

## Morals of Doctor According to Abū Bakr al-Rāzī's View

### *[Moral Doktor dalam Pandangan Abū Bakr al-Rāzī]*

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**ABSTRACT**

*Islamic civilization had ever got a doctor on the medical fields known as Rhazes to the West, he was labelled as "al-mulḥid" due to his controversial thoughts on prophetic concept. The doctor was born in Al-Rayy on 250 H/ 864 AD, he as the writer of "al-Ḥāwī Fī al-Ṭibb" did not feel content of the treatment on human disease that was relying on techniques or certain methods of treatment alone, yet it was to reach the senses of adequacy. He believed that medication treatments required morals in which a doctor should attentively mind a patient. Therefore Al-Rāzī decided to do such a noble thing by composing a conscientious book entitled "Akhlāq al-Ṭabīb" as a treatise to his students. This study was conducted through a qualitative research that applied the methods of library research. The object of this study is al-Rāzī's thoughts about the moral concept of doctors based on his work entitled "Akhlāq al-Ṭabīb" and this work is used as the primary data source along referrals of other works about al-Rāzī which will be analysed using the paradigm of Amin Abdullah, namely integration-interconnection. This study aims to briefly dissect apropos the primal foundation of al-Rāzī's thought which produced the moral concept of doctors in an era that still was arrantly early long before the existence of medical ethics as it is in the current era. Furthermore, this study intends to appeal Abū Bakr al-Rāzī's view on physician morals and how should a doctor provide thoughtful ministrations of the patient. This study reveals that within the essences of al-Rāzī himself had the theocentric paradigm and the anthropocentric paradigm then those were accumulated at once; ergo the epistemological roots of al-Rāzī's thought lead to religion, science (medical sciences) and philosophy. Through a good elaboration of science, philosophy, and religion, in the concept of tawakkal and good character (akhlāq) towards poor people who suffered from diseases, al-Rāzī had laid some -which were not applied to the whole- the moral basics of doctors far ahead of existing legal and legal norms in the current era which can be explored in his book.*

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**Kata Kunci:**

*Turath; Abū Bakr al-Rāzī;  
Integrasi Ilmu; Moral;  
Doktor*

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**ABSTRAK**

*Peradaban Islam telah menyaksikan hadirnya seorang doktor dalam bidang perubatan yang dikenali hatta ke dunia Barat sebagai Rhazes. Dia dilabel sebagai "al-mulḥid" disebabkan kontroversi pemikirannya tentang konsep kenabian. Doktor tersebut lahir di Al-Rayy pada 250 H / 864 M. Sebagai penulis "al-Ḥāwī Fī al-Ṭibb", dia tidak berpuas hati dengan perawatan penyakit manusia yang hanya menggunakan teknik atau kaedah perawatan tertentu sahaja.*

Baginya ia juga harus berkaitan dengan akhlak. Al-Rāzī meyakini bahawa dalam memberikan khidmat rawatan, doktor memerlukan kepada moral di mana doktor harus memberikan sepenuh perhatian kepada pesakit. Hal ini membawa kepada penyusunan sebuah buku yang berjudul "*Akhlāq al-Ṭabīb*" sebagai risalah bagi para pelajarnya, satu keputusan dan tindakan mulia oleh al-Rāzī. Kajian ini dilakukan melalui kajian kualitatif dengan menerapkan kaedah kajian perpustakaan. Objektif kajian ini adalah pemikiran al-Rāzī tentang konsep moral doktor berdasarkan karyanya yang berjudul "*Akhlāq al-Ṭabīb*" dan karya ini sebagai sumber data primer, di samping rujukan karya-karya lain tentang al-Rāzī, dan akan dianalisa menggunakan paradigma Amin Abdullah, iaitu integrasi-interkoneksi. Kajian ini bertujuan untuk membezakan secara ringkas landasan pemikiran al-Rāzī yang menemukan konsep moral doktor di era terdahulu, jauh sebelum adanya etika perubatan seperti pada zaman ini. Seterusnya, kajian ini juga bertujuan untuk menyingkap pandangan Abū Bakar al-Rāzī tentang moral seorang doktor dan bagaimana seseorang doktor harus memberikan layanan sepenuh perhatian terhadap pesakit. Kajian ini menemukan bahawa di dalam intipati al-Rāzī terhimpun paradigma-paradigma teosentris serta paradigma antroposentris; akar epistemologi pemikiran al-Rāzī bermuara pada agama, ilmu (ilmu perubatan) dan falsafah. Melalui penjabaran yang baik dari sains, falsafah, dan agama, dalam konsep *tawakkal* dan peribadi yang baik (*akhlāq*) terhadap orang-orang miskin yang mengidap penyakit, al-Rāzī telah meletakkan beberapa -di mana tidak diterapkan pada keseluruhan - dasar-dasar moral doktor jauh lebih awal dari aturan dan norma hukum yang ada pada era kini, di mana hal itu dapat dieksplorasi dalam bukannya.

