

## State Actor Dynamics in Brunei's Healthcare Policies

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This study seeks to ascertain the state actor dynamics in Brunei's healthcare policies from the perspectives of an Islamic system of governance, by first identifying the state actors, or institutions, involved in influencing, formulating and implementing Brunei's healthcare policies. The 'IGC Matrix' is employed to establish the Islamic health 'sets of expectations' (SoEs), particularly in terms of prevention and treatment, and medical ethics, primarily derived from the Qur'ān and Prophet Muhammad ﷺ's Sunnah, in order to construct for this study a framework of reference. The SoEs are then compared against Brunei's healthcare policies and activities to determine how much of the Islamic health SoEs are met. This study reveals that Brunei's healthcare policies are largely motivated by non-Islamic inspirations, specifically by the World Health Organisation (WHO), but with numerous overlaps with Islamic demands. In other words, Brunei's healthcare policies may be stemmed from a non-Islamic influence, but it does not necessarily mean that they are un-Islamic. And most, if not all, of Brunei's healthcare policies demonstrate a top-down approach, where the state actors play a crucial role in shaping Brunei's dynamical SoEs.

**Keywords:** Islamic Governance, State Actor, Brunei Darussalam, Healthcare Policies

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This study aims to evaluate the state actor dynamics in the healthcare field, specifically those who influence, formulate, and implement policies, by applying Amin's 'Islamic Governance' approach, with particular reference to Brunei Darussalam. Brunei is proposed as the subject matter because it is an Islamic monarchy, underpinned by 'MIB'<sup>1</sup> as its national philosophy. Islam is, therefore, central to Brunei's socio-political schema; and it would be expected that the formulation and implementation of Brunei's policies, especially its healthcare policies,<sup>2</sup> are a reflection, or consideration, of Islamic principles and values. Thus, to achieve this study's aim, there are four objectives that must be accomplished:

- (1) To articulate Amin's concept of 'Islamic Governance'
- (2) To construct the Islamic health 'sets of expectations' (SoEs)
- (3) To examine Brunei's healthcare system, therefore, identifying the associated state actors and accompanying healthcare policies
- (4) To compare Brunei's healthcare policies with the established Islamic health SoEs

This study will convey each of these objectives in their respective sections, before analysing the state actor dynamics in the healthcare policies of Brunei, a sovereign which recognises itself as an Islamic system of governance. This study will first discuss Amin's concept of 'Islamic Governance'.

### **The 'Islamic Governance' Concept**

'Governance' is a process where societal elements can exert influence, power, and authority, and legislate policies concerning public life and social development. It holds a broader notion than "government", in fact, it is when formal institutions interact with those in civil society.<sup>3</sup> The concept of 'governance' is much deliberated in the Western world, however, when

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<sup>1</sup> *'Melayu Islam Beraja'*, which literally translates to 'Malay Islam Monarchy' in English

<sup>2</sup> For the purposes of this thesis, the terms "healthcare policies" and "health policies" will convey the same meaning and will be used interchangeably throughout the paper

<sup>3</sup> Accessed on the 15th of October 2018, <https://www.gdrc.org/u-gov/governance-understand.html>

an 'Islamic' component is included, the concept of 'Islamic Governance' is a fairly new notion. This is because 'governance' is essentially a Western idea that is demanded by the Muslims. 'Islamic Governance' differs from 'governance' because the Islamic Sharī'ah sets the parameter of Muslim action, and also, in principle, Muslims believe that Allah is the Absolute Sovereign. Amin proposes a contemporary rendition of the 'Islamic Governance' concept. In a series of papers, he conveyed his ideas of Islamic Governance, on the vision level, as the conceptual 'Madīnian Polity'.<sup>1</sup> The Madīnian phase, which lasted for 10 years, instigates the quintessential model of 'Islamic Governance'. When the Prophet ﷺ and his followers migrated from Makkah to Yathrib (now known as Madīnah) in 622AD, the 10-year period was characterised by a predominantly developmental agenda. The Qur'ānic verses that were revealed at that time assumed a more civilisational narrative. The shift in the Prophetic mission from proselytising (theological) agenda – during the Makkan phase – to a developmental agenda marked the transformation of the Islamic movement from a localised movement to an autonomous polity, i.e. "...from a community of religious dissidents to a polity of believers."<sup>2</sup>

