

SHARIAH COMPLIANT HOSPITAL INDUSTRY IN MALAYSIA: DARURIYYAT, HAJIYYAT AND TAHSINIYYAT APPROACH

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ABSTRACT

The obligation of every Muslim must follow shariah principles in all aspects of life including in healthcare services that abide by Islamic principles. In current practice, shariah principles in shariah-compliant hospitals do not well imply the divine rules concerning *ibadah* (worship), pharmaceuticals, *halalan toyyiban* foods and healthcare services. Therefore, this study focuses on the problems that arise regarding the issue of *daruriyyat*, *hajiyyat* and *tahsiniyyat* aspects and evaluate the elements of maqasid shariah in healthcare management. This article also gives an overview of the level of application in *daruriyyat*, *hajiyyat* and *tahsiniyyat* aspects applied in hospital in Malaysia, identify elements of maqasid shariah in healthcare services and implementing the concept of shariah compliant hospital by fulfilling the aspect of spiritual development. This study conducts qualitative approaches based on library research and quantitative research based on the distribution of survey forms in Hospital Islam Az-Zahra, Bangi, KPJ Specialist Hospital Kajang and Hospital Aurelius, Nilai. The collected data and the results show that the average mean of the application of shariah compliance among three hospitals is 1.27 and not all hospitals practice the principle of shariah compliance and have been lacking these aspects.

Keywords: *Shariah compliance, daruriyyat, hajiyyat, tahsiniyyat.*

INTRODUCTION

The obligation for every Muslim is to follow shariah principles in all aspects of life and it is not limited to just finding halal food, dressing to cover the *aurah* or making sharia-compliant bank transactions. This is because the principle of following sharia is to cover all aspects of a Muslim's life from the smallest of things to the biggest of things. In fact, every legislation enjoined by Allah must be intended with the purpose of worshipping Allah as the purpose of human creation contained in the Qur'an, Surah Az-Zariyat verse 56:

﴿وَمَا خَلَقْتُ الْجِنَّ وَالْإِنْسَ إِلَّا لِيَعْبُدُونِ﴾

“And I did not create the jinn and mankind except to worship Me.”

Generally known that worship is an act of achieving Allah's pleasure by doing good and praiseworthy things and devoting oneself to Him by performing prayers, zakat, fasting and hajj. However, it is necessary to reinforce the understanding that worship is something more than mere religious rituals (Nazri, M., & Muhammad Irwan. A., 2020). This is because any work that is intended solely for the sake of Allah is counted as worship including caring for patients or any activity that involves charity and good deeds in the hospital.

Therefore, every work carried out must coincide with the concept of shariah compliance as defined by Saiful Azhar Rosly (2010) said that shariah compliance is observing strictly the permissible

(halal) and abstaining from the prohibited (haram) as commanded by God. In the context of the health industry, the aspect of shariah compliance is also being applied with the introduction of the concept of shariah-compliant hospitals that offer services and facilities that meet the needs of Muslim staff and patients especially such as halal food and beverages, *obstetrics and gynecology* issues, *aurah* issues in terms of wearing uniforms, places of worship, halal medical devices issues and others. Some of these issues will be explored in this study in terms of daruriyyat, hajiyyat and tahsiniyyat aspects by giving a clear exposure referring to the articles and research questions that have been carried out. This is because these three aspects are the main essence in framing this study which will explain how a sharia-compliant hospital can be realized.

Elements of daruriyyat (essentials) are the matters which are crucial and imperative for lifestyles and existence and constitute the higher objectives of Islamic law. The daruriyyat may be similarly divided into the protection of the 5 essential values which can be essential to human life which are the protection of religion, protection of life, protection of intellect, protection of lineage and protection of property. The absence of these elements are the matters on which the religion and worldly affairs of the people depend on them, their neglect will lead to total disruption and disorder and it could lead to evil ending. These must be protected and all measures that aim at safeguarding them must be taken, whether by the individual or by the government authorities (Mohamad Akram Laldin, 2007). In the shariah-compliant hospital industry, this concept can be seen through medical procedures in the processing of halal materials in the pharmaceutical for the purpose of preserving life.

According to Mohamad Akram Laldin (2007) the element of hajiyyat (complimentary) are the vital matters in which consciousness is supposed by the shariah for the purpose of removing difficulty from human life. However not to the extent of overall disruption of ordinary existence. Related to this topic there are many examples of hajiyyat such as gender-concordant care between doctor-patient relationships, illegal substances for medical purposes, halal certificates in medical products and equipment and also granted in regard to ibadah for the sick person. A sick person is allowed to pray in a sitting or sleeping position and break his fast during Ramadan. Furthermore, especially the critical patients were allowed to combine and shortened four of their five obligatory prayers with the exception of subuh prayer to make it easier for them to pray in critical condition.

In the hierarchical order of the shariah objectives, the element of tahsiniyyat (embellishments) come next to the hajiyyat and refers to those aspects of the Islamic law that bring comfort and ease in human life. They are meant to improve the general character of the shariah which realization leads to improvement and attainment of that which is desirable. (Mohamad Akram Laldin, 2007). Therefore, the establishment of the Shariah Advisory Council that is obligated to handle hospital management on shariah compliance and setting up infrastructure and facilities such as prayer rooms with a prayer mat and prayer outfit as *telekung* falls under the category of tahsiniyyat. The disappearance of tahsiniyyat will not interrupt normal life, however, it might lead to a lack of comfort in life.

DISCUSSION AND FINDINGS

Aspects Of *Daruriyyat*, *Hajiyyat* and *Tahsiniyyat* In Shariah-Compliant Hospital Issues

Daruriyyat

This aspect emphasizes the most important elements in safeguarding the benefit of society to achieve the highest objective of maqasid shariah, namely safeguarding religion, life, mind, offspring and property. In the issue of daruriyyat, according to Mohamad Akram Laldin (2007), the preservation of religion means that it can be achieved through the maintenance of worship such as praying, fasting, paying zakat and hajj. So, in that regard, the aspect of preserving religion through the compliance of shariah-compliant hospitals can be seen in terms of:

Emphasis on the selection of medicines that do not contain elements of haram or unlawful ingredients. This is because the selection of halal medicines is obligatory for every Muslim and there is evidence that prohibits us from medicating with anything that is prohibited or dirty. As mentioned in Sunan Abu Daud no. 3874 from Abu Darda' RA, the Prophet PBUH said:

إِنَّ اللَّهَ أَنْزَلَ الدَّاءَ وَالذَّوَاءَ، وَجَعَلَ لِكُلِّ دَاءٍ دَوَاءً فَتَدَاوُوا وَلَا تَتَدَاوُوا بِحُرَامِ

“Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful.”