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## 1. Introduction

A doctor is an unarguably a noble profession which is all-applicable to human life and survival. Hard work and perseverance to improve the quality of human health are both undertaken in physical and non-physical aspects. Consequently, none is surprised when the demands -might also be said demands of a life time- of the medical profession will continue to increase, along with the improvement in the quality of human health and the development of science and technology in the health field, as well as with the social culture that might draw level with the ultimate value and thoughts on health issues. Doctor plays one of the most important roles in improving those qualities such as healing the patients, and giving vital means to improve, prevent, cure, and recover the patients. Thus a doctor, in both senses a human individual and a professional, is decreed to possess divine morals, which are the basis as well as the ideal reflection of doctors in providing health services.

Moral deemed to be appreciably valuable when it is attached to individuals with the medical profession. Along with its development history, morals then become the primal values in the formulation of code of conduct which is known hereupon as a code of medical ethics. The code of ethics has two sides, namely medical ethics in the form of a doctor's ethics regarding his/her relationships and attitudes towards peers, helpers, public, and the government. The other side is the ethics of the medical care in the form of a doctor's ethics regarding his/her attitudes and actions towards the patients (Nasution, 2013).

Moral and ethics de facto that should be an individually constituted awareness, are in fact must still be regulated by organizations or groups of doctors and governments. Albeit the development of medical codes of ethics abreast, it does not mean that moral problems in the world of medicine and health has never since arose. It ought yet to improve in order to avoid clinical situations where patients are disadvantaged due to the lack of treatment (Martinsen, 2011). Another case is the reprimand and instruction of World Medical Association's to the Iran government to respect the international medical code of ethics after being divulged of violating the

rights of patients and doctors (Wise, 2009). Medical ethics awareness is even more of a challenge for some countries. Critical issues regarding the status of physician organizations, medical associations, and the improvement of lifelong learning, for example, are currently a challenge for the Japanese government to continue improvising both by establishing substantial government organizations, violation prevention measures, and other efforts through ethics education (Morioka, 2012).

One side, a study found that the doctor's code of ethics preached during the education did not significantly contribute to drive the involvement of doctors in the clinical supreme advocacy, some took the role of clinical supreme advocacy when they reached the adult phase of practice inasmuch as an idealism to outfight for social justice and the experience of providing service in the world of health (Gallagher & Little, 2017). Some associations in India are in conditions where corruption in the health sector continues to emerge. Then it has been taken the initiative in formulating a new code of ethics for doctors and hospitals to overtake the government before passing a law concerning health sector (Bagchi, 2014). Whereas in Indonesia, doctors are allowed to engage in the non-government sector as medical services providers, the medical experts in the industry and insurance, practically they are very likely to become entrepreneurs of medical equipment. Doctors can openly be involved in the service industry and bureaucracy. The wide access and opportunity ultimately makes arduous –not entirely meaningless- to measure the ability of doctors in maintaining their role and function to live their profession in accordance with the nature of humanitarian services (Komalawati, 2002).

