Introduction: The detection of microplastics (MPs) in human breast milk (HBM) has raised urgent concerns about infant exposure to environmental contaminants at a critical stage of development. Breastfeeding, long regarded as the gold standard for infant nutrition, may inadvertently serve as a pathway for MPs to reach newborns. **Methods:** Breast milk samples collected from the Halimatussaadia Mother's Milk Centre (HMMC) were processed to isolate MPs, which were subsequently characterised using Attenuated Total Reflectance Fourier Transform Infrared (ATR-FTIR) spectroscopy. **Results:** A range of polymer types was identified in HBM. The most frequently detected MPs included polyethylene (PE), polypropylene (PP), and polyethylene terephthalate (PET)—materials widely used in packaging, food containers, and textiles. In addition, polyvinylidene fluoride (PVDF), typically associated with industrial and household applications, was also present. The diversity of polymers suggests multiple contamination pathways, including consumer products, packaging, and broader environmental exposure. **Conclusion:** This study provides direct evidence of diverse MP polymers in human breast milk, confirming that infants may be exposed to synthetic particles during breastfeeding. The detection of PE, PP, PET, and PVDF highlights the ubiquity of MPs in daily life and the urgent need for further research to quantify exposure levels and assess potential health effects. Expanding investigations with larger cohorts and advanced analytical methods will be crucial to understanding the risks of MPs in early life nutrition. Microplastic (MPs) are current rising concerns with recent research confirming their presence in human breast milk (HBM). Early-life exposure is particularly concerning due to infant vulnerability, yet Isolation remains challenging due to the complex lipid–protein matrix, and no standard method currently exists.

Keywords: ATR-FTIR spectroscopy; human breast milk; infant exposure; microplastics; polymer identification

A036

Readiness and Acceptance: Knowledge, Attitude and Awareness on Human Milk Donation Towards the Establishment of Human Milk Bank in a Tertiary Teaching Hospital

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ABSTRACT

Introduction: Breast milk is universally acknowledged as the optimal source of infant nutrition, providing complete nourishment during the early months of life. In Malaysia, the Ministry of Health has targeted a 70% rate of exclusive breastfeeding for the first six months of life by 2025. However, many mothers encounter difficulties in breastfeeding or producing adequate milk, which has driven the establishment of human milk banks as an alternative to ensure that vulnerable infants receive safe donor milk. A hospital-based human milk bank, adhering to Shariah compliance, was formally approved to operate at the IIUM teaching hospital. The aim of this study is to assess the knowledge, attitudes, and awareness of staff at the hospital regarding human milk donation and the establishment of a milk bank. **Methods:** A cross-sectional study was conducted among 321 participants selected through simple random sampling. Self-administered questionnaires were distributed across departments following ethical approval from IIUM, and data were analysed using SPSS. **Results:** The majority of participants demonstrated good knowledge (93%) and awareness (60%) of human milk donation and the role of the human milk bank, while attitudes were generally fair (50%). A statistically significant association was identified between knowledge and attitude with awareness of human milk donation (p-value ≤ 0.05). Most of the participants were also aware and well-informed of the establishment of the human milk bank within the institution. **Conclusion:** Participants in this study demonstrated adequate knowledge, positive attitudes, and awareness regarding human milk donation and the hospital-based milk bank. These findings indicate readiness among hospital staff to support the development, acceptance, and sustainability of a human milk bank.

Keywords: Breastfeeding; breastfeeding awareness; breastfeeding knowledge; milk bank; milk donation

A039

The Experience of Muslim Doctors in Encountering Patients' Death: A Qualitative Study