However, taking into account some conditions regarding the absence of halal sources of medicine, it is allowed by *syarak* to take haram materials in medicine. It complies with the principle of *syarak*:

الضرورة تبيح المحظورات

“Necessities may permit some forbidden things.”

Hence, it is important to understand the meaning of the emergency that can be taken into account in order to make the prohibited thing compulsory, so as not to be lenient with what has been made obligatory. According to Abdul Rahman (2012) in his book, ‘Halalkah Ubat Anda?’ quoted details about the meaning of emergency (*darurah*) according to Dr. Wahbah Al-Zuhaili, “An emergency (*darurah*) is a situation of extreme danger or distress that results in harm or pain to one's life, limbs, dignity, mind or property, and all that is connected with them. At that time, it is permissible or obligatory to do what is forbidden or to leave what is obligatory or to skip the time, in order to reject the harm rather than act according to considerations within the scope of Shariah regulations.”

Through this interpretation, medicines that have elements of materials that are not halal are allowed but must follow the conditions that have been outlined by Majlis Fatwa Kebangsaan Malaysia. Yusuf Al-Qardawi (2016) also mentioned in his book entitled, “Halal and Haram in Islam” emphasizes and reminds Muslims not to make easy the concessions given by *syarak* on the grounds of emergency.

In fact, medicines that contain elements and sources of materials that are not halal are allowed for patients to take because they take into account the aspect of preserving life to avoid any greater harm or complications. However, the taking of such medicines must be at the necessary level only in accordance with the *fihiyyah* method:

الضرورة تقدر بقدرها

“Necessity must only be assessed and answered proportionately.”

As mentioned in the *Muwatta* of Imam Malik, Yahya related to me from Malik from Zayd ibn Aslam that a man received a wound in the time of the Messenger of Allah, may Allah bless him and grant him peace. The blood clotted in the wound and the man called two men from the Banu Ammar tribe. They looked at it and claimed that the Messenger of Allah, may Allah bless him and grant him peace, said to them, “Which of you is the better doctor?” They said, “Is there any good in medicine, Messenger of Allah?” Zayd claimed that the Messenger of Allah, may Allah bless him and grant him peace, said, “The one who sent down the disease sent down the remedy.”

This hadith indicates the obligation to seek medical treatment and to look for people with medical expertise to treat. Therefore, among other emergency principles is that special hospitals that practice the concept of shariah-compliant hospitals must ensure that the medical staff or doctors who treat them are those with expertise in medicine and have a graduation certificate approved by the Malaysian Ministry of Health. Every treatment provided by a medical professional must provide

diagnosis, treatment and health care services that are transparent, responsible and do everything in their power to provide the best service to patients with the aim of saving their lives. As mentioned in Sunan Ibn Majah no. 2340 was narrated from 'Ubadah bin Samit that the Messenger of Allah SAW ruled:

حَدَّثَنَا عَبْدُ رَبِّهِ بْنِ خَالِدٍ التَّمِيمِيُّ أَبُو الْمُعَلِّسِ، حَدَّثَنَا فُضَيْلُ بْنُ سُلَيْمَانَ، حَدَّثَنَا مُوسَى بْنُ عُقْبَةَ، حَدَّثَنَا إِسْحَاقُ بْنُ يَحْيَى بْنِ
الْوَلِيدِ، عَنْ عَبْدِ عُبَادَةَ بْنِ الصَّامِتِ، أَنَّ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَضَى أَنْ "لَا ضَرَرَ وَلَا ضِرَارَ".

“There should be neither harming nor reciprocating harm.”

According to Fahirah Syaliza and Anisah (2015), the profession as doctor must adhere to ethics in practicing medical science between the doctor's relationship with the patient. The treatment provided must be at a professional level in diagnosing and providing information about the risks and effects of treatment to patients with transparent information. Any failure can have an impact or risk to the patient. Even worse is the effect that can threaten the patient's life at a dangerous level. Therefore, a high attitude of responsibility needs to be applied in every medical employee, especially doctors.

In addition, among the most important things for medical professionals is to provide services by following the guidelines and ethical principles of Islamic medicine to meet the criteria of shariah-compliant hospitals. This is because it is the responsibility of the medical professional to provide the best care and service to the patients. This is in line with the customer charter by the Ministry of Health Malaysia (KKM) that will always be committed in providing quality, competent, friendly and professional services and considerations that are fair and equal to all customers regardless of age, gender, descent, religion or socio-economic level.

Narrated `Abdullah bin `Umar, I heard Allah's Messenger PBUH saying, "Everyone of you is a guardian, and responsible for what is in his custody. The ruler is a guardian of his subjects and responsible for them; a husband is a guardian of his family and is responsible for it; a lady is a guardian of her husband's house and is responsible for it, and a servant is a guardian of his master's property and is responsible for it." I heard that from Allah's Messenger PBUH and I think that the Prophet PBUH also said, "A man is a guardian of his father's property and is responsible for it, so all of you are guardians and responsible for your wards and things under your care."

Accordingly, from the above Hadith, the Prophet SAW outlined the importance of carrying out the mandate that we galas with the best and as sincere as possible because everything will turn back to us in the hereafter, and we will receive a reward in accordance with what we do. No matter whether we are leaders, or ordinary workers because everything we do will be asked in the afterlife and nothing will escape the knowledge of Allah SWT.

In addition, among the daruriyyat issues that are often raised is the gender of the patient and the treating doctor. This issue is more pronounced in the case of puan pain involving the obstetrics and gynecology department. In the previous debate, there was mention of ethics that need to be practiced by medical professionals. Among them is respect for fellow human beings which is the responsibility between doctors and patients during treatment sessions. In fact, the ethics followed must be based on guidance from the Qur'an and sunnah (Hossam Arafa 2003).