The code of ethics has perpetually developed until now and it plays a crucial position in the continuity of the medical profession and a guideline in assessing the good-bad and right-wrong attitudes and actions of doctors. Along these development efforts, its violations continue to occur. Then, what efforts should be conducted by a doctor to control his morals in providing medical services which can be a principle or guideline whose influence exceeds the legal norms and medical law ethics? How did the doctors in the classical era grow their awareness of proper human health services long before the existence of current medical ethics? These questions rub off on the author as well as being the background in search for a doctor born from the Islamic womb yet being well-known in the Western as Rhazes, namely Abū Bakr al-Rāzī.

The selection of choosing al-Rāzī as a research topic is due to his medical knowledge –which born from the womb of Islam- to reach its peak. The resolutions of his *ijtihād* in the field of medicine was never once overlooked in the study of medical students, in fact he –alongside Ibn Sīnā'- became the highest authority in the West in medical science until the 17th century CE and to the present in the East (Naşr, 1997). Another main thing that elevated al-Rāzī above all the other doctors regarding this, is that al-Rāzī has a work of doctor's morals, and most likely to be the only doctor –at the earliest- who already spares a concern regarding the morale of the professional bearer in the field.

Most of the studies on al-Rāzī are more liable to portray him as philosophers, alchemists, doctors (Amr, 2007 and Tibi, 2006), "a man of his time" an expert in pediatric fields, doctors who recommend simple treatment in medicine and was achingly generous –even died in a poor state- (Modanlou, 2008). Another study of the al-Rāzī manuscript entitled "*Risālah fī Awjā' al-Mafāsil*" discovered that al-Rāzī had offered capillary descriptions centuries before Malpighi –Italian doctor born in 1628- who is more popular in the field of physiology than al-Rāzī (Hamza, 2016). Whereas analytical research apropos moral or physical and ethical issues to his independent cogito was hardly done. The publication by Karaman (2011) further explains al-Rāzī's ideas about the existence of chemistry between physical and ethics, and according to him there is a relation and similarity between al-Rāzī's ideas about medical ethics and the ideas of Hippocrates and Galen followers. Regarding this (Naşr, 1997) once explained in the discussion about the history of Islamic medicine in the early centuries that al-Rāzī apart from Ibn Masawaih and Ḥunain did take teachings from Hippocrates and Galen.

This study aims to explore and appeal the thoughts of a classical doctor in the 9th Century AD who had the concept of moral of doctors long before the existence of medical ethics as in this modern times. This study will not only analyze the concept but also explore al-Rāzī paradigm in constructing the moral concept based on the book "*Akhlāq al-Ṭabīb*" which certainly has done by previous research.

Furthermore, this study is to analyze al-Rāzī's paradigm regarding physician morals, this study will also utilize Amin Abdullah's thought which revealed that in the relation of religion and science in three patterns, namely single entity, isolated entities, and interconnected entities (Abdullah, 2003). Through the relation patterns of these entities, Abdullah has developed an integration-interconnection paradigm in the context of religious studies and Islamic studies, a paradigm that includes three dimensions of scientific development: *ḥadārah al-naşş* (religion) as a hard core; *ḥadārah al-falsafah* (philosophy); and *ḥadārah al-'ilm* (science), which aims to reconcile postmodern sciences with Islamic sciences. Ontologically, interdisciplinary science has become increasingly open and there are boundaries between the areas of religious science, social and natural science (sciences), as well as ethical-philosophical science. As axiologically, it intends to offer a new view

(worldview) of people (scientists) of religion who are more open, able to work together, be responsible and forward-looking (Abdullah, 2006 and Fajar, 2013). This integration paradigm is inspired by Ian G. Barbour's thoughts about the patterns of religious and scientific relations throughout history in which the association is divided into four patterns, namely conflict, independence, dialogue and integration (Barbour, 2002), while the interconnection paradigm is encouraged by Holmes Rolston III's thought about semi permeability regarding relation in inter natural science. According to Abdullah, in the interconnection process of scientific entities, there is absorption through the pores that penetrate each other between scientific clusters while maintaining the identity of each scientific territory (Fajar, 2013).