Inspired by the conceptual 'Madīnian Polity', the ultimate vision of Amin's concept of 'Islamic Governance' is to create a society conducive for the worship of Allah. And there are two types of worship in Islam: individual devotions (or *farḍhu 'ain*) and social forms of worship (or *farḍhu kifāyah*<sup>3</sup>). Individual devotions include the five daily prayers, obligatory fasting in the holy month of Ramadhan, paying the *zakaat*, as well as, performing Hajj at least once in a lifetime, whilst any social roles required for the proper functioning of a society intended for the worship of Allah are considered as social forms of worship. These roles, responsibilities, and obligations are established in order to fulfil common aspirations. In Islam, it is more imperative to achieve the strategic objectives, i.e. the five *maqāṣid*<sup>4</sup> of the

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<sup>1</sup> Amin Abdul Aziz, "Cultural Factors for Cohesive Governance", *The Journal of Islamic Governance*, Volume 3, Issue 1, 2017

<sup>2</sup> Ibid.

<sup>3</sup> *Farḍhu kifāyah* are obligations to reach social sufficiency in an Islamic society

<sup>4</sup> Sing. *maqṣad*, or objective

Shari'ah,<sup>1</sup> which will be discussed shortly, rather than to decide which political tools to utilise. The goals of a society contributing to the worship of Allah must be achieved, regardless of the political system employed. In an Islamic system of governance, the political system is necessary in order to implement religious orders. In other words, the function of state is to facilitate the implementation of *farḍhu 'ain* and the *farḍhu kifāyah*, on the operational level. Another objective, on the vision level, is to establish a society that is self-governing, in an Islamic manner, especially on the individual level. Simply put, a society that practises Islamic principles and values, and every individual is aware that his or her action will be held accountable on the Day of Judgement. The idea of self-governance is not just about accountability, but it is also realising the fact that the work, or task, that Muslim employees perform and complete can also be considered as an *'ibādah* (a religious duty), only if their intentions are solely for the sake of Allah.

On the strategic level, the *maqāṣid* of the Shari'ah, under Amin's concept of 'Islamic Governance', are the building blocks that comprise the 'Madīnian Polity', defined by a society conducive for the worship of Allah. These strategic objectives are conceptualised by al-Ghazālī's rendition of *maqāṣid* of the Shari'ah.<sup>2</sup> The five principal *maqāṣid* are: the preservation of (1) Faith, (2) life, (3) intellect, (4) progeny, and (5) wealth. Amin proposes another criterion for the objectives, which is the promotion of the five *maqāṣid*. Thus, the first *maqṣad* under Amin's concept of 'Islamic Governance' is the preservation and promotion of Faith. And Faith is the religion of Islam. Allah even confirms in the Qur'ān,

﴿ إِنَّ الدِّينَ عِنْدَ اللَّهِ الْإِسْلَامُ ﴾

Verily, the religion with Allah is Islam...<sup>3</sup>

<sup>1</sup> *Shari'ah*, which literally translated as "the way", refers to the Islamic Law that is derived from the Qur'ān and the Sunnah (Prophet Muhammad's ﷺ actions, sayings, as well as, tacit approval).