This is because there have been many complaints from Muslim female patients who are not comfortable when treatment sessions are controlled by male doctors, especially patients in the obstetrics and gynecology sections. In addition, an understanding of *fiqh alawiyat* is important to understand to be applied in an emergency. In summary, according to Zuraidah Othman (2021), *fiqh alawiyat* means putting everything on its true level and rank with consideration of justice, whether in the context of medicine, legal-judicial thinking and noble moral values.

So according to Wafiyuddin and Fakhurrrazi (2021) among the circumstances that can be said to be an emergency (darurah) is forced to see *aurah* and touch non-mahrams when treating patients. But it must coincide with the conditions that have been set by *syarak* to the extent necessary. This coincides with what Imam Ibn Nujaim mentioned in *Al-Ashbah wal-Nazair*:

﴿إِذَا تَعَارَضَ مَفْسَدَتَانِ رُوِعِي أَعْظَمُهُمَا ضَرَرًا بِإِزْتِكَابِ أَحَقِّهِمَا﴾

"When two mafsadah (harm) collides, then the greater harm is protected (avoided) by choosing a lighter harm."

Apart from that, in the context of an emergency such as a situation where there are no female doctors in the hospital who are skilled in obstetrics and gynecology and women's illnesses, it is permissible for male doctors to take over the care of female patients under certain conditions such as being accompanied by a female nurse during treatment sessions. This is for the sake of safeguarding lives and avoiding the risk of something worse happening and to avoid a greater harm in terms of protection of life.

Additionally, ensuring that the doctor and the patient being treated are of the same gender is impossible. This is where the concept of daruriyyat is applied with some conditions outlined by syarak. It is permissible for a patient to be treated by a non-mahram doctor when there is no one qualified to examine or treat the patient. If this situation applies, the patient has the right to have the right to be accompanied by his mahram during treatment sessions or have a trusted nurse accompany him during treatment sessions (Majdah Zawawi & Khadijah Othman, 2017).

In addition, among other aspects of daruriyyat is attention to the code of clothing or uniform in the hospital to meet the demands of *syarak* and cover the *aurah* perfectly. This is a very important reasonableness and demand, especially for female hospital staff because the requirements for wearing must be meticulous from the wearing of a hood that covers the chest, as well as loose-fitting shirts and pants. It is not merely fulfilling the sharia-compliant hospital guidelines and responsibilities as hospital staff but as a manifestation of servant to his Lord (Shaharom Md Sharif & Abdul Rashid, 2016). As Allah says in Surah Al-Baqarah verse 21:

﴿يَا أَيُّهَا النَّاسُ اعْبُدُوا رَبَّكُمُ الَّذِي خَلَقَكُمْ وَالَّذِينَ مِنْ قَبْلِكُمْ لَعَلَّكُمْ تَتَّقُونَ﴾

"O mankind! Worship your Lord, who created you and those who were before you, so that you may be Godwary."

Hajiyyat

This aspect emphasizes the needs of syariah which aims to eliminate distress from human life. These are things that humans need in the form of convenience to avoid difficulties or burdens that can lead to the non-achievement of an objective whether in the fields of worship, muamalat, adat, punishment or others. If these things are missed, human beings experience hardship and suffering although not to the extent of destruction (Danial Zainal Abidin, 2009). So, the hajiyyat element in the syariah-compliant hospital industry can be seen in terms of:

Emphasis on halal certificates and logos on pharmaceutical products. This is because according to Jumaatun Azmi (2009), the halal product market at the global level is increasingly showing an encouraging increase in line with the increasing number of Muslims in the world. This has led to an increase in demand for halal food products, cosmetics, medicines and materials of use (Mian Riaz, 2010). In connection with that, Malaysia began to take the opportunity to make Malaysia a halal hub that is known to the world while giving attention to halal pharmaceutical products.

Through the official MyHealth portal of the Ministry of Health Malaysia (KKM), Jabatan Kemajuan Islam Malaysia (JAKIM) and Jabatan Agama Islam Negeri (JAIN) are the authority bodies responsible for controlling halal pharmaceuticals in Malaysia. Halal certification for these pharmaceutical products has been introduced by JAKIM based on the world's first Halal Pharmaceutical standard, MS2424: 2012. In line with that, the use of a halal logo for pharmaceutical products in the category of non-toxic products such as health supplements and medicines that do not require a prescription from a doctor or pharmacist is allowed. However, only halal logos recognized and issued by JAKIM are acceptable for use. (Ministry of Health Malaysia, 2014).

It can be seen that maqasid syariah in the hajiyyat element is needed to give more confidence to users of pharmaceutical drugs with a halal logo that is recognized and trusted. In addition, according to Ahmad Hidayat and Zulzaidi (2012) halal certification is a step to develop the halal product market to help users get halal, safe and quality products. In fact, the Malaysian halal certificate issued by

Jabatan Kemajuan Islam Malaysia (JAKIM) is a highly trusted halal logo at the international level. Malaysia has also taken steps to promote Malaysia as a global halal hub by encouraging various halal exhibitions internationally and creating halal hubs at the national level.

In connection with that, in the context of shariah-compliant hospitals, the priority of halal pharmaceuticals in terms of certifying halal certificates and logos is very necessary and becomes a daruriyyat element in the needs of maqasid shariah. This is to ensure that all forms of convenience can be achieved with the recognition of the halal logo that is believed and acknowledged. This coincides with the demand to prioritize halal sources as said by the Prophet SAW in hadith 10, 40 Hadith Imam Nawawi:

عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ قَالَ: قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ "إِنَّ اللَّهَ طَيِّبٌ لَا يَقْبَلُ إِلَّا طَيِّبًا، وَإِنَّ اللَّهَ أَمَرَ الْمُؤْمِنِينَ بِمَا أَمَرَ بِهِ الْمُرْسَلِينَ فَقَالَ تَعَالَى: "يَا أَيُّهَا الرُّسُلُ كُلُوا مِنَ الطَّيِّبَاتِ وَاعْمَلُوا صَالِحًا"، وَقَالَ تَعَالَى: "يَا أَيُّهَا الَّذِينَ آمَنُوا كُلُوا مِنْ طَيِّبَاتِ مَا رَزَقْنَاكُمْ" ثُمَّ ذَكَرَ الرَّجُلُ يُطِيلُ السَّفَرَ أَشْعَثَ أَغْبَرَ يَمُدُّ يَدَيْهِ إِلَى السَّمَاءِ: يَا رَبِّ! يَا رَبِّ! وَمَطْعَمُهُ حَرَامٌ، وَمَشْرَبُهُ حَرَامٌ، وَمَلْبَسُهُ حَرَامٌ، وَغَدْيِي بِالْحَرَامِ، فَأَنَّى يُسْتَجَابَ لَهُ؟".