This study is a qualitative research (Moloeng, 2007) that applies the methods of library research. The object material of this study is al-Rāzī's thoughts apropos the moral concept of doctors based on his work entitled "*Akhlāq al-Ṭabīb*". The work is the primary data source along referrals of other works about al-Rāzī. Descriptive data will further be analyzed inductively (Mulyana, 2010).

## 2. Al-Rāzī and The Book "*Akhlāq al-Ṭabīb*"

Abū Bakr Muḥammad Ibn Zakariyyā' al-Rāzī was a chemist, clinical medical, psychologist, and philosopher who was born at Ray in 251 H / 865 AD (another opinion says in 250 H / 864 AD). He died in the year 311 H / 925 AD (some said 313 H) in Bagdad (al-Dhahabī, 1996). He studied the knowledge and insights of his former predecessors, both from Arabs, Greeks, Indians, and so on. He is a *zuḥd* and known as a gentle and altruistic being to the sick and those in needs, he himself even died in modest poverty. Besides Ibn Sīnā' (Salleh & Embong, 2017), al-Rāzī is one of the few Islamic doctors who possessed a clear concept of scientific progress (Strohmaier, 2012). He invented concepts of arteries, heart, smallpox and measles, experts in the field of anatomy, mastering clinical medical science and pharmacology, as well as mastering psychosomatic medical science and psychology (Naṣr, 1997).

As the greatest Muslim doctor of the 9th century, philosopher and chemist, al-Rāzī has written 113 works, including 28 small works and 2 poems. Some of his works have been translated into Latin, English and others. His greatest work in the field of medicine including *al-Ḥāwī Fī al-Ṭibb* -consisting of 30 volumes- is a summary of statements of the predecessors in the medical world that discusses all kinds of physical diseases and its cures (al-Rāzī, 2000). He also wrote other works, entitled *Innā li al-Insān Khāliqan*, *al-Madkhal ilā a-Manṭiq*, *Hay'ah al-Ālam* and other works in the field of chemistry (al-Rāzī, 2000). Unfortunately, there are only limited directs to search the original work of al-Rāzī and it is not widely available in muslim library collections. His manuscripts written in Arabic are partly found in the Roman Vatican Library, in the British Museum, and in *Dār al-Kuṭub* Egypt.

Some of his work is a reference to those dig for classical Islamic intellectual traditions, one of those is the translation of al-Rāzī's work conducted by IIIT Malaysia in the project preparation of the Islamic Thought series, yet on the other hand al-Rāzī remains the bearer of *al-mulḥid* (Strohmaier, 2012). Al-Rāzī was indeed marginalized because of his idea of prophecy, which said contradicted metaphysical and ethical axioms. He blatantly rejected the concept of miracles of the prophets, specifically the concept of miracles in Islam and even the doctrine of *i'jāz al-Qurān* (miracles of the Quran). According to Stroumsa (2013), the probability that the allegations against him are due to inter perceptual errors which increasingly make al-Rāzī as "*al-mulḥid*" which is supported by recent sources that are rare, biased, and contradictory. However, it remains an important note about al-Rāzī as an islamic scientist, because he is precisely the one who rejects prophetic concept based on science, even though he acknowledges the existence of God and other spiritual entities (Kartanegara, 2005).

During his service as a doctor, al-Rāzī also had close-ties with the government of his time. As a concrete evidence, he wrote the book *Al-Manṣūrī* which was compiled specifically for the king at that time namely al-Manṣūr ibn Nūh. Likewise with the book *Ṭibb al-Rūḥān* as a book on mental medication that discuss about psychic treatment is compiled at the request of the caliph as a sequel to the book of *Al-Manṣūrī* (al-Rāzī, without years). In the later years of his life, al-Rāzī contracted cataracts and suffered blindness. His figure was described as a doctor who was generous to patients, treated them with absolute humanly approach, and did not charge fees for his service (Amr, 2007). Thus, he qualified as a compiler of work on morals.