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ABSTRACT

Introduction: Experiencing a sense of loss is a universal phenomenon that also profoundly affects medical doctors. Professional bereavement is often complex, meaning-laden, and under-recognised. This study aims to explore in depth the lived experiences of Muslim doctors at Sultan Ahmad Shah Medical Centre (SASMEC @IIUM) when confronted with patient deaths, using first-hand qualitative accounts. **Methods:** A total of ten Muslim doctors from SASMEC @IIUM, Kuantan, Pahang, were recruited through purposive and snowball sampling based on set eligibility criteria, which are Muslim medical doctors between 23 to 64 years, from any departments under SASMEC @IIUM, who had encountered at least one patient fatality under their supervision and able to speak in English or Malay. One-to-one, semi-structured interviews were conducted to elicit detailed narratives about their experiences with patient deaths. Data were analysed using Interpretative Phenomenological Analysis (IPA) to capture the underlying meanings of these experiences. **Results:** Five themes emerged from the analysis: (i) the dynamics of medical practice within SASMEC @ IIUM; (ii) doctors' immediate responses to patient deaths; (iii) challenges encountered in managing such experiences; (iv) coping strategies employed; and (v) evolving perspectives on life and death. These themes highlight the interplay between professional responsibilities and personal emotions. The findings also underscore the influence of Islamic beliefs and practices in shaping responses to grief and loss. Recognition of these cultural dimensions is vital for designing appropriate support systems and interventions tailored to Muslim healthcare professionals. **Conclusion:** Muslim doctors at SASMEC exhibit diverse emotional reactions to patient deaths, including sadness, grief, empathy, and at times, professional fulfilment. The study contributes to a deeper understanding of professional bereavement and underscores the need for culturally sensitive support frameworks that strengthen both individual well-being and professional practice.

Keywords: Coping strategies; Interpretative Phenomenological Analysis (IPA); Muslim doctors; patient death; professional bereavement

A040

Avoiding *Gharar* and Minimising *Mukhatarah* while Applying Erector Spinal Block as an Adjunctive Pain Control modalities Compared to the Systemic Opioids for Patients with Multiple Ribs Fracture and Tension Pneumothorax-Upholding Shariah Standard in Clinical Settings

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ABSTRACT

Introduction: In trauma cases, opioids are favored as pain remedies but the usage is no stranger to complications such cardio depression. Regional block has been recommended to reduce the usage of opioids by upholding the concept of *Hifz al-hafs.* **Case presentation:** Two gentlemen alleged road traffic collision. Both were motorcyclist and a car driver. They complained of shortness of breath with severe chest pain over right lung. The motorcyclist oxygen harboring 91% meanwhile the car driver's oxygen sustained at 94% under RA. Both of them were involved in head on collision. E-FAST revealed absence of sliding sign for both patients. The motorcyclist sustained 2nd to 7th right ribs fracture meanwhile the other patient had 4th to 8th right ribs fracture. Chest tube was inserted for tension pneumothorax. The motorcyclist received local anesthesia with lignocaine 2% and intravenous Fentanyl 100 mcg during the chest tube insertion while the car driver's chest tube was inserted using regional anesthesia with serratus plane regional block technique using Ropivacaine 0.75%. The motorcyclist required titrated dose of opioid, meanwhile the car driver was comfortable throughout his stay. **Discussion:** Long stay in Emergency department deprived the effects of opioids and mandates more dosages which lead to more complications and more human resources need to be dispatched. Pain controlled can be maximised and reduced more complications as the introduction of block agent is more precise and confined to the specific area of innervation. **Conclusion:** Managing trauma is to make sure the patient's issues has been addressed accordingly by upholding the concept of *Gharar.* By applying regional block as an adjunctive modality, we are avoiding the risk of unnecessary opioids overdose (the concept of *Khatr*). This study showed the effectiveness of regional anesthesia for procedural purpose and optimisation of pain control in while reducing the usage of opioids.