Meaning:

“On the authority of Abu Hurayrah (RA): The Messenger of Allah (ﷺ) said, “Allah the Almighty is Good and accepts only that which is good. And verily Allah has commanded the believers to do that which He has commanded the Messengers.” So, the Almighty has said: “O (you) Messengers! Eat of the *tayyibat* [all kinds of halal (legal) foods], and perform righteous deeds.” (Al-Quran. Al-Mukminun 23:51) and the Almighty has said: “O you who believe! Eat of the lawful things that We have provided you.” (Al-Quran. Al-Baqarah 2:172). Then he (ﷺ) mentioned [the case] of a man who, having journeyed far, is disheveled and dusty, and who spreads out his hands to the sky saying “O Lord! O Lord!” while his food is haram (unlawful), his drink is haram, his clothing is haram, and he has been nourished with haram, so how can [his supplication] be answered?” (Muslim, Hadith 10, 40 Hadith an-Nawawi)

Furthermore, this aspect of hajiyyat also gives emphasis to the source of food and drink provided by the hospital. It is not seen in terms of the aspect of food and beverage ingredients alone, but includes the supplier of raw materials obtained, the sale and purchase transactions used and the way food is provided. This is to ensure that from the beginning of the source of food obtained and up to the process of serving to patients it coincides with what is outlined by Islamic law. In addition, this is further refined by asking the cooks and cafeteria staff in the hospital about the way the food is prepared. How to provide and dish food must also follow the principles as outlined by Islamic principle in terms of ingredients and cooking methods that coincide with the concept of *halalan toyyiban*.

The need for the practice of *halalan toyyiban* is clearly stated in the Al-Quran surah Al-Baqarah verse 168:

﴿يَا أَيُّهَا النَّاسُ كُلُوا مِمَّا فِي الْأَرْضِ حَلَالًا طَيِّبًا وَلَا تَتَّبِعُوا خُطَىٰ اتِّ الشَّيْطَانِ ۚ إِنَّهُ لَكُمْ عَدُوٌّ مُبِينٌ﴾

“O mankind, eat from whatever is on earth (that is) lawful and good and do not follow the footsteps of Satan. Indeed, he is to you a clear enemy.”

According to Khairul Anuwar et al. (2017), the concept of *halalan toyyiban* is a form of belief in the business practices carried out on the ingredients used and the hygiene practices carried out. It is also coupled with the assurance formed through the system that is realized. This can be seen through the manner and system used in the hospital's cafeteria whether it adheres to the *halalan toyyiban*

standards outlined or not. In addition, according to Mohd Amri Abdulah (2019), it is very important to practice good halal ethics such as not committing fraud, forgery, oppression, cheating in trade and scales, false addresses and labels and violating regulations and acts.

In addition, the concept of halal in halal certification based on the Malaysian Halal Certification Manual and the Malaysian Halal Standard is defined as:

- a) Does not consist of or contain any parts or objects of animals which are prohibited by *syarak* law for Muslims to eat or which are not slaughtered according to *syarak* law and fatwa.
- b) Does not contain any prohibited ingredients according to the laws of *syarak* and fatwa.
- c) Non-intoxicating according to Islamic law and fatwa.
- d) Does not contain any parts of human limbs or products that are not permitted by *syarak* law and fatwa.
- e) Not toxic or injurious to health.
- f) It is not prepared, processed or slaughtered using any equipment contaminated with impurities in accordance with the laws of *syarak* and fatwa.
- g) The process of supplying, processing or storing is not mixed with or adjacent to any food that violates the laws stipulated by *syarak* law and fatwa.

Furthermore, to source raw materials from halal and believed sources, it is very important to also focus on entrepreneurs, cooks and waiters in the cafeteria of a hospital who know how to provide food following the guidelines set by *syarak*. According to Muhammad Jafni (2022) not only the owners and administrators need to be Muslims, but the cooks and waiters also Muslims and know halal haram and the principles in the provision and serving of food that complies with the sharia and halal ethics in food management.

This is to avoid things that are *syubhah* because non-Muslims do not know halal haram and the holy and unclean things that are prohibited to Muslims. Even if the owner or manager is not Muslim, and the cook is Muslim, it may be that in addition to the Muslim cook, there is a non-Muslim cook, and a non-Muslim waiter. So, this kind of situation is doubtful because of the mixing of equipment, cooking places and so on.

According to the Mufti Portal Irsyad Al-Fatwa series 538 regarding the ruling on eating meat that is allegedly halal then occurs *syubhah*, it is stated that Muslims should avoid eating food that is haram and *syubhah*. This is because any food eaten will become flesh and blood to a person and if a person eats haram and *syubhah* food then his heart will become darkened.

