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Islamic Spirituality in Medical Doctor Curriculum Development: A Framework for Integration of Naqlī and ʿAqlī Knowledge

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Abstract

The growing recognition of spirituality as a vital component of holistic patient care has spurred a movement to integrate this dimension into medical education globally. From an Islamic perspective, which has historically embraced a holistic view of healing, the separation of the spiritual from the physical in modern medical practice presents a significant challenge. This paper examines the critical need and frameworks for integrating Islamic spirituality into the undergraduate Medical Doctor (MD) curriculum. Drawing upon foundational Islamic concepts such as the Tawhidic epistemological paradigm and Prophetic Medicine (*al-ṭibb al-nabawī*) and analysing the pioneering curriculum models of Malaysian institutions like Universiti Sains Islam Malaysia (USIM), International Islamic University Malaysia (IIUM), and Universiti Putra Malaysia (UPM), this study identifies key educational needs, opportunities, and challenges. The findings suggest that a successful integration requires a value-driven, programmatic approach that combines both revealed (*naqlī*) and rational (*ʿaqlī*) knowledge. This paper proposes a curriculum development framework to guide Muslim medical schools in cultivating spiritually competent, compassionate physicians who are equipped to address the complete well-being of their patients in the 21st century.

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1. INTRODUCTION

The modern era of medicine, with its remarkable technological advancements and evidence-based practices, has undeniably extended human life and alleviated immense suffering. However, this progress has been accompanied by a growing concern that medicine may be losing its soul, becoming increasingly depersonalised and disconnected from the deeper existential and spiritual needs of patients.[1] This has led to a global revival of interest in the role of spirituality in healthcare, prompting a critical re-evaluation of how physicians are trained. Within the Muslim world, this movement resonates deeply with a rich intellectual and spiritual heritage that has long viewed healing as a holistic process encompassing the body, mind, and spirit. This paper explores the imperative and the methodology for integrating Islamic spirituality into the modern Medical Doctor (MD) curriculum, proposing a framework that harmonises revealed knowledge (*naqlī*) with rational sciences (*ʿaqlī*) to cultivate a new generation of compassionate and spiritually-grounded physicians.

1.1 The Revival of Spirituality in Medical Education

Over the past three decades, a significant shift has occurred in the landscape of medical education. What was once a domain almost exclusively focused on the biological aspects of disease has begun to re-embrace the humanistic and spiritual dimensions of patient care. This resurgence is driven by several converging factors. Firstly, a growing body of research has demonstrated a clear link between patients' spiritual beliefs and their health outcomes, coping mechanisms, and treatment decisions.[2] Patients are increasingly expressing a desire for their spiritual needs to be acknowledged and addressed by their healthcare providers.[3] In response, regulatory and accrediting bodies, such as the predecessor of the current the Joint Commission on Accreditation of Healthcare Organisations (JCAHO) in the United States, have mandated that healthcare organisations provide for the

[1] John R. Peteet and Michael N. D'Ambra, eds, *The Soul of Medicine: Spiritual Perspectives and Clinical Practice* (Johns Hopkins University Press, 2011).
[2] Michael J. Balboni et al., 'Religion, Spirituality, and the Hidden Curriculum: Medical Student and Faculty Reflections', *Journal of Pain and Symptom Management* 50, no. 4 (2015): 507–15, https://doi.org/10.1016/j.jpainsymman.2015.04.020.
[3] Maie Zagloul et al., 'Review of Muslim Patient Needs and Its Implications on Healthcare Delivery', *Journal of Primary Care & Community Health* 15 (January 2024): 21501319241228740, https://doi.org/10.1177/21501319241228740.

spiritual care of patients, creating a professional imperative for physicians to be competent in this area.[4]

Medical students and educators themselves match this top-down pressure with a bottom-up demand. The number of medical schools in the U.S. offering courses on spirituality and health surged up to 90%.[5] This trend reflects a recognition that addressing the spiritual dimension of health is not merely an elective concern but a core component of providing patient-centred, holistic care. Curriculum are being developed to equip future physicians with the skills to take a spiritual history, communicate with patients about their beliefs, and collaborate with spiritual care providers like chaplains, all while maintaining professional and ethical boundaries.[6] This global movement sets the stage for a more specific and culturally resonant exploration of how Islamic spirituality can be meaningfully integrated into the training of Muslim physicians.

1.2 Islamic Perspective on Medicine and Healing

The Islamic tradition possesses a long and illustrious history of integrating spirituality with medical practice. The golden age of Islamic civilisation produced physician-scholars like Abū Bakr al-Rāzī (Rhazes) and Ibn Sīnā (Avicenna), whose encyclopaedic works treated the human being as an integrated whole, never divorcing physical ailments from their psychological and spiritual context.[7] This holistic worldview is rooted in the foundational texts of Islam, the Qurʾān and the Sunnah (the teachings and practices of Prophet Muhammad, peace be upon him).[8] The concept of healing (*shifā*) in the Qurʾān is comprehensive, referring not only to physical remedies but also to the healing of hearts and souls through faith and divine guidance.

This heritage gave rise to a specific genre of literature known as *al-ṭibb al-nabawī*, or Prophetic Medicine, which compiles the sayings and practices of the Prophet related to health, illness, and hygiene.[9] While distinct

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[4] Peteet and D'Ambra, *The Soul of Medicine*.

[5] Harold G. Koenig et al., 'Spirituality in Medical School Curricula: Findings from a National Survey', *The International Journal of Psychiatry in Medicine* 40, no. 4 (2010): 391–98, https://doi.org/10.2190/PM.40.4.c.

[6] John Wenham et al., 'Systematic Review of Medical Education on Spirituality', *Internal Medicine Journal* 51, no. 11 (2021): 1781–90, https://doi.org/10.1111/imj.15421.

[7] Nadereh Memaryan et al., 'Integration of Spirituality in Medical Education in Iran: A Qualitative Exploration of Requirements', *Evidence-Based Complementary and Alternative Medicine* 2015 (2015): 1–7, https://doi.org/10.1155/2015/793085.

[8] Muhammad Fawwaz Muhammad Yusoff and Nur Izah Ab Razak, 'Medieval Theoretical Principles of Medicine in Ibn Sīnā's al-Qānūn Fī al-Ṭibb and al-Dhahabī's al-Ṭibb al-Nabawī', *Jurnal Akidah & Pemikiran Islam* 22, no. 2 (2020): 119–54, https://doi.org/10.22452/afkar.vol22no2.4.

[9] Karmi Ghada et al., 'Al-Tibb al-Nabawi: The Prophet's Medicine', in *Technology, Tradition and Survival: Aspects of Material Culture in the Middle East and Central Asia*, History and Society in the Islamic World, Chapter 3 (Frank cass, 2003).

from the Greco-Roman-based Unani medicine that also flourished in the Muslim world, Prophetic Medicine emphasised a spiritual and ethical framework for health, focusing on diet, prevention, and reliance on God as the ultimate healer. This tradition underscores the belief that medicine is a sacred trust and that the pursuit of health is a spiritual obligation. The contemporary challenge lies in translating this rich heritage into a modern medical curriculum that is both scientifically rigorous and spiritually authentic, avoiding a superficial or tokenistic integration.