Keywords: Erector spinal block; gharar; mukhatarah; opioids

A041

Applying The Concept of *Istihsan* by Focusing Patient's Centred Care-Managing a Case of Acute Myocardial Infacrtion with Acute Stroke Presentation, A Diagnostic Dilemma which terraformed the Patient's Prognosis

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ABSTRACT

Introduction: Diagnostic dilemma is no stranger to the daily life of an Emergency Physician. Initial presentation can be masked by thousands of hidden diagnosis with similar clinical condition. If a diagnostic crises resurfaced, the attending doctor must uphold the safety of the patient by embracing the concept of *Istihsan*.(Choose a better course of Action). **Case presentation:** A gentleman presented with acute onset of left upper limb weakness. He appeared lethargic and breathless. Stroke protocol was activated in view of early recognition of Cerebrovascular Accident (CVA). After 10 minutes, he became pulseless. Cardiopulmonary resuscitation (CPR) was commenced for 30 minutes, endotracheal intubation was initiated along with the administration of intravenous adrenaline on titrated basis. The high-quality CPR (HqCPR) was commenced for half an hour. Once patient achieved Return of Spontaneous Circulation (ROSC), ECG was done and revealed Inferior Myocardial Infarction with right side involvement. In view of the concern of intracranial bleed, pharmacological thrombolysis was withheld and the unlucky gentleman was referred to Serdang Hospital for Percutaneous Coronary Intervention. Patient was transferred to Serdang Cardiac Centre uneventfully and underwent mechanical thrombolysis. Echocardiogram (ECHO) revealed hypokinesia at posterior wall. Angiogram revealed 95% occlusion of Right Coronary artery. He was transferred to Cardiac Rehabilitation Ward and was discharged well. **Discussion:** This case was to highlight the importance of diagnostic consideration by embracing the concept of *Istihsan* before the absolute diagnosis was justified. A lot of clinical signs and symptoms need to be considered before patient's final treatment and diagnosis were made. By considering the implication of bleeding the chemical thrombolysis was withheld and patient underwent mechanical thrombolysis which saved the patient's life. **Conclusion:** The importance of strategically delivering systematic treatment will salvage the patient and reduced mortality. By embracing the concept of Ihtisan,patient was safe and free from fatal complications.

Keywords: Acute stroke; diagnostic dilemma; ihtisan; myocardial infarction

A042

Mutilating Gastrointestinal Tract to Restore Well-being in the Context of Islamic Fiqh: A Report of Bariatric Surgery Case Series

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ABSTRACT

Introduction: Obesity is a disease which has emerged as a major global health concern, including in countries with Muslim-majority populations. It is associated with significant comorbidities such as diabetes mellitus, hypertension, ischaemic heart disease, cancer, and osteoarthritis. Bariatric surgery is currently regarded as one of the most effective and durable treatments for obesity, capable of inducing remission of diabetes and other obesity-related conditions. The procedure involves alteration of the stomach and small intestine, with sleeve gastrectomy being the most commonly performed. However, its permissibility within the framework of Islamic Fiqh and maqasid syar'iyyah remains debated, requiring careful consideration of the principles of necessity (*darurah*), preservation of life, and prevention of harm. **Case description:** Three patients with morbid obesity complicated by diabetes mellitus (DM), hypertension (HPT), obstructive sleep apnoea, and knee osteoarthritis were included. All patients fulfilled strict eligibility criteria as outlined by healthcare experts in obesity management. Following surgical intervention, all patients demonstrated favourable outcomes, including resolution of comorbidities and reduced dependency to medications. **Discussion:** Amongst the paramount pillar of maqasid syar'iyyah is preservation of life *(hifz al-nafs)* and health where these demonstrated clinical benefits of bariatric surgery clearly support its permissibility in light of Islamic Fiqh. The legal maxim of necessity permits the prohibited *(Ad-darurat tubih al-mahzurat)* justifies this intervention as the surgery is done to rectify the significant harmful complications of obesity and not for cosmetic purpose, as often misunderstood. **Conclusion:** Bariatric surgery, taking sleeve gastrectomy as an example which lead to restoration of good wellbeing, is a safe procedure. It is considered permissible by many Muslim scholars. It should not be regarded as a cosmetic intervention but as a therapeutic procedure for life-threatening obesity. Physicians as well as policy makers should emphasise this distinction and incorporate it into part of treatment planning and management for obese patients.

Keywords: Bariatric; Fiqh; maqasid; obesity; sleeve gastrectomy