<sup>2</sup> Abū Hāmid Muhammad ibn Muhammad Aṭ-ṭūsī Al-Ghazālī, *Al-Mustaṣfā min 'Ilm al-Uṣūl (On Legal Theory of Muslim Jurisprudence)*, vol. 1, 1937, p. 139-140

<sup>3</sup> Translation of Sūrah *Āli-Imrān*: 19

For Muslims, it is important to preserve and promote their Faith, and to live in a society where the practice of their Faith is unproblematic. In a non-Islamic country where Muslims are considered as a minority, their Faith must be preserved and be allowed to practise, at least on the individual and social levels. On a different note, the Sharī'ah also recommends Muslims to preserve and promote life, which is second *maqṣad*. Here the term 'life' not only encompasses the lives of humans, but also the lives of animals, the environment, physical security, as well as, social stability.

The third *maqṣad* is the preservation and promotion of intellect. The Sharī'ah strongly encourages Muslims to seek beneficial knowledge in order to learn, or discover, about Allah. For example, Muslims can appreciate Allah's Creations more from learning about their purposes and functions. By understanding the rationales of Allah's Creations, and thus, discovering and appreciating the Greatness of Allah, complements with the first *maqṣad* on the preservation and promotion of Faith. Aside from education, the Sharī'ah also prohibits the consumption of intoxicants for Muslims as intoxicants would negatively affect the physicality and intellectual ability of the mind. On the preservation and promotion of progeny, which is the fourth *maqṣad*, the Sharī'ah encourages Muslims to join in matrimony so as to avoid adultery and to procreate good, honourable descendants. It is important to preserve and protect progeny in order to carry on life through generations. As for the preservation and promotion of wealth, which is the fifth *maqṣad*, Muslims are encouraged to make ends meet in a ḥalāl manner, i.e. by not engaging in *ribā* (usury), or through dishonest means (like stealing and cheating). Thus, the Sharī'ah ensures "...the smooth flow of commercial transactions in the marketplace."<sup>1</sup> It is important to appreciate that all five *maqāṣid* are not mutually exclusive, rather they are mutually contributory.

Whilst the *maqāṣid* of the Sharī'ah are the strategic objectives, the operational framework of an Islamic system of governance is

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<sup>1</sup> Mohammad Hashim Kamali, *Maqāṣid al-Sharī'ah Made Simple*, London: The International Institute of Islamic Thought, 2014, p. 4

conceptualised by the 'IGC Matrix'. And there are four constructs under the x-axis of the 'IGC Matrix': (1) *Tauḥīd*, (2) juristic, (3) values, and (4) culture. The first aspect is *Tauḥīd*, the theological foundation of Islam, which is belief in Allah and His Messenger ﷺ. This concept of *Tauḥīd* encapsulates the entire Islamic belief system. The attainment of Islamic faith is through the *shahādah*, i.e. there is not god except Allah, and Muhammad ﷺ is the Messenger of Allah. The doctrinal constituents are the Qurʾān (the written Words of Allah), and the Sunnah (actions, sayings and tacit approval of the Prophet ﷺ). The function of the Sunnah is to explain the Qurʾān through the actions of the Prophet ﷺ as Muslims believe that he is the best example of mankind.<sup>1</sup> Juristic, which is the second component, is the manifestation of Faith, or the physicality of theology. Juristic refers to the Islamic Shariʿah that defines and regulates the parameters of Muslim behaviour and action. As previously mentioned, there are two forms of worship: the *farḍhu ʿain* and the *farḍhu kifāyah*, which are implemented on the individual and the social level respectively. For each of the three levels, i.e. the individual, the social, and the state, there are gaps needed to be filled, in terms of the juristic 'sets of expectations' (SoEs). These SoEs represent the Muslim actions required for each functional component of an Islamic system of governance, for example, health.