1.3 Contemporary Challenges

Despite this rich heritage, the secularisation of medical education, which is largely based on a Western biomedical model, has created a significant disconnect between the spiritual values of many Muslim societies and the training their physicians receive. The prevailing paradigm in many medical schools often implicitly promotes a materialistic and purely experimental worldview, which can marginalise or dismiss the spiritual dimensions of human experience as unscientific or irrelevant.[10] This creates a gap where medical students are not formally equipped to address the spiritual needs of their patients, or even to navigate their own spiritual and moral development as they confront the profound challenges of medical practice.

In many Muslim-majority countries, while there may be an overarching Islamic cultural context, the medical curriculum itself often remains a direct import of Western models, with little to no formal integration of Islamic ethics, values, or spiritual frameworks. This can lead to a hidden curriculum where students perceive spirituality as a private matter, separate from their professional identity. The lack of a structured, academically rigorous approach to integrating Islamic spirituality leaves a void that is often filled by ad-hoc, informal, and sometimes inconsistent efforts. The primary hindrance, as noted by scholars in the Malaysian context, is the scarcity of well-developed models, pedagogical resources, and trained faculty capable of bridging the divide between the Islamic sciences and modern medicine.[11]

1.4 Purpose and Significance

This paper aims to address this critical gap by providing a comprehensive examination of the principles, models, and practical frameworks for integrating Islamic spirituality into the MD curriculum. Its purpose is threefold: first, to articulate the conceptual foundations for such an

[10] Memaryan et al., 'Integration of Spirituality in Medical Education in Iran: A Qualitative Exploration of Requirements'

[11] Muhammad Fawwaz Muhammad Yusoff and Nur Izah Ab Razak, 'Spiritual Elements for Future Physician: Pedagogy at the Interface of Revelation and Medicine', *International Conference on Islamic Spiritual Care* (International Islamic University Malaysia), 2021, https://conference.iium.edu.my/inspire/index.php/publication/.

integration, drawing upon the Tawhidic epistemological paradigm and the principles of Prophetic Medicine. Second, it will analyse the pioneering efforts of leading Malaysian universities namely Universiti Sains Islam Malaysia (USIM), the International Islamic University Malaysia (IIUM), and Universiti Putra Malaysia (UPM) which have developed distinct models for integrating Islamic values into their medical programmes. By examining these real-world case studies, this paper seeks to extract best practices, identify common challenges, and understand the pedagogical strategies that have proven most effective.

Ultimately, the significance of this study lies in its ambition to propose a structured, evidence-informed curriculum development framework that can guide other Muslim medical schools in this vital endeavour. By synthesising theoretical principles with practical experience, this paper seeks to contribute to the broader discourse on holistic medical education and the development of spiritual competencies. It aspires to empower educators and curriculum planners to move beyond tokenistic gestures and toward a deep, meaningful, and sustainable integration that prepares future physicians to be not only skilled clinicians but also compassionate healers who can care for the whole person body, mind, and soul in a manner that is congruent with the highest ideals of both their faith and their profession.

2. CONCEPTUAL FOUNDATIONS

The integration of Islamic spirituality into a modern medical curriculum requires more than simply adding a new course; it demands the establishment of a robust conceptual framework that is both theologically sound and pedagogically viable. This framework must define what is meant by "Islamic spirituality" in a clinical context, provide an epistemological basis for the integration of different forms of knowledge, draw upon the rich heritage of Islamic medical traditions, and articulate the specific competencies that a spiritually grounded physician should possess. This section establishes the intellectual architecture of a holistic, value-driven medical curriculum by laying out these foundational pillars.

2.1 Defining Islamic Spirituality in a Medical Context

To begin, it is crucial to delineate the concept of spirituality, particularly as it is understood within the Islamic tradition, and to distinguish it from the broader, often ambiguous, use of the term in secular discourse. While the term religion generally denotes a tradition of beliefs and practices shared by a community, spirituality is a more inclusive term that refers to a person's connection with a larger or transcendent reality that gives life meaning. In the Islamic context, this spirituality, or *rūḥāniyyah*, is intrinsically linked to the core tenets of the faith. This spirituality is not a separate, mystical pursuit; rather, it represents the internalisation and lived reality of the Islamic

worldview. It is the process of purifying the heart (*qalb*) and soul (*nafs*) to draw closer to God, which is the ultimate purpose of human existence.

In a medical context, Islamic spirituality manifests as a profound sense of God-consciousness (*taqwā*) that informs every aspect of a physician's professional life. It shapes their character, guides their ethical decision-making, and provides the motivation for compassionate service. It is the understanding that the practice of medicine is a form of worship (*ʿibādah*) and a fulfilment of the trust (*amānah*) that God has placed upon humanity to be His vicegerents (*khulafā*) on Earth, tasked with preserving life and alleviating suffering. This perspective transforms the clinical encounter from a mere technical procedure into a sacred interaction where the physician acts as an instrument of God's healing. Therefore, teaching Islamic spirituality in a medical curriculum is not about teaching a set of esoteric practices but about nurturing a specific professional identity that of a compassionate scholar and a healer who is mindful of their ultimate accountability to God.

2.2 Tawhidic Epistemology as an Educational Framework

The greatest philosophical challenge to integrating Islamic spirituality into medical education is the perceived dichotomy between the rational, empirical knowledge of modern science (*ʿaqlī*) and the divinely revealed knowledge of the Qurʾān and Sunnah (*naqlī*). The Tawhidic epistemological framework, derived from the foundational Islamic principle of Tawḥīd (the absolute oneness of God), offers a powerful solution to this challenge by positing the ultimate unity of all truth. If God is the single source of all creation and all knowledge, then there can be no inherent contradiction between the "book of God's words" (the Qurʾān) and the "book of God's works" (the natural world).[12]

As an educational framework, Tawhidic epistemology advocates for the "Islamisation of knowledge", a concept championed by scholars like Syed Muhammad Naquib al-Attas, which calls for the critical integration of modern disciplines with the Islamic worldview.[13] This is not a rejection of modern science, but a re-orientation of it within a moral and spiritual compass. The Tembeling Institute proposes seven key principles for applying this framework to medical education: 1) Unify Divine Knowledge, recognising God as the source of both revelation and scientific discovery; 2) Uphold Ethical Trust, viewing medical practice as a sacred responsibility; 3) Pursue Higher Purpose, aligning medical goals with the ultimate purpose of serving God and humanity; 4) Contribute Meaningful Impact, serving knowledge for ummah;

[12] Masudul Alam Choudhury, ed., *The Tawhidi Methodological Worldview: A Transdisciplinary Study of Islamic Economics* (Springer Singapore, 2019), https://doi.org/10.1007/978-981-13-6585-0.