إِنَّ الْحَلَالَ بَيِّنٌ، وَإِنَّ الْحَرَامَ بَيِّنٌ، وَبَيْنَهُمَا مُشْتَبِهَاتٌ لَا يَعْلَمُهُنَّ كَثِيرٌ مِنَ النَّاسِ، فَمَنْ اتَّقَى الشُّبُهَاتِ اسْتَبْرَأَ لِدِينِهِ، وَعَرْضِهِ، وَمَنْ وَقَعَ فِي الشُّبُهَاتِ وَقَعَ فِي الْحَرَامِ

"I heard the Messenger of Allah ﷺ say, "That which is lawful is clear and that which is unlawful is clear, and between the two of them are doubtful matters about which many people do not know. Thus, he who avoids doubtful matters clears himself in regard to his religion and his honor, but he who falls into doubtful matters [eventually] falls into that which is unlawful, like the shepherd who pastures around a sanctuary, all but grazing therein. Truly every king has a sanctuary, and truly Allah's sanctuary is His prohibitions. Truly in the body there is a morsel of flesh, which, if it be whole, all the body is whole, and which, if it is diseased, all of [the body] is diseased. Truly, it is the heart." (Hadith 6, 40 Hadith an-Nawawi)

In addition, another thing that is less emphasized in the hajiyyat (necessity) aspect for realizing sharia-compliant hospitals is looking at the interaction between doctors and patients of different genders and the need to have a companion or mahram during treatment sessions. According to Majdah Zawawi and Khadijah Othman (2017), Islam maintains the modesty of Muslims. However, due to the lack of health institutions in understanding such issues, this issue is ignored by the hospital authorities. Therefore, healthcare institutions should strive to provide sufficient medical experts and nurses during patient care sessions following patient quarantine. Although Islam does not prohibit the treatment of

different jurisdictions at all, providing patients with the same jurisdiction's nurses or doctors is highly recommended. This is to ensure that the patient's rights are maintained and protected.

Muhammad Adib Samsudin et al. (2015) supports this by stating that the need for doctors and patients of the same gender is necessary. However, this cannot be guaranteed to be fully met, so the relationship while on duty in the hospital between doctors and patients needs to be supervised by the shariah committee. It is not denied that doctors in the hospital have ethics that need to be obeyed, but so taking into account the reality that prevails, having a friend or other person who supervises during treatment sessions becomes a natural necessity realized by the management of the hospital. In fact, this small thing that is often overlooked is also a measuring stick in realizing a hospital with a sharia-compliant concept.

Tahsiniyyat

According to Danial Zainal Abidin (2003), tahsiniyyat is an aspect of refinement that is necessary for beautifying life in addition to maintaining human dignity and morals in all fields. For example, in the field of worship, Islam requires wudhu as a condition of performing prayer and covering the *aurah*. In fact, Islam also encourages wearing perfume before praying. From the aspect of muamalat as well, Islam forbids oppression and uncertainty in commerce and at the same time, Islam also prescribed the concept of *khیار* or guarantee to facilitate buying and selling transactions. This shows that Islam not only resolves matters of doubt in religion but even meets the desires and needs of human life comprehensively. In fact, it also provides perfection and convenience for something to ensure the welfare of human life. So, the tahsiniyyat element through the shariah-compliant hospital industry can be seen from the aspect of:

The establishment of the shariah committee by the government hospital is not something foreign to management that accepts operations that are in line with Islamic law. In the trading bank has also established a shariah supervisory committee which plays a role in overseeing banking activities in line with sharia regulations (Mohd Nasran Mohamed et al., 2008). The establishment of a sharia supervisory committee in the hospital is also a manifestation of compliance with the commands and prohibitions of Allah SWT. As Allah SWT says in surah Al-Baqarah verse 208 states that:

﴿يَا أَيُّهَا الَّذِينَ آمَنُوا ادْخُلُوا فِي السِّلْمِ كَافَّةً وَلَا تَتَّبِعُوا خُطُوَاتِ الشَّيْطَانِ ۚ إِنَّهُ لَكُمْ عَدُوٌّ مُبِينٌ﴾

“O you who have believed, enter into Islam completely [and perfectly] and do not follow the footsteps of Satan. Indeed, he is to you a clear enemy.”

This verse clearly shows that to realize the concept of a shariah-compliant hospital, it must be supported by a special committee that becomes the main head in ensuring that every operation carried out adheres to Islamic law and complies with the will of the Al-Quran and As-Sunnah (Muhammad Adib Samsudin et al., 2015). This is because the interest of the shariah committee is to carry out an important task in fostering shariah life. In general, among the main interests are calling to goodness and preventing evil. In fact, it becomes a *fardhu kifayah* that must be fulfilled by the shariah committee because they are given the mandate and responsibility by the government to carry out this responsibility well (Ahmad Faizol Ismail, 2014).

According to Shaharom Md Shariff and Abdul Rashid Abdul Rahman (2016), this Shariah Advisory Council consists of experts who are qualified to advise from a shariah perspective covering aspects of health care and they should consist of shariah experts who are competent in that field. This is because the aspects to be covered are fiqh ibadah and fiqh muamalat. Fiqh of worship is about how the patient gets guidance to perform the obligatory acts of worship, especially when in a state of illness. It covers the main things namely prayer, fasting and also issues related to cleanliness and physical purity. Fiqh muamalat also covers matters involving business and financial transactions that must be free from any haram activities including usury, uncertainty and gambling.

Therefore, the existence of a Sharia Advisory Council in the organization plays an important role in enhancing the position of Sharia Compliant Employees by assessing some basic characteristics that need to be present namely:

- a) Understand the principles of shariah.
- b) Understand the principles of halal and haram.
- c) Understand the principle of muamalat.
- d) Apply the concept of quality in Islam.
- e) Realizing the core values of Islam in an organization that accepts hospital management.

Therefore, the existence of the establishment of this sharia supervisory committee is not only limited to carrying out the role in the medical institution but also able to amp up the country's economy by becoming a medical tourism hub that offers hospitality that is conceptualized Muslim-friendly and sharia-compliant. In addition, it can be a point toward a paradigm shift that is in line with religious needs and the sanctity of medical products. (Muhammad Adib Samsudin et al., 2015).

In addition, among the forms of tahsiniyyat that need to be realized to meet the criteria of shariah-compliant hospitals is in terms of the facilities and facilities provided. According to Kamaruzzaman (2013), shariah-compliant hospital guidelines can be seen in terms of sufficient facilities for maintaining patients in order to provide quality service. In addition, there are facilities and police for staff and patients to carry out worship and other religious demands such as the code of clothing that covers the *aurah*. This is to ensure that any police proclaimed by the hospital management is well obeyed and also as a reminder that the requirement to cover the *aurah* is to comply with the will of Islamic law, not as mere policy work.