Regarding to the work in discussion, *Akhlāq al-Ṭabīb* was al-Rāzī's treatise for some of his students who were in *taḥqīq* by 'Abdullaṭīf Muḥammad al-'Abd in 1975 in Cairo. It is said that treatise of al-Rāzī containing numbers of advice concerning moral (*al-naṣā'ih al-akhlāqīyah al-ṭayyibah*) which according to 'Abdullaṭīf would be good if it was read not only by doctors but also by the disease-sufferers (patients), healthy people, leaders and poor people. This treatise provides an ideal description of the rules or moral code regarding the relationship between the doctor and the patient (al-Rāzī, 1977).

According to ‘Abdullaḥīf, the student referred to the treatise of al-Rāzī, Abū Bakr Ibn al-Qarīb al-Rāzī. The teacher wrote a treatise about to endure his duties as a special doctor for one of the *amīr* –anonymous- in Khurasan (al-Rāzī, 1977). Perhaps this is what prompted al-Rāzī to explain at the intro of the treatise that the greatest obstacle for a doctor is at the times when he ought to heal three different groups of people, those are (the leaders) *umāra*, the rich, and women (al-Rāzī, 1977). Because most of the leaders, according to al-Rāzī, tends to have the character of wanting to recover quickly with little obedience to the doctor's instructions in the context of healing, for example through diet or went adrift.

After adducing the obstacles, al-Rāzī then advised the self-care that must be performed by a doctor, including self-control and restraint in order not to be preoccupied with jokes and music, mastery in the medical field and perseverance on ameliorating profession- related insights. He then explained obligations and prohibitions for doctors –in maintaining bond- relating to patients, including fulfilling equal service obligations regardless of the patient's social status. Moreover, al-Rāzī also made rules that must made understood to sufferers undergoing the process of treatment and healing. Al-Rāzī even gave a warning to the public –non-medical personnel- who claimed to have the ability in clinical medicine. It can be concluded that al-Rāzī target was bona fide not only the doctor's in person, but also the government (the emirs), patients and the public.

### 3. Morals of Doctors as Viewed by Al-Rāzī's

Doctor is a completely noble profession and it has five virtues that any other professions do not bears, notably: 1) The agreement of any sect and religion of the glory of doctors; 2) The recognition and demands of the authorities over them; 3) His struggle in providing health services; 4) A doctor's constant interest in providing happiness and pleasure for others; and 5) The name is a derivation of the many names of Allah (al-Rāzī, 1977). Despite doctors as altruism human beings will always be longed for by their presence are charged morally, in addition to being charged with competence in the medical field.

Moral occupied part of basic ethics as a product of reasoning and hearting –in this case is not defined as *akhlāq* which is part of religion- (Magnis, 2002), because there are some attitudes, actions, and accountability, as is be done by doctors, does not contained in the verse or interpretation (of religion). That matter also seems to be believed by al-Rāzī. He in the early days used his mind and heart to emphasize the prohibition of doctors who do not have the knowledge to conduct experiments on patients (al-Rāzī, 1977). Prohibition or order in the matter of moral values is in line with the spirit of religion itself, which is part of the responsibility and appeal of inner conscience (Bertens, 2001).

Ethics basically makes the basis of human nature and aims to advance the welfare of community, its standards are non-absolute and will continue to alter after-changes in said group necessities. As a result, it became relative to history and class. Decency about something by certain members of class could be seen entirely otherwise by other class (Kattsoff, 1996). This problem occurs due to disagreements among many philosophers, for example the action of doctors who deal with a patient who had cancer. He felt extreme pain and he asked the doctor to kill him (mercy killing). For groups whose principle is that life matter is in the hands of God, they will put the blame on the doctor who had killed him. Whereas other groups having absolutely different judgments. In addition, ethics inherent to science makes progressivity and its development much closely related to the desires of doctors themselves, even according to pragmatic understandings the value of truth is determined by the degree of practical application of the science along with its effects (Daljoeni, 2009). Seeing this problem, it seems that ethics is still all-problematic if independency becomes the basis in attitudes, moral standards and decision-making of doctors. Ethics is very much insufficient hence it requires contributions from other systems. One of the others system is a system found in religion.