[13] Muhammad Naguib Al-Attas, *Islām and Secularism* (International Institute of Islamic Thought and Civilization, 1993).

5) Develop Professional Mastery, focusing on the competencies of the physician as obligation; 6) Embody Compassionate Care, driven by compassion and mercy; and 7) Practice Moral Integrity, embodying strong moral compass as a spiritual pursuit.[14] This framework provides a robust philosophical basis for a curriculum that seamlessly weaves together scientific excellence and spiritual wisdom.

2.3 *Al-Ṭibb al-Nabawī* (Prophetic Medicine)

While Tawhidic epistemology provides the philosophical "why", the tradition of *al-ṭibb al-nabawī*, or Prophetic Medicine, offers a rich source of content for the "what" of an Islamic spiritual curriculum. This body of knowledge, consisting of the collected sayings and practices of Prophet Muhammad (peace be upon him) related to health and healing, has been a distinct strand of the Islamic medical tradition for centuries.[15] Though it was never intended to be a comprehensive medical textbook, it provides a powerful framework for a holistic approach to health that is deeply rooted in the Islamic worldview. Modern scholars have identified several key principles from this tradition that hold profound relevance for contemporary medical practice.[16]

These principles include a strong emphasis on preventive medicine, particularly through diet and hygiene; the importance of moderation; the recognition of the interconnectedness of physical, psychological, and spiritual health; and the use of natural remedies. Crucially, Prophetic Medicine also provides guidance on spiritual treatments, such as prayer (*ṣalāh*), supplication (*duʿā*), and recitation of the Qurʾān (*ruqyah*), not as replacements for medical intervention but as complementary practices that bring peace to the heart and invoke divine assistance.[17] Incorporating the study of Prophetic Medicine into the curriculum can provide students with a culturally and religiously resonant model for holistic health, enabling them to advise patients on lifestyle choices and spiritual practices that are aligned with their faith and can support their medical treatment.

2.4 Spiritual Competence for Muslim Physicians

The ultimate goal of integrating Islamic spirituality into the medical curriculum is to produce physicians who possess "spiritual competence". This

[14] Jamalludin Ab Rahman, 'Tawhidic Epistemology and the Islamisation of Knowledge in Medical Education', *Tembeling 2.0*, n.d., https://www.tembeling.com/2025/08/04/tawhidic-epistemology-and-the-islamisation-of-knowledge-in-medical-education/.
[15] Ghada et al., 'Al-Tibb al-Nabawi: The Prophet's Medicine'.
[16] Muhammad Akmalludin Mohd Hamdan et al., 'Principles of Prophetic Medicine According to Mahmud Nazhim Al-Nasimi', *International Journal of Religion* 5, no. 5 (2024): 1048–57, https://doi.org/10.61707/k5een571.
[17] Ibrahim Dahiru Idriss et al., 'The Prophetic Tradition in Modern Healing: A Holistic Approach to Prophetic Medicine', *JOURNAL OF EDUCATION AND SOCIAL SCIENCES* 15, no. 2 (2020): 88–94.

can be defined as the knowledge, skills, and attitudes required to effectively and ethically address the spiritual dimension of patient care within an Islamic framework. Building on general models of spiritual competency in healthcare, we can identify three key domains for the Muslim physician:

i. Cognitive Domain (Knowledge)

This includes understanding the core concepts of Islamic spirituality, the principles of Tawhidic epistemology, the basics of Prophetic Medicine, and the role of faith in health and illness. It also involves knowledge of Islamic medical ethics, including rulings on issues such as end-of-life care, organ donation, and reproductive health.

ii. Psychomotor Domain (Skills)

This involves the practical ability to take a spiritual history in a sensitive and respectful manner, to communicate effectively with patients and their families about their spiritual needs, to offer simple spiritual support (such as making *duʿā*), and to know when and how to refer to a qualified Islamic spiritual care provider or chaplain.

iii. Affective Domain (Attitudes)

This is perhaps the most critical domain. It encompasses the development of virtues such as compassion (*raḥmah*), empathy, humility, integrity, and a genuine commitment to service. It is the cultivation of a professional identity that is deeply rooted in the physician's own spiritual and moral development, seeing their work as a calling and a means of drawing closer to God. This affective transformation is the true heart of a spiritually integrated curriculum, aiming to form not just a good doctor, but a "good physician" in the fullest Islamic sense of the word.

3. MODELS OF INTEGRATION IN MALAYSIAN MEDICAL SCHOOLS

Malaysia stands at the forefront of the global effort to integrate Islamic values into medical education. Its unique socio-cultural context and governmental support have fostered an environment where public universities have been able to pioneer innovative curriculum models. These institutions provide invaluable real-world case studies on the practical application of the conceptual foundations discussed previously. This section examines the distinct approaches taken by three leading Malaysian universities: Universiti Sains Islam Malaysia (USIM), the International Islamic University Malaysia (IIUM), and Universiti Putra Malaysia (UPM). By analysing their philosophies, structures, and pedagogical strategies, we can distil key lessons for other institutions embarking on a similar path.

3.1 Universiti Sains Islam Malaysia (USIM) Model

The core philosophy of Universiti Sains Islam Malaysia (USIM) is the integration of *Naqli* (revealed) and *Aqli* (rational/acquired) knowledge (iNAQ). The cornerstone of their approach is a dedicated course introduced in the second year of the MD programme titled "Science and Medicine in the Quran and Sunnah."[18] This model represents a structured, course-based approach to integration, ensuring that all students receive a foundational understanding of the Islamic perspective on medicine before they enter their core clinical training. In line with this foundational principle, the medical curriculum was specifically designed by the Faculty of Medicine and Health Sciences, USIM to seamlessly integrate Islamic input within its structure. The faculty's primary aim is to produce medical graduates with the necessary knowledge and skills to practice medicine and health sciences, ensuring their expertise is deeply informed by Islamic, moral, and ethical values. Since 2004, the year the USIM MBBS program was first offered, the faculty's mission has been to become a leading institution that promotes and integrates Islamic values in the acquisition and propagation of knowledge in the fields of medicine and health sciences.

The USIM medical programme was initially structured as a six-year MBBS course, divided equally into a three-year preclinical phase and a three-year clinical phase; this has recently been revised to a five-year curriculum. The programme's unique foundation is the integration of *Aqli* and *Naqli* knowledge, which is systematically instilled across both phases. During the preclinical years, students undertake compulsory faculty courses such as History of Medicine in Islam, Science and Medicine in the Qur'an and Sunnah, and Akhlak and Tasawwuf. In the clinical years, Islamic Jurisprudence and Medical Ethics and Fiqh Issues are introduced to ensure students are exposed to the proper etiquette and ethical framework required of medical practitioners. These compulsory courses are primarily delivered via lectures, seminars, and case study presentations. Furthermore, the curriculum requires the memorisation of selected Qur'anic verses related to science, medicine, and health throughout the programme. This aims to produce graduates who can effectively apply these verses in daily clinical practice.