Seeing another situation that coincides with the concept of tahsiniyyat, it is very important for hospital staff to be given exposure to guidelines and instructions for controlling patients, especially Muslim patients, related to worship and *rukhsah* (relief) regarding the implementation of prayer. According to Majdah Zawawi and Khadijah Othman (2017), naturally every month the hospital recommends workshops to hospital staff, especially to doctors and nurses who interact with patients every day. Through this workshop, the staff of the medical institution can learn how to perform prayers when sick whether they are sitting, lying down, wheeling or lying on their backs. They will also be educated on how to take wudhu when it involves wudhu members that are sick or cannot be exposed to water. In addition, how to use tayammum in place of wudhu water for some patients will also be further explained in this workshop by a qualified person such as a shariah officer or shariah advisor.

Apart from that, in terms of facilities, services and other facilities also become a core to the shariah-compliant hospital system can be realized. Among the facilities that exist must facilitate the daily affairs of worship, namely a place to pray and take wudhu close to the patient's wad or there is a surau on each level of the hospital building. For convenience in the surau also available prayer equipment such as a prayer mat, prayer outfit as *telekung*, qibla direction and manual guidance to perform prayers to encourage patients to perform prayers according to their abilities (Majdah Zawawi & Khadijah Othman, 2017). In fact, for patients who cannot go to the surau to perform prayers, staff on duty in the ward need to clean the patient's bed to perform prayers. In addition, it is also important that the convenience of purification equipment is provided in the patient's bed such as water sprayers for those who cannot take wudhu perfectly and dust for tayammum for some patients who cannot wudhu using water (Mohammad Aizat Jamaludin et al., 2019).

Looking at the development of the halal medical device industry in Malaysia which is the development point of the health tourism industry, this is the best opportunity in strengthening Malaysia's shariah-compliant hospitals in the international rankings. The impact of the rapid development of the healthcare industry can make Malaysia a well-known halal health tourism hub in Southeast Asia after Thailand and Singapore. (Abdullah Sarwar, 2013). In addition, according to Ramirez de Arellano (2007), the impact of investment in this sector can increase income while generating foreign currency exchange. In fact, more business opportunities can be built and promote the growth of the tourism industry.

In fact, the reason for the increase in this sector is that there are quality facilities, treatment and medical fees at affordable rates and a tourist-friendly environment. Medical fees and hospital accommodation costs are also very competitive compared to other developed countries and the level of

expertise available is among the highest in the world. In addition, the provision of hospital food in Malaysia is also undoubtedly with halal food offerings and also practices the value of Islamic protocols. This is also an element that attracts patients from the Middle East to put Malaysia as the best destination target for medical tourism (Nur Farhani Zarmani et al., 2015).

APPLICATION OF DARURIYYAT, HAJIYYAT AND TAHSINIYYAT CONCEPTS IN THE STUDY OF THE SHARIAH-COMPLIANT HOSPITAL INDUSTRY

The following are the results of the analysis of questions distributed to 135 respondents in 3 hospitals which is Hospital Islam Az-Zahrah, Bangi, KPJ Kajang Specialist Hospital and Aurelius Hospital, Nilai through google forms to assess the level of shariah-compliant management and the implementation of spiritual aspects among medical practitioners.

Based on figure 1, most respondents answered yes about their knowledge of the existence of surau for staff to perform prayers in hospitals with a total of 133 people (98.5%). Then, no one chose the answer no for this question and followed by 3 people (1.5%) who are not sure about the existence of surau in the hospital. The mean for this variable is 1.03.

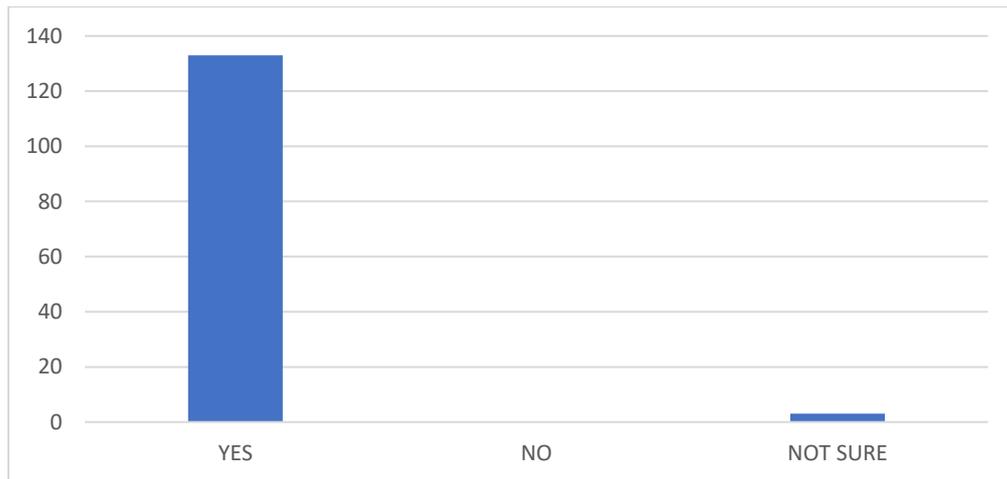


Figure 1: Existence of surau for staff to perform prayer in the hospital.

Figure 2 shows the form of questions about performing prayer during duty. A total of 98 people (72.6%) answered yes followed by 6 people (4.4%) answered no and 31 people (23%) answered rarely for the question. The mean for this variable is 1.45.

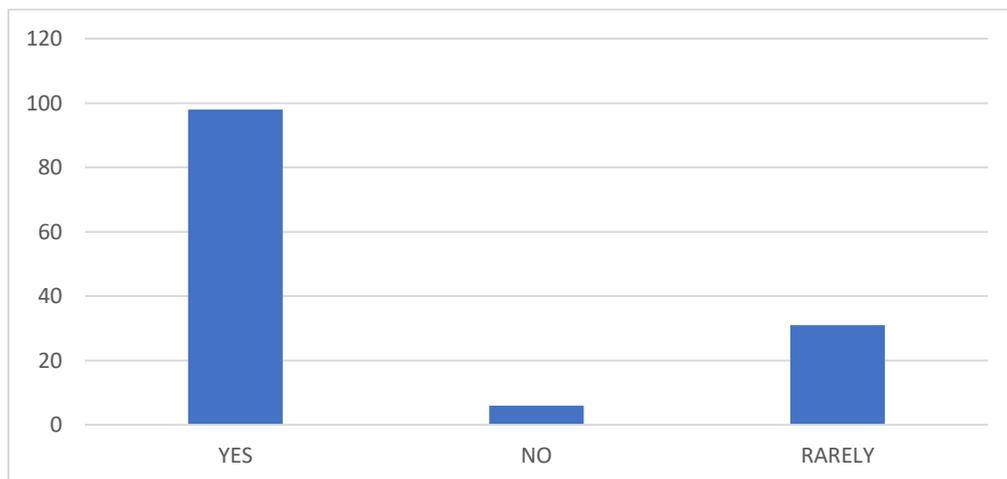


Figure 2: Perform five obligatory prayers while working in the hospital.