Ghulsyani quotes from *Rasā'il al-Falsafīyyah*, that al-Rāzī encouraged his students to make the process of seeking knowledge –in this case, medical science- to get closer to God because the people closest to God are those who are the most educated, fair, and do good to others. At this stage, al-Rāzī emphasized on the importance of uniting the learning process with spiritual practice to shape the character of prospective doctors (Ghulsyani, 1998).

Early in the beginning al-Rāzī adopted an opinion that the good or the bad quality of a doctor was not only assessed from one sector –his mastery in medical science- but also from the moral sector. Al-Rāzī puts morale –which radiates through attitudes- of doctors as reality that ought to be approached by well-performed ethics. In this case, morals become a benchmark in assessing the good and bad of doctors as human beings (Magnis, 2002). Al-Rāzī also designs a personality of doctors with spiritual-religious originating from religious teachings. This is very apparent when he associates the many name and the attributes of God to the idealized belief of doctors and the pleasure that comes from the Divine. Also when he discussed the issue of *tawakkal* to

God Almighty which became the primal as well as doctor's last abide for healing patients. Then religion in this case is not a mere complement.

What really stands out from the principle of al-Rāzī besides his submission to the highest authority is the principle of devotion in providing medical services which must be all-applied without excluding certain individuals or groups of society. In this case, he puts every human –sufferer- in the same position. The doctor must be fair regardless of the patient's social status; even implicitly he said "healing poor sufferers is a doctor's obligation" (al-Rāzī, 1977). What is taught by al-Rāzī is in harmony with Quran surah al-Baqarah: 177, al-Isrā': 26 and al-Mā'ūn: 1-7. Because the functions and benefits of medical practice must be felt equally by the whole community and appropriately targeted the general community also none of the individuals are specified for of certain factors.

Considering the study and messages written by al-Rāzī in his treatise, perhaps it is no exaggeration to say that al-Rāzī's work has inspired the birth of a medical code of ethics which is continues to grow nowadays, where the code is not limited to physicians, relations, attitudes and actions towards patients who are currently collected in the ethics of the medical care, but also concerning to rules associated to relations with those who are providing services in the health sector both among fellow doctors, helpers, professional organizations/associations, as well the government which determines the policy, as well as the public who use the service, which is incorporated in medical ethics.

In addition to the doctor's moral concept, al-Rāzī also formulated the relation between ethics and medical science in other works, he made ethics as a spiritual medicine through the work of *al-Ṭibb al-Rūḥānī* (Spiritual Medicine) (Kartanegara, 2005).

#### 4. Al-Rāzī's Paradigm in Constructing the Moral Concept of Doctor

Al-Rāzī as a philosopher who was born from the womb of Islam and mastered clinical medical science has amassed the qualifications of the theocratic paradigm as well as the anthropocentric paradigm within himself. Although on one side, at a passing glance, this seems contradictory, because al-Rāzī himself is considered to deny the miracles of the Quran (*I'jāz al-Qurān*). Perhaps –in this case- true to al-Birūnī's statement, that in addition to his brilliant *ijtihād* sometimes al-Rāzī has a tendency of subjective ideas –as a negative side of his character- achieved through his passion and fanatical encouragement (Stroumsa, 2013). Albeit many sources dispute the controversy of his thought regarding the prophetic miracle –‘Abīd al-Jābirī said al-Rāzī had a flow of spiritualism (*rūḥaniyyah*) that could not be equated with the religion of Islam itself (al-Jaberi, 2015)-, We cannot primly deny that his thinking was composed of a theocentric paradigm.