The iNAQ approach is actively integrated into core scientific subjects in both phases. For example, the Biochemistry module incorporates an iNAQ seminar on genetics, enabling students to evaluate the ethical implications of advancements in genetic technologies from an Islamic perspective. Assessment of this integrated Islamic knowledge and values is comprehensive, utilising group seminar presentations, case study reports, written examinations, and clinical assessments. Positive outcomes resulting from the integration of the Naqli component are consistently demonstrated

[18] J Jamilah et al., 'Integration of Islamic Input in Medical Curriculum – Universiti Sains Islam Malaysia (USIM) Experience', *IIUM Medical Journal Malaysia* 13, no. 2 (2014), https://doi.org/10.31436/imjm.v13i2.483.

by students in their management of patient problems and clinical consultations.

3.2 International Islamic University Malaysia (IIUM) Experience

The International Islamic University Malaysia (IIUM) has one of the longest-standing and most comprehensive models for integrating Islamic values in its curriculum and academic structure. Inspired by the university's founding vision and mission, the Islamic Input to Medical Program (IIMP) was introduced at the Kulliyyah of Medicine IIUM from its very inception. Pioneered and developed by the innovative efforts of Prof. Dr. Omar Hasan Kasule, the IIUM model is characterised by its Islamisation of Knowledge (IOK) and the integration of Islamic values and revelation with medical sciences. As such, the Islamic input is woven throughout the entire five-year MBBS curriculum rather than confined to a separate single course.[19] The aim was set to affirm the Oneness of the Creator, re-establish the Tawhidic worldview, and reinstate ethics, adab and spirituality in medical education and clinical practice. Over the years, structured modules were developed and formally taught across all academic phases with the hope of producing competent and compassionate doctors.

In the preclinical years, the subjects are taught in structured IIMP sessions. The themes cover fundamental concepts, including belief systems (*aqeedah*), knowledge (*ilm*), history and civilisations, and life and health. The uniqueness of IIMP integration in the medical curriculum lies in its three distinct characteristics. First, the IIMP sessions are integrated and embedded within system-based modules. For instance, relevant Quranic texts describing the stages of human development would be brought to the attention of students studying embryology. This holistic approach aims to bridge the gap between religious knowledge and science by demonstrating their inherent coherence. Secondly, the IIMP lecturers are the same faculty members and clinicians who taught medical specialities to the students. Thirdly, the IIMP topics are tested as part of the general MBBS examination, not on a separate paper.[20]

During the clinical years, the IIMP shifts toward practical application strengthening professionalism, ethical decision-making, leadership, entrepreneurship, understanding and applying the Law (*fiqh*) in patient management. For example, the Islamic Input in Orthopaedics (IIIO) Module was incorporated into the Year 4 Orthopaedic and Trauma posting to inculcate Islamic values in patient care, teach basic *usul fiqh* related to ibadah during illness, and boost students' confidence in guiding patients spiritually

[19] Ariff Osman, 'Integrating Islamic Value In Medical Teaching Curriculum: IIUM Experience', *Bangladesh Journal of Medical Science* 12, no. 2 (2013): 117–20, https://doi.org/10.3329/bjms.v12i2.14937.
[20] Osman, 'Integrating Islamic Value In Medical Teaching Curriculum'.

while managing orthopaedic conditions. Over the past decade, it has been delivered through problem-based case discussions and practical simulations facilitated by department lecturers to improve students' clinical, ethical, and holistic understanding.[21] A five-year prospective study on the effectiveness of IIMP has demonstrated that the undergraduate module has enhanced students' knowledge, skills, and attitudes in becoming good Muslim doctors.[22]

The IIMP has also been expanded and incorporated into IIUM's postgraduate clinical programmes. The curriculum revolves around four themes: Islamic worldview, *fiqh al-ibadah*, *fiqh al-muamalat*, and Islamic medical ethics, each addressing real clinical challenges. Pedagogical strategies emphasise practical relevance, applied problem-solving, reflective engagement, and the application of Islamic jurisprudence principles in patient care.[23] Through continuous improvement and research, the IIMP model will remain relevant, impactful, and capable of shaping future generations of physicians who embody the highest ideals of Islamic medical professionalism.

3.3 Universiti Putra Malaysia (UPM) Old and New Curriculum

Universiti Putra Malaysia (UPM) offers a more recent and evolving model with its new competency-based curriculum, which seeks to produce "Compassionate Scholars". While perhaps not as explicitly focused on Islamic integration as USIM or IIUM, the UPM model places a strong emphasis on values, professionalism, and holistic development, creating fertile ground for the cultivation of spirituality. The curriculum is guided by the "REVAMPED" principles, which include being Value-driven and creating a mentally supportive curriculum. This signals a clear institutional commitment to the affective domain of learning.

The core of UPM's approach lies in its Personal and Professional Development (PPD) concurrent theme, introduces the attributes of medical professionalism, basic principles of medical ethics, communication skills, and doctor-patient relationships. The course emphasises evidence-based medicine, reflective practices, cultural competency, and resilience. The content includes modules on honesty and integrity, resilience and self-care,

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[21] Mohd Ariff Sharifudin et al., 'Implementation of the Islamic Input in Orthopaedics (IIIO) Undergraduate Medical Curricula and Practice: IIUM's Experience (2002-2014)', in *Revelation & Science in the 21st Century* (IIUM Press, 2015), http://irep.iium.edu.my/id/eprint/42489.

[22] Ramli Musa et al., 'The Effectiveness of the Islamic Input in Medical Practice (IIMP) in Improving the Knowledge, Attitude and Practice among Medical Students in Malaysia. A 5-Year Prospective Study', *IIUM Medical Journal Malaysia* 21, no. 1 (2022), https://doi.org/10.31436/imjm.v21i1.1915.

[23] Nazri Mohd Yusof, 'Integration and Islamisation Program for Clinical Post Graduate Students in International Islamic University of Malaysia (IIUM)', *IIUM Medical Journal Malaysia* 17, no. 1 (2018), https://doi.org/10.31436/imjm.v17i1.1022.

accountability and responsibility, social media professionalism, cultural competency and sensitivity, evidence-based medicine, fitness practice, doctor-patient relationships, and reflective writing with feedback sessions. Assessment is comprehensive, utilising group seminar presentations, case study reports, written examinations, and clinical assessments to evaluate students' integration of professional values and behaviours.