The third, of the four constructs, is value-driven governance. According to the 'IGC Matrix', there are three principal Islamic values emphasised, and they are: (1) compassion, (2) equity, and (3) justice. Some scholars placed the third value, justice, as first.<sup>2</sup> However, Amin's concept of 'Islamic Governance' puts compassion first, followed by equity, then justice. He argues that these Qurʾānic values are arranged in this order as every sūrah in the Qurʾān, except for one, starts with *بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ* (In the Name of Allah, the Most Compassionate and the Most Merciful), implying that every sūrah in the Qurʾān must be understood in light of compassion. The function of these values is to calibrate the Muslim actions. Lastly, the

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<sup>1</sup> Translation of Sūrah *al-Aḥzāb*: 21

<sup>2</sup> Abbas Amanat, Frank Griffel, *Shariʿah: Islamic Law in the Contemporary Context*, California: Stanford University Press, 2007, p. 23

manifestation of the three constructs above depends on the culture of the society. Allah says,

﴿ يَا أَيُّهَا النَّاسُ إِنَّا خَلَقْنَاكُمْ مِنْ ذَكَرٍ وَأُنْثَىٰ وَجَعَلْنَاكُمْ شُعُوبًا وَقَبَائِلَ

لِتَعَارَفُوا ۗ إِنَّ أَكْرَمَكُمْ عِنْدَ اللَّهِ أَتْقَاكُمْ ۗ إِنَّ اللَّهَ عَلِيمٌ خَبِيرٌ ۝﴾

O mankind! We have created you from a male and a female, and made you into nations and tribes, that you may know one another. Verily, the most honourable of you with Allah is that (believer) who has *at-taqwa* [i.e. one of the *muttaqūn* (pious)]. Verily, Allah is All-Knowing, All-Aware. <sup>1</sup>

The above verse clearly states that Allah had purposely created mankind and organised them into nations and tribes so that they may know each other. Thus, it is impossible for mankind to function alone, or live in a social vacuum. Indeed, it is society that is responsible in constructing, or establishing, culture. Culture, which is the final aspect of the 'IGC Matrix', refers to the symbols, language, beliefs, values and artefacts that are part of a community, and all other elements that constitute the face of a society. <sup>2</sup> Cultural context impacts on how the three components of *Tauhid*, juristic (except for individual devotions), and values are defined under Amin's concept of 'Islamic Governance'.

Viewing through Amin's 'Islamic Governance' concept lens, Brunei's national philosophy, 'MIB', actually fits the criteria of this concept. The 'Malay' component points to the cultural aspect of the 'Islamic Governance' concept, more specifically, the social culture or facet of the Brunei society. 'Malay' also represents the seven Malay ethnic groups, and they are, Brunei, Belait, Bisaya, Dusun, Kedayan, Murut, and Tutong. As for the 'I' in 'MIB', Islam became Brunei's official religion since the declaration of the 1959 Constitution. Brunei follows the *aqidah* of *Ahl al-Sunnah wa al-*

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<sup>1</sup> Translation of Sūrah al-Ḥujurāt: 13

<sup>2</sup> Amin Abdul Aziz, *Cultural Factors for Cohesive Governance*, 2017

*Jamā'ah* and the Shāfi'ī school of law, or *madhab*.<sup>1</sup> In order to realise and articulate the 'Islamic' component, the current Sultan of Brunei expressed his aspiration, in his *titah*<sup>2</sup> in 2007, for Brunei to become a '*Negara Zikir*' or '*Zikr Nation*', a nation that is continuously and actively working towards the remembrance of Allah. His Majesty quoted in his *titah* the following Qur'ānic verse to assert his case:

﴿فَاذْكُرُونِي أَذْكَرُكُمْ﴾

Therefore, remember Me, I will remember you...<sup>3</sup>

This concept of '*Negara Zikir*' is in line with the vision of Amin's concept of 'Islamic Governance', that is, to create a society conducive for the worship of Allah.