In figure 3, most of the respondents, 88 people (65.2%) answered yes to the question of employers and colleagues reminding them to pray, followed by 15 people (11.1%) who answered no. While 32 people (23.7%) chose the answer rarely. The mean for this variable is 1.58.

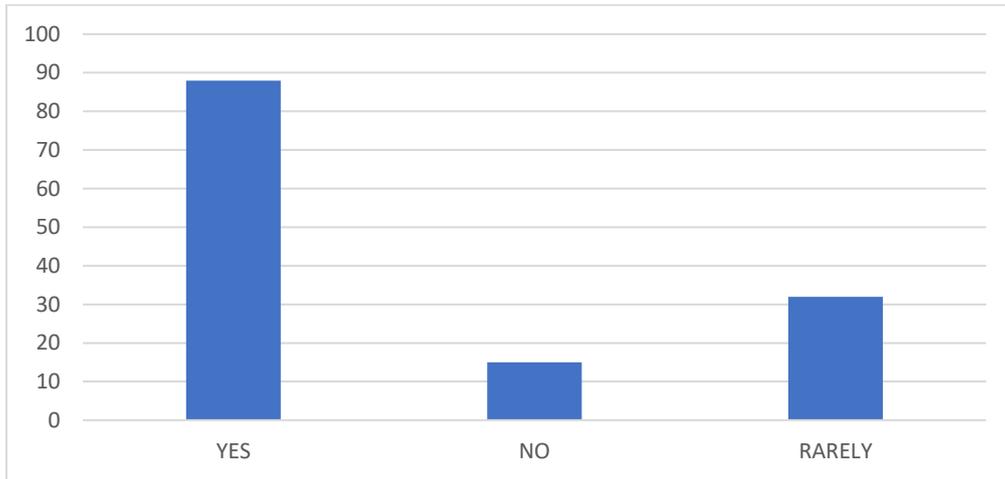


Figure 3: Supervisors or peers remind about the prayer time and to perform prayers

Figure 4 shows the mean for the variable of 1.04 as well as the percentage of respondents' answers regarding the statement of facilities and equipment for prayer in the hospital as many as 132 people (97.8%) answered yes. While 1 person (0.7%) answered none and followed by 2 people (1.5%) answered not sure.

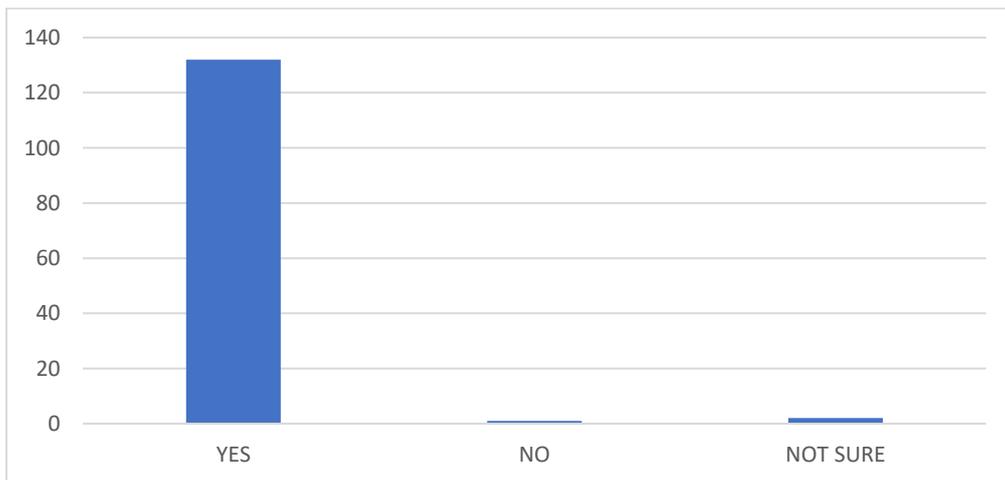


Figure 4: Existence of facilities and equipment for prayers

Figure 5 shows the total percentage of respondents' answers regarding places to eat or cafes that provide healthy, halal and clean food. Respondents who agreed with the yes answer were 97 people (71.9%) and 38 people (28.1%) answered no. There is no answer that answers not sure. the mean result for this variable is 1.30.

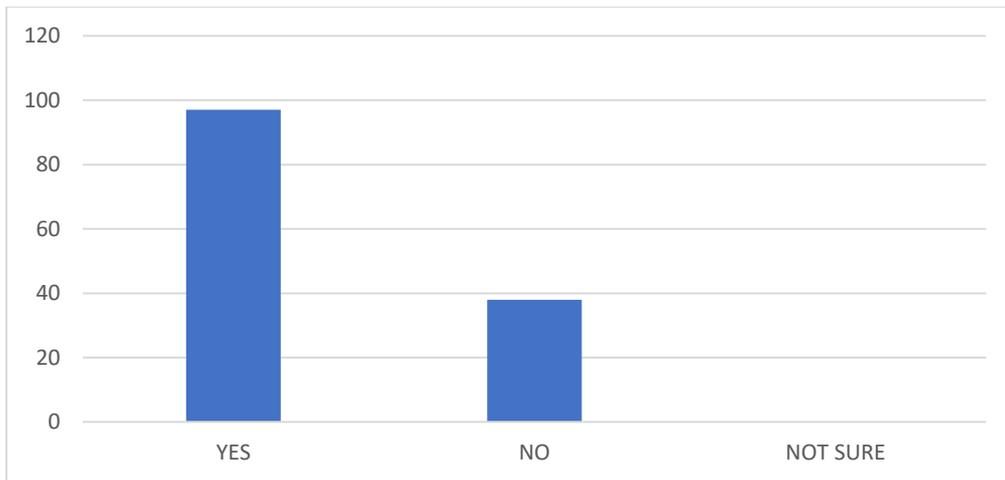


Figure 5: Provide healthy, halal and clean food at the hospital café

Figure 6 shows the total percentage of respondents' answers regarding the Muslim-friendly characteristics of cafe workers or waiters. The majority of respondents agreed by choosing the answer yes, which is a total of 107 people (79.3%) and 18 people (13.3%) answered no. A total of 10 (7.4%) respondents answered not sure about this statement. the mean for this variable is 1.27.