A study by Minhat and Din assessed the effectiveness of the Community Medicine Posting in instilling teamwork, leadership, and professionalism among 107 fourth-year medical students at UPM. The six-week posting, conducted in two districts of Negeri Sembilan, showed that professionalism and leadership scores significantly increased following the posting ($p<0.001$), with professionalism showing the greatest improvement.[24] This finding validates UPM's emphasis on community-based learning as a vehicle for professional development with clinical experiences creates meaningful opportunities for values formation.

For the new curriculum, the PPD theme is designed to foster the development of the INSPIRE core values: Integrity, Nurturing, Social Responsibility, Passion for Excellence, Innovation, Respect, and Empathy. This structure provides a longitudinal platform for students to engage in reflective practice, mentorship, and activities that nurture their character and professional identity. By embedding this value-driven stream within the core curriculum and linking it with Early Clinical Exposure (ECE), UPM aims to ensure that the development of a compassionate and ethical identity is not an afterthought but a central component of the learning process. This model demonstrates how spiritual and humanistic values can be powerfully integrated even within a curriculum that is not explicitly branded as "Islamic", offering a potentially more adaptable model for diverse public university settings.

[24] Halimatus Sakdiah Minhat and Hazwan Mat Din, 'How Effective Is the Community Medicine Posting to Cultivate Teamwork, Leadership and Professionalism Among Medical Students in Universiti Putra Malaysia?: Enhancing Best Practice of Future Doctors', *Malaysian Journal of Medicine and Health Sciences* 15, no. SP3 (2019), https://medic.upm.edu.my/our_journal/volume_15_2019/mjmhs_vol_15_sp3_november_2019-53655?L=bm.

3.4 Comparative Analysis

These three Malaysian universities offer distinct yet complementary models for integrating spirituality and values into medical education. The table below provides a comparative overview of their approaches:

Feature	Universiti Sains Islam Malaysia (USIM)	International Islamic University Malaysia (IIUM)	Universiti Putra Malaysia (UPM)
Core Philosophy	Integration of Naqlī and ʿAqlī Knowledge	Islamisation of Knowledge	Value-Driven, Holistic Development
Primary Model	Dedicated Course ("Science and Medicine in Quran and Sunnah")	Pervasive Integration (Islamic Input Medical Curriculum)	Longitudinal Theme (Personal & Professional Development)
Strengths	Focused, systematic, ensures baseline competency.	Comprehensive, breaks down secular/religious divide, reinforces values.	Adaptable, focuses on universal values, strong emphasis on character.
Potential Challenges	Transfer of learning to clinical years, potential for isolation of content.	Requires extensive faculty training and institutional commitment.	Integration of specifically Islamic content may be less explicit.

Ultimately, there is no single "best" model. The USIM approach offers a pragmatic and resource-efficient starting point for institutions beginning their integration journey. The IIUM model represents a more mature and deeply integrated ideal, requiring substantial resources and long-term commitment. The UPM model provides a valuable framework for focusing on the affective domain and character development, which can be adapted to various institutional contexts. The choice of model depends on the institution's specific mission, resources, faculty readiness, and student population. However, all three demonstrate a shared conviction that the education of a physician must extend beyond the acquisition of technical skills to the formation of a virtuous and compassionate human being.

4. CURRICULUM DEVELOPMENT FRAMEWORK

Building upon the conceptual foundations and the lessons learned from existing models, it is possible to construct a systematic framework for developing a curriculum that integrates Islamic spirituality. This framework

is not a rigid prescription but a flexible guide that institutions can adapt to their unique context. It follows a standard curriculum design process, beginning with identifying the needs of the learners and society, defining clear learning outcomes, selecting and organising content, and choosing appropriate pedagogical strategies. The goal is to create a curriculum that is intentional, coherent, and effective in producing spiritually competent physicians.

4.1 Educational Needs Assessment

A curriculum must be designed to meet specific, identified needs. A qualitative study of stakeholders in Iran provides a valuable template for this assessment, identifying needs in three domains: cognitive, affective, and psychomotor.[25] This structure can be adapted for any institution seeking to integrate Islamic spirituality. Cognitive Needs pertain to the knowledge base required for spiritual competence. Stakeholders consistently identify the need for students to understand the core concepts of spirituality and spiritual health from an Islamic perspective, including the indicators and criteria for spiritual well-being and distress. There is a need to learn about the rich resources within Islamic sources, including the Qurʾān, Sunnah, and the scholarly tradition, that relate to health and healing.

Furthermore, students require knowledge of spiritual assessment tools, the principles of spiritual care, and how to differentiate spiritual problems from psychological or physical ones.[26] Affective Needs concern the attitudes, values, and professional identity of the student. The curriculum must address the "why" of spiritual care, instilling in students an appreciation for the importance and priority of the spiritual dimension in their patients' lives. This involves presenting the academic and evidence-based rationale for integrating spirituality, thereby countering the purely materialistic worldview. The ultimate affective goal is the formation of a professional identity that embraces spiritual care as an integral part of the physician's role and responsibility.[27] Psychomotor Needs cover the practical skills required to deliver spiritual care. The most fundamental skill identified is the ability to conduct a spiritual assessment or take a spiritual history in a sensitive, patient-centred manner. Students must also learn the principles of providing basic spiritual care, understanding the appropriate range of interventions from simple acts of compassion and prayer to more advanced support. A critical skill is knowing the limits of one's own competence and understanding the process for referring patients to trained religious experts,

[25] Memaryan et al., 'Integration of Spirituality in Medical Education in Iran'.
[26] Memaryan et al., 'Integration of Spirituality in Medical Education in Iran'.
[27] Abigail M. Shepherd et al., 'Developing the Good Physician: Spirituality Affects the Development of Virtues and Moral Intuitions in Medical Students', *The Journal of Positive Psychology* 13, no. 2 (2018): 143–54, https://doi.org/10.1080/17439760.2016.1269185.

such as hospital chaplains or local imams, for more specialised spiritual guidance.[28]

4.2 Learning Outcomes and Competencies

Once needs are identified, they must be translated into clear, measurable learning outcomes. These outcomes should be aligned with national accreditation standards, such as those set by the Malaysian Qualifications Framework (MQF). The MQF clusters learning outcomes into five key areas, and spiritual competencies can be mapped onto these, particularly within the cluster of "Ethics, Professionalism, and Sustainability".[29] The curriculum should articulate its objectives at multiple levels: Program Educational Objectives (PEOs) are broad statements describing the expected accomplishments of graduates a few years after graduation (e.g., "Graduates will practice medicine with compassion, integrity, and a commitment to holistic patient care informed by Islamic values."). Program Learning Outcomes (PLOs) describe the knowledge, skills, and attitudes that students should have by the end of the program. A specific PLO could be: "Demonstrate the ability to provide patient-centred care that addresses the physical, psychological, and spiritual needs of diverse patient populations." Course Learning Outcomes (CLOs) are specific to individual courses or modules (e.g., "At the end of the PPD module, the student will be able to conduct a basic spiritual history.").