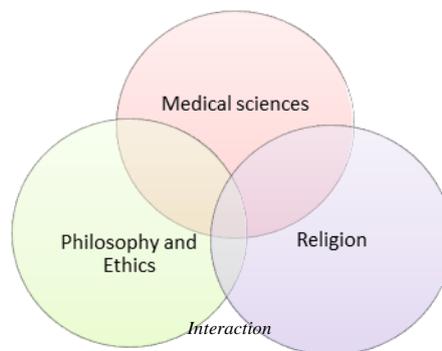
The paradigm in question is wholly visible when al-Rāzī explicitly positioned *tawakkal* at the top of treatment effort, as well as making it as a fundamental support for the doctor's hopes of succession regarding the treatment and healing process (al-Rāzī, 1977). The concept is sourced from Islamic teachings, *tawakkal* is one of the morals of the servants to God who has the highest and absolute authority, it is mentioned in the Quran that “*fa idhā maraḍtu fa huwa yashfīn*” (Surah al-Shu'ārā': 80) and “*wa 'alā Allāh fal yatawakkal al-mu'minīn*” (Surah al-Taubah: 51). Furthermore, the principle of al-Rāzī in treating people who are poor, it is in harmony with the spirit of the Quran. For the defenders of al-Rāzī, this section becomes a strong argument that al-Rāzī is not an atheist who does not trust God. Even at this stage, al-Rāzī is on a very scientific science-based aspect as well as a spiritual-religious person. He formulated morals –it is more precise *akhlāq*- through his belief in God and not the general moral that comes from conscience.

As a religionist and scientist (experimental science and philosophy science) sometimes makes the cognitive of the al-Rāzī seems to be paradoxical. For science and religion, each has different character and primal points of view. Science is more offensive to views while the religious domain is more defensive. As a philosopher and scientist, al-Rāzī in his scientific work dares to think and observe through direct experiments without relying on other opinions (*taqlīd*) (al-Rāzī, 1977) or other authorities. For example, when he has mastered the science of medicine (experimental science) and perform maximum care to patients, but he himself cannot ensure that succession, even success cannot be determined solely from his efforts, but he must still rely onto the authority of God through the concept of *tawakkal* as a religionist who surrender to the will of the highest authority which is very contrary to the character and tradition of a philosopher and scientist in general.

A similar explanation was put forward by Barbour in the term "Divine sovereignty that remains intact", that is, when God providentially controls (in the concept of destiny) events which in human eyes are seen as accidental. God in this case omniscient and had in advance determines events through a combination of law and special action. However, the combination of law and divine action cannot be proven or denied by science (Barbour, 2005).

In this case, al-Rāzī shows that medical science cannot stand alone without merging with other sciences –both religious or philosophical science- to solve the complexity of the phenomena of human life, especially in the field of health, both physical and mental. So he brings together the entities *ḥaḍārah al-falsafah* (ethics) with *ḥaḍārah al-ilm* (medical science) and *ḥaḍārah al-naṣṣ* (some of Islamic principles: *tawakkal* and *akhlāq* to the poor people) –if borrowing the concept of Amin Abdullah- is an interconnection paradigm of integration by continuing to place these entities in their respective regions. Because sometimes medical science cannot penetrate the realm of religion when it comes in contact with God’s sovereignty, and vice versa. Al-Rāzī also does not place religion (*ḥaḍārah al-naṣṣ*) as the core of the concept –whereas Amin Abdullah, in the context of Islamic studies put *ḥaḍārah al-naṣṣ* as a hard core (Fajar, 2013)-, but the three entities are proportional to their function in solving problems in the moral realm.