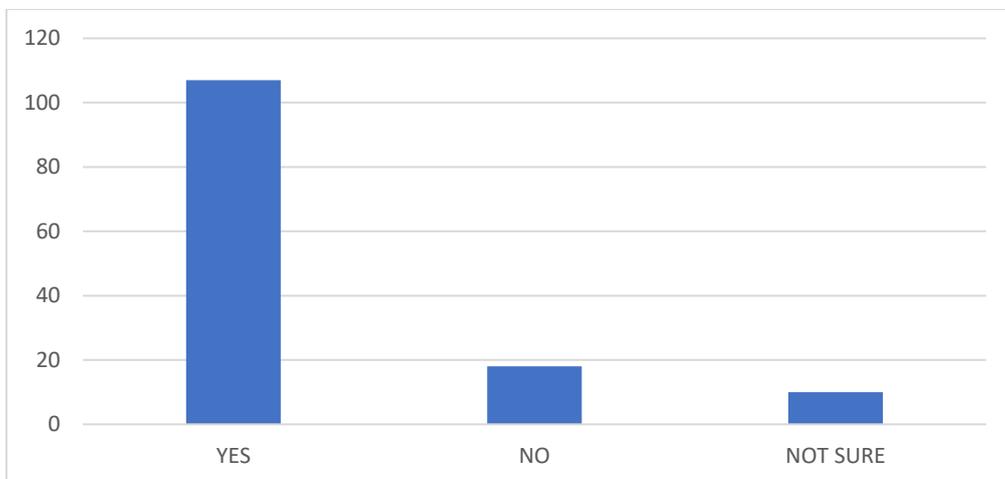


Figure 6: Muslim-friendly characteristics of cafe workers or waiters

Figure 7 shows the mean for this variable is 1.27 on the question of giving permission for patients to voluntary fast on Monday and Thursday is the same as the previous question. Most of the respondents answered that it is allowed, which is a total of 102 people (75.6%). While a total of 19 people (14.1%) answered not allowed and 7 people (5.2%) chose an uncertain answer.

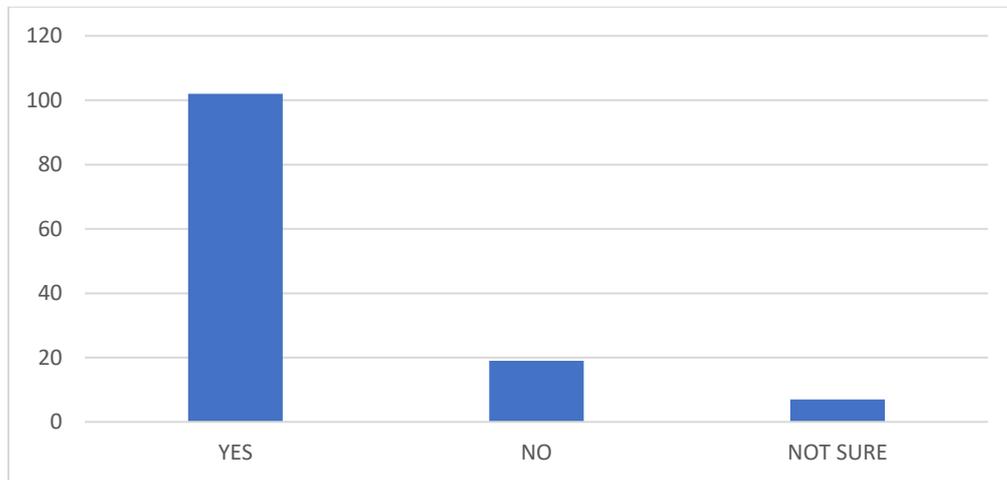


Figure 7: Permission for patients to voluntary fast on Monday and Thursday

Application of shariah compliance hospital industry in Malaysia in terms of daruriyyat, hajiyyat and tahsiniyyat approach among three hospitals which is Hospital Islam Az-Zahra, Bangi, KPJ Specialist Hospital Kajang and Hospital Aurelius, Nilai.

In summary in terms of the mean score and level for the mean score analysis in this study is as in Table 1 below:

Table 1: Summary Mean Score

Variables	Min Score	Level
Application of shariah compliance hospital industry in terms of daruriyyat, hajiyyat and tahsiniyyat approach among three hospitals which is Hospital Islam Az-Zahra, Bangi, KPJ Specialist Hospital Kajang and Hospital Aurelius, Nilai.	1.27	Low

CONCLUSION

This article discusses the implementation of shariah-compliant hospital elements based on the daruriyyat, hajiyyat and tahsiniyyat approaches. The conclusion of this article found several issues and challenges in creating a hospital atmosphere and system that is in line with Islamic values and meets the shariah-compliant aspects. Therefore, the healthcare industry should adopt shariah-compliant standards to ensure Shariah principles are entirely followed.

Based on the data and results show that the stage of shariah-compliant hospitals is at a satisfactory level in terms of facilities, convenience and services provided. However, looking at a few medical practitioners who are not aware of obligatory worship is something that needs to be taken seriously. This is because the main goal of realizing a sharia-compliant hospital is not only dependent on the services, facilities and services provided but also gives attention to the spiritual development in every hospital staff and not just relying on facilities and services only.

In this regard, the healthcare industry that conceptualizes shariah-compliant hospitals can become a reality by making the maqasid shariah instrument in all aspects of hospital management and self-development as the main foundation for the development of shariah-compliant hospital standards.

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