The assessment of these competencies is crucial. It must go beyond traditional multiple-choice questions to include methods that can evaluate skills and attitudes, such as Objective Structured Clinical Examinations (OSCEs) with standardised patients presenting spiritual distress, reflective portfolio assignments, and faculty observations of clinical performance.

4.3 Content Selection and Organisation

The content of the curriculum should be systematically selected to meet the defined learning outcomes. It is advisable to define a set of core topics that all students must master, which would include the fundamentals of Islamic spirituality, medical ethics from an Islamic perspective, and the skills for taking a spiritual history. Institutions could also offer elective or advanced topics for students with a particular interest, such as in-depth studies of Prophetic Medicine or Islamic jurisprudence related to complex bioethical issues. A key strategic decision is how to organise this content within the curriculum. As the Malaysian models demonstrate, there are two primary approaches: a dedicated course or a pervasive, integrated model. While a dedicated course is easier to implement, the ideal approach is vertical integration, where spiritual themes are introduced early and revisited with

[28] Memaryan et al., 'Integration of Spirituality in Medical Education in Iran'.
[29] MMC, *Standards for Undergraduate Medical Education*, version Second Edition 2022, n.d.

increasing complexity throughout the years. This should be combined with horizontal integration, where spiritual and ethical considerations are woven into the teaching of all other subjects, from anatomy and physiology to clinical specialities like palliative care and psychiatry. This integrated approach helps students see the relevance of spirituality across the entire spectrum of medicine and avoids compartmentalising it as a "soft" or marginal topic.

4.4 Pedagogical Strategies

The "how" of teaching is just as important as the "what". Given that the goal is not just knowledge transmission but character formation, the pedagogical strategies must be active, experiential, and reflective. Didactic lectures alone are insufficient. Effective strategies include Experiential Learning, as emphasised in the UPM curriculum, placing students in authentic contexts through early clinical exposure and service-learning projects allows them to encounter the spiritual needs of real patients and communities. Reflective practice is crucial; encouraging students to keep reflective journals or portfolios where they can process their experiences, grapple with ethical dilemmas, and explore their own spiritual development is a powerful tool for fostering self-awareness and empathy. Case-Based Discussions using real or hypothetical cases that involve spiritual or ethical challenges allow students to practice their analytical and communication skills in a safe, facilitated environment.

Role-modelling and mentorship are perhaps the single most important pedagogical strategies. The "hidden curriculum" is often more powerful than the formal one. The attitudes and behaviours of faculty members are paramount. Therefore, identifying and training faculty who can serve as positive role models and mentors is essential. Technology-Enhanced Learning can also be valuable; digital platforms can be used to deliver content, host discussion forums, and share resources, providing a flexible and accessible supplement to face-to-face teaching. By employing a diverse range of student-centred pedagogical methods, the curriculum can move beyond rote memorisation to foster the deep, transformative learning that is necessary for the formation of a truly compassionate and spiritually competent physician.

5. OPPORTUNITIES AND FACILITATING FACTORS

While the task of integrating spirituality into a crowded medical curriculum may seem daunting, numerous facilitating factors and inherent opportunities can be leveraged to ensure its success. These opportunities stem from the richness of the Islamic tradition itself, the clear clinical need for spiritual care, the supportive institutional and regulatory environment, and the evolving nature of medical education. Recognising and capitalising on these factors is

key to overcoming the challenges and building a sustainable and impactful programme. This section will explore these four key areas of opportunity.

5.1 Rich Islamic Heritage and Resources

The single greatest asset for integrating Islamic spirituality is the vast and profound intellectual and spiritual heritage of Islam itself. Unlike secular models that may struggle to define substantive content for spirituality, the Islamic tradition offers a deep well of resources. There exists a profound national and regional religious capacity in many Muslim-majority countries, with a populace that deeply values its spiritual traditions. This creates a receptive environment for a curriculum that honours this heritage. The textual resources are immense, from the Qurʾān and the voluminous Hadith literature to the works of major scholars throughout Islamic history who wrote extensively on ethics, character, and the human soul. This rich literature, encompassing both Sunni and Shiite traditions, provides a solid foundation for developing curriculum content that is authentic and academically rigorous. Furthermore, the presence of prominent contemporary scholars and established Islamic educational institutions provides a source of expertise and collaboration for medical schools, ensuring that the spiritual content is taught with the necessary depth and nuance.

5.2 Clinical and Patient-Centred Rationale

The push for spiritual integration is not merely a theological or philosophical exercise; it is driven by a clear and perceived clinical need. Stakeholders, including physicians and patients, recognise the tangible benefits of spiritual care in the healing process. There is a widely held belief, supported by both anecdotal experience and growing research, that spirituality provides a sense of peace for patients, helping them to cope with illness and suffering.[30] The very nature of the therapeutic relationship is seen as having a spiritual dimension, where compassion and trust are essential for healing. Studies and clinical observations indicate that patients with strong spiritual beliefs often exhibit better tolerance of their illness and have more positive health outcomes.[31] Even simple and brief spiritual interventions, such as a physician offering a prayer or acknowledging a patient's faith, can be profoundly effective and comforting. In an era of patient-centered care and a focus on patient satisfaction metrics, providing care that respectfully addresses the spiritual needs of the majority-Muslim patient population is not just good ethics, it is good medical practice. This strong clinical rationale provides a powerful argument for dedicating curriculum time to developing these competencies.

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[30] Balboni et al., 'Religion, Spirituality, and the Hidden Curriculum'.
[31] Harold G. Koenig et al., *Handbook of Religion and Health*, 3rd edn (Oxford University PressNew York, 2024), https://doi.org/10.1093/oso/9780190088859.001.0001.

5.3 Institutional and Regulatory Support

The integration of spirituality does not have to be a grassroots effort fighting against an entrenched system. In many contexts, there is significant institutional and regulatory support for such changes. In Malaysia, for example, the Malaysian Medical Council (MMC) has established standards for undergraduate medical education that explicitly include ethics, professionalism, and the development of leadership and social responsibility as core competencies.[32] These regulatory requirements provide a clear mandate for curricula to address the affective and moral domains of medical practice. Furthermore, the global movement towards holistic and competency-based medical education, supported by international bodies and evidenced by the curricula of leading international universities, provides external validation for this approach.[33] When a medical school decides to integrate spirituality, it is not acting in isolation but as part of a broader, global trend in medical education reform. This institutional and regulatory backing provides the necessary leverage to secure resources, justify curriculum time, and overcome internal resistance, creating a supportive ecosystem for change.