Based on this, it is safe to said that the root epistemology of al-Rāzī’s moral thought leads to the relations of religion, science and philosophy, each of which actually has an essentials assumption, worldview (Hashi, 2016), theoretical framework, logic, paradigms, and fundamental structures of science that differ from each other. Al-Rāzī succeeded in elaborating the three entities –especially in the concept of *tawakkal* and healing poor people, because in some other moral frameworks, al-Rāzī does not seem to elaborate and make connections between these entities- in one framework, whereas the three offer conceptual unities (Barbour, 2002), complementing shortcomings and supporting each other. If a synthesis is made between science and theology, then there is a model that God is the determinant of uncertainty as well as the top-down cause and –if seen through the theological process model- God gives a certain potential to each entity, it does not fulfill every event, but at the same time it contributes every event in certain levels (Barbour, 2002). When viewed using the pattern of religion and science relations, that is the pattern of single entities, isolated entities, and interconnected entities, some of the doctor’s moral concepts by al-Rāzī illustrates the third form, interconnected entities, where each party is aware of its limitations in solving human problems, then establish cooperation (Abdullah, 2003). The collaboration is intertwined between philosophy and ethics (*ḥaḍārah al-falsafah*), medical science (*ḥaḍārah al-ilm*), and religion (*ḥaḍārah al-naṣṣ*) which can be described as follows.



Graphic 1. Illustration of the relation between philosophy, science, and religion

In this case, there is an opinion that honestly recognizes that in the process of implementing the integration of religion and science though there is still an egalitarian assumption that both of them cannot claim their respective territories as the most correct, but both can put forward an attitude of cooperation, complementarily and mutual understanding (Faiz, 2015) so as to get rid of other assumptions that are biased and can hinder the dialogue dialectics between the two.

As closing, it cannot be denied that modern technology that provides positive benefits as well as negative excesses that endanger human dignity and environmental ecology depends on human –and inner impulses- which are in control. The inner impulses of humans hold an exceptionally decisive role in making technology is useful or endangering to human life (Madjid, 2000). Likewise, the ethics through science, still yet depend mostly on the desire of the doctor himself. In this realm, religion exists as a core for scientists (doctors) and other parties involved. Religion plays an active role in maintaining and enhancing the quality of the human mind and 'hands' that will be seen through the manifestation of human outward deeds. In the Islamic concept, maintaining one quality is based on faith in God (Madjid, 2000). Then the doctor –as a scientist- who has intellectual, moral, and religiosity provision, can play an active role as the spearhead that directs the axiology of

medical science, so that he is in human civilization that, after all, able to perform the mandate in his field professionally and with integrity.

## 5. Conclusion

The integration-interconnection paradigm is a scientific development solution to address the problems of human life that cannot be solved by relying on a single or isolated field of science without receiving contributions from other scholars. As one example, medical science cannot solve the problems of life and death of humans if it is associated with the supreme sovereignty –then in this portion the concept of *tawakkal* is present-, conversely with religious science that does not master medical science and on the other hand cannot stand idly by hoping for healing to God without treatment to the doctor. Doctors also as someone who has an important position in medicine if –without religion and morals produced through critical study of philosophy and ethics- that only mastered in empirical ability (medical science) alone, will display a figure who is skilled in healing but unable to act wisely and ethically. Doctors lacking of all-those mentioned are just about a living bodies without a spirit. In this context, as a thinker (philosopher), al-Rāzī had long seemed to understood well that the knowledge of a scientist –a doctor- cannot stand alone sans collaboration with methods of mutual understanding to religion and other sciences that merge (internalize) within a doctor. Other sciences referred to in this matter are philosophy and ethics.

In the early period, 9th century AD, through a good elaboration of science, philosophy, and religion, in the concept of *tawakkal* and good character (*akhlāq*) towards poor people who suffer from diseases, al-Rāzī had laid some -which were not applied to the whole- the moral basic of doctors far ahead of existing legal and legal norms in the current era. And however al-Rāzī has been recorded as an atheist, some Muslim scholars still include his name in discussions of Islamic science and civilization, especially in the world of medicine. This is proof that al-Rāzī along with other Muslim scientists has contributed to constructing a civilization of science in the Islamic world.

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