5.4 Medical Education Context

Finally, the very context and structure of modern medical education, particularly competency-based models, provide fertile ground for the integration of spirituality. Most medical curricula already have existing spaces for teaching medical ethics, humanities, and communication skills. These platforms can be expanded and enriched to include spiritual dimensions, rather than having to create an entirely new space from scratch. The shift towards student-centred and experiential learning methods, such as problem-based learning (PBL) and early clinical exposure, is also highly conducive to teaching spirituality, which is best learned through reflection on real-world experiences rather than through passive lectures. The increasing emphasis on professionalism as a core competency provides a natural home for the cultivation of spiritual and moral values. Virtues such as integrity, compassion, and altruism, which are central to professionalism, are also the cornerstones of Islamic spirituality. By framing the development of spiritual awareness as an essential component of becoming a true professional, the curriculum can motivate students to engage with the material as a core part of their identity formation. The medical education system's general familiarity with curriculum review and change also means that the mechanisms and processes for introducing new content and

[32] MMC, *Standards for Undergraduate Medical Education*.
[33] Peteet and D'Ambra, *The Soul of Medicine*.

pedagogical approaches are already in place, providing a clear pathway for implementation.

6. CHALLENGES AND BARRIERS

Despite the clear opportunities and compelling rationale for integrating Islamic spirituality into medical education, the path to successful implementation is fraught with significant challenges. These barriers are not unique to the Islamic context but are common to efforts to integrate spirituality into medical curricula worldwide, though they often have a particular resonance within Muslim institutions. These challenges can be categorised into four main areas: conceptual and definitional issues, practical barriers to implementation, difficulties in assessment, and broader cultural and contextual problems. Acknowledging and proactively addressing these hurdles is essential for the long-term sustainability and success of any such curriculum initiative.

6.1 Conceptual and Definitional Challenges

One of the most fundamental challenges lies in the very definition and conceptualisation of spirituality. As identified in studies from Iran, there is often a lack of consensus among faculty and stakeholders on a precise definition of spiritual health, with the concept often being perceived as intangible, abstract, and difficult to translate into concrete educational objectives.[34] This ambiguity can lead to confusion and resistance. Furthermore, the dominant culture of modern medicine is heavily influenced by a materialistic and empirical worldview that can be sceptical or even hostile to concepts that are not easily measured or quantified. This creates a philosophical barrier where spirituality may be dismissed as "unscientific" and not belonging in a rigorous medical curriculum. Within the Islamic context specifically, there can be a lack of well-developed, contemporary, and context-specific models and interventions. While the tradition is rich, translating classical concepts into evidence-based pedagogical practices for the modern classroom is a significant scholarly task that is still in its early stages. Without clear, academically robust, and agreed-upon conceptual frameworks, any attempt at integration risks being superficial, inconsistent, or lacking in intellectual rigor, making it difficult to gain acceptance from a scientifically-minded faculty and student body.

6.2 Implementation Barriers

Even with a clear conceptual framework, numerous practical barriers can hinder implementation. A primary obstacle is the faculty. There is often a lack of awareness, interest, or feeling of need among many professors, particularly those in the basic sciences or highly specialised clinical fields. Some may view

[34] Memaryan et al., 'Integration of Spirituality in Medical Education in Iran'.

the inclusion of spirituality as an unwelcome interference in their professional domain or feel that they lack the time and expertise to address such topics. The concern that clinicians are already overburdened and cannot be expected to "spend time" on non-medical issues is a common and powerful source of resistance. Another major implementation barrier is the already overloaded nature of the medical curriculum. Finding space for new content in a schedule that is packed from dawn until dusk is a perennial challenge for curriculum planners. This can lead to a situation where the spiritual component is relegated to a few token lectures or an optional elective, preventing it from having a meaningful impact. Perhaps the most significant implementation barrier is the scarcity of qualified teachers and positive role models. The success of a spiritually integrated curriculum depends heavily on having faculty who not only understand the material, but who also embody the virtues being taught.

6.3 Assessment Difficulties

Assessment is a powerful driver of learning in medical education; what gets assessed gets learnt. However, assessing spiritual competencies presents a profound challenge. How does one reliably and validly measure a student's compassion, integrity, or spiritual awareness? The subjective and internal nature of spirituality makes it difficult to assess using traditional quantitative methods like multiple-choice questions. This leads to several concerns. There is a risk of trivialising spirituality by attempting to reduce it to a simple checklist of behaviours. There are also significant concerns about the validity and reliability of assessment tools. If the assessment is not perceived as fair and objective, it can generate anxiety and cynicism among students. Developing appropriate assessment methods that are both meaningful and psychometrically sound is a critical task. This likely requires a multi-faceted approach that combines formative methods (designed to provide feedback for growth), such as reflective portfolios and mentor feedback, with summative methods (designed to make a judgement on competence), such as OSCE stations that incorporate spiritual or ethical dilemmas. Striking the right balance is a complex pedagogical challenge that requires careful thought and ongoing research.

6.4 Cultural and Contextual Issues

Finally, the integration of Islamic spirituality must navigate a complex cultural and contextual landscape. The Muslim world exhibits significant diversity in cultural practices and religious interpretations among different Muslim populations and between different schools of thought, such as Sunni and Shiite. A curriculum developed in one country or for one specific community may not be directly transferable to another without careful adaptation. There is a need to balance the desire for a curriculum rooted in authentic tradition with the realities of modern, globalised medical practice.

Institutions also face the pressure of meeting international accreditation and standardisation requirements, which may not always align with a spiritually integrated approach. It is important to find a balance between meeting the standards of global medical education and keeping the unique identity and values of an Islamic institution. This requires a confident and articulate engagement with accreditation bodies to demonstrate that a spiritually integrated curriculum not only meets but can exceed standard expectations for producing ethical and competent physicians. Navigating these internal and external cultural pressures requires careful planning, open dialogue, and a clear articulation of the institution's mission and vision.

7. RECOMMENDATIONS AND FUTURE DIRECTIONS

Navigating the complex landscape of challenges and opportunities requires a proactive and strategic approach. For medical schools committed to cultivating spiritually competent physicians, a clear roadmap is essential. This section provides a set of actionable recommendations for curriculum design, institutional strategy, and broader collaborative initiatives. It also outlines a research agenda to address the existing gaps in knowledge and to ensure that the integration of Islamic spirituality is evidence-based, effective, and continuously improving. These recommendations are intended to guide educators, administrators, and policymakers in their collective effort to restore the spiritual heart of medicine.

7.1 Curriculum Design Recommendations

At the core of the integration effort is the curriculum itself. To move from concept to reality, curriculum planners should consider a phased and strategic approach. The first and most critical step is faculty development. Before any new curriculum is introduced to students, a dedicated programme must be established to train faculty, not only in the content of Islamic spirituality and ethics but also in the pedagogical skills required to teach it effectively.[35] This builds capacity, ensures consistency, and fosters faculty buy-in. It is advisable to adopt a phased implementation approach, starting with a pilot program or a single dedicated course, as seen in the USIM model, before moving towards a more comprehensive, integrated model like IIUM's. This allows the institution to learn, adapt, and build momentum. The curriculum should strive for early and continuous integration, introducing foundational concepts in the preclinical years and reinforcing them with increasing clinical relevance in the later years. A crucial recommendation is to balance the formal and hidden curriculum. While formal teaching is necessary, the institutional culture, the behaviour of role models, and the values implicit in assessment methods are often more powerful in shaping student attitudes. Finally, a robust assessment framework must be developed

[35] Osman, 'Integrating Islamic Value In Medical Teaching Curriculum'.

in parallel with the curriculum, utilizing a variety of methods (e.g., OSCEs, portfolios, faculty observation) to evaluate cognitive, psychomotor, and affective competencies in a meaningful way.

7.2 Institutional Strategies

Curriculum reform cannot succeed in a vacuum; it requires strong and sustained institutional support. A key strategy is to establish a centre of excellence or a dedicated department for spirituality, ethics, and humanities in medicine. Such a centre can serve as the intellectual hub for curriculum development, faculty training, and research, providing the necessary academic leadership and resources. Institutions should actively foster interprofessional collaboration, engaging religious scholars, theologians, and trained chaplains as partners in the educational mission. Their expertise is invaluable for ensuring the theological depth and practical relevance of the curriculum. It is also vital to build strong partnerships with healthcare institutions, such as teaching hospitals, to ensure that the principles taught in the classroom are supported and practiced in clinical learning environments. This helps bridge the gap between theory and practice. Finally, institutions must commit to conducting implementation research, systematically studying their own curriculum initiatives to identify what works, what does not, and why. This commitment to self-assessment and scholarly inquiry is essential for continuous quality improvement.

7.3 Regional and National Initiatives

The impact of individual institutional efforts can be magnified through broader collaboration. There is a need for regional and national bodies to develop consensus guidelines for the integration of Islamic spirituality in medical education. Such guidelines, developed in consultation with medical schools, religious authorities, and regulatory bodies like the MMC, can provide a common framework and a set of standards for all institutions to aspire to. Creating platforms for sharing best practices across institutions, through conferences, workshops, and joint publications, can accelerate the pace of innovation and prevent individual schools from "reinventing the wheel". Over time, these collaborations could lead to the creation of accreditation standards that specifically address spiritual and humanistic competencies, making them a mandatory component of medical education. Supporting this ecosystem requires a commitment to supporting scholarship and publication in this field and establishing professional networks of educators and researchers dedicated to advancing the cause of holistic medical education in the Muslim world.

7.4 Research Agenda

To ensure that the integration of spirituality is grounded in solid evidence, a robust research agenda is urgently needed. This agenda should prioritise

several key areas. First, there is a need for effectiveness studies to determine whether these curricula actually lead to desired outcomes, such as increased empathy, improved patient communication, or reduced physician burnout. This requires the development and validation of reliable instruments to measure these constructs in a culturally appropriate manner. Longitudinal outcomes research is also critical. We need to follow students who have gone through these programmes into their professional careers to see if the effects of the curriculum are sustained over time and how they impact their practice and their patients' outcomes.[36] Cross-cultural comparative studies between different Muslim countries and between Islamic and Western models of spiritual care education can yield valuable insights. Furthermore, there is a need for more qualitative explorations of student and patient experiences to gain a deeper, more nuanced understanding of the impact of spiritual care. By systematically investigating these questions, the field can move from being primarily based on tradition and intuition to being firmly grounded in empirical evidence, strengthening its academic credibility and its capacity for positive impact.

8. CONCLUSION

The journey of medical education is at a critical juncture. The relentless advance of technology, while bestowing unprecedented diagnostic and therapeutic power, has also cast a long shadow, threatening to eclipse the humanistic soul of medicine. In response, a global chorus is calling for a return to holistic care, one that acknowledges the patient not as a collection of symptoms but as a complete human being with physical, psychological, and spiritual needs. For the Muslim world, this call is not a new discovery but a reclamation of its own rich heritage, a heritage where medicine was never divorced from faith, and where healing was always understood as an act that touched both body and soul. The integration of Islamic spirituality into the modern MD curriculum is therefore not an act of radical innovation but one of profound restoration.

This paper has argued for the critical importance of integrating Islamic spirituality into medical education, not as a peripheral topic, but as a central organising principle. We have established the conceptual foundations for this integration, grounded in the Tawhidic epistemological paradigm which posits the unity of all knowledge, and drawing upon the rich tradition of Prophetic Medicine (*al-ṭibb al-nabawi*). The pioneering efforts of Malaysian universities like USIM, IIUM, and UPM provide tangible proof that such integration is not only possible but can be achieved through diverse and

[36] Gowri Anandarajah et al., 'Transforming Narratives of Physician Identity Formation and Healing: A Longitudinal Qualitative Study of Physicians' Stories about Spirituality and Medicine, from Residency to Practice', *BMC Medical Education* 25, no. 1 (2025): 319, https://doi.org/10.1186/s12909-025-06788-6.

effective models, whether through dedicated courses, pervasive integration, or longitudinal value-driven themes. We have also outlined a comprehensive framework for curriculum development, addressing educational needs, learning outcomes, content, and pedagogy, while acknowledging the significant opportunities such as a rich heritage and strong clinical rationale and the formidable challenges, including faculty resistance and assessment difficulties.

The implications of this work are far-reaching. For Muslim medical schools worldwide, it offers a clarion call and a practical roadmap to develop curricula that are both scientifically excellent and spiritually authentic, producing physicians who can meet the needs of their communities with competence and compassion. For curriculum planners and educators, it provides a framework for moving beyond ad hoc efforts towards a systematic and evidence-based approach to integration. For accreditation bodies, it highlights the need to develop standards that recognise and value spiritual and humanistic competencies as essential components of medical professionalism. Finally, for healthcare institutions, it underscores the importance of creating a clinical environment that supports the practice of holistic, spiritually sensitive care, thereby allowing the graduates of these programmes to flourish.

The time for discussion is over; the time for action is now. This paper is a call to action for all stakeholders in Muslim medical education. It is a call for a courageous commitment to a vision of medical education that is unapologetically holistic, one that seeks to preserve the priceless Islamic heritage of medicine and transmit it to future generations. It is a call to invest in faculty development, to support rigorous research, and to foster a culture of compassion and service within our institutions. The goal is nothing less than the preparation of compassionate, ethically grounded, and spiritually competent physicians who can be true healers in every sense of the word.

Ultimately, the vision that animates this entire endeavour is that of the Muslim physician as a healer of both body and soul, a compassionate scholar who seamlessly integrates scientific excellence with spiritual wisdom. It is the vision of a professional who views their work not merely as a job, but as a profound act of service to humanity and a form of worship (*ʿibādah*). It is the hope that by restoring the spiritual heart of medicine, we can prepare a future generation of Muslim doctors who will not only alleviate physical suffering but will also bring peace, comfort, and a sense of divine purpose to their patients, embodying the highest ideals of their faith and their noble profession. In their hands, medicine becomes more than a science; it becomes a sacred art.

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