The movement to fulfil this vision has already started since His Majesty's *titah* in 2007, and in 2012, he further reiterated this vision in another *titah*,

"...my aspiration has increased, to make Brunei Darussalam a true '*Zikr Nation*', making sovereign the rules and laws of Allah's Sharī'ah, with noble ethos as its clothing, in addition to respecting neighbours and sincere in lending a helping hand to all companions and friends in this whole world..."<sup>4</sup>

With the *maqāṣid* of the Sharī'ah as the strategic objectives, these objectives would translate into policies, in particular, healthcare policies, on the micro or operational level. Therefore, on the IGC Matrix, the 'Islam' in 'MIB' is situated on the Tauḥīdic, juristic, values axes, which represent Islamic belief, actions and values. As for the final component of 'MIB', it is '*Beraja*', which translates to 'Monarchy'. This component represents the

<sup>1</sup> Haji Amiruddin Alam Shah Haji Ismail, Mahayudin Haji Yahaya, Ahmad Baha Mokhtar, Rasinah Ahim, Rafidah Abdullah, Rafizah Abdullah, *Ensiklopedia Negara Zikir Jilid 1: Pengenalan*, (1st eds.), Bandar Seri Begawan: UNISSA Press, 2015, pp. 211-227

<sup>2</sup> A formal speech by a monarch

<sup>3</sup> Translation of Sūrah *al-Baqarah*: 152

<sup>4</sup> Dr Muhammad Hadi bin Muhammad Melayong, "'Zikir Nation' key to everlasting prosperity and security", accessed on the 19th of October 2018, translation of His Majesty's *titah* from <https://borneobulletin.com.bn/zikir-nation-key-to-everlasting-prosperity-and-security/>

political culture in Amin's concept of 'Islamic Governance'. Brunei adopts a unique political culture of monarchy, where the Sultan holds both positions of political authority (Prime Minister), and the head of state.<sup>1</sup> Having discussed Amin's concept of 'Islamic Governance', and its application under the Brunei context, the question now is, what does Islam say about health?

### Islamic Health SoEs

When 'health' is mentioned, the first impression that many people probably have, is about diseases, their preventions and remedies. However, 'health' does not pertain to physical ailments and cures only. In Islam, spiritual health is also taken into consideration, aside from physical and mental illnesses. 'Health' also encompasses the medical and biomedical ethics practised in medical settings and scientific laboratories. Thus, this study approaches 'health' holistically, in terms of the preservation and promotion of both physical and psychic health, as well as, the medical ethics, according to Islamic principles that are based from the Qurʾān, as well as, what is reported in the *aḥādīth*, or narrations, concerning the Sunnah<sup>2</sup> of Prophet Muhammad ﷺ. These Islamic health principles represent the juristic SoEs on the 'IGC Matrix'. To start off, the first health SoE is diet and nutrition. Developing clean and healthy eating habits is encouraged in order to preserve good physical health. One of these habits involves consuming only ḥalāl (lawful) food. There are several verses in the Qurʾān that encourage Muslims to only eat what is ḥalāl, provided by Allah on earth.<sup>3</sup> In general, other than the food and drinks that are deemed ḥarām by the Sharīʿah, everything else is 'permissible' to consume. Thus, consuming ḥalāl food and avoiding ḥarām food, as part of maintaining good physical health, are the juristic parameters set by the Sharīʿah.

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<sup>1</sup> Haji Amiruddin Alam Shah Haji Ismail, Mahayudin Haji Yahaya, Ahmad Baha Mokhtar, Rasinah Ahim, Rafidah Abdullah, Rafidah Abdullah, *Ensiklopedia Negara Zikir Jilid 1: Pengenalan*, (1st eds.), 2015, p. 229-238

<sup>2</sup> S. *sunnah*, or habitual practice

<sup>3</sup> See *Sūrah al-Baqarah*: 168 and 172, *Sūrah Tāhā*: 81

This juristic health SoE must also be calibrated by certain Qurʾānic values. And pertaining to this subject of preserving good health, these values are reflected in a form of eating and drinking etiquette, or *adab*. And in terms of the etiquette of eating and drinking, it is important to eat and drink in moderation. The Messenger of Allah ﷺ said, “The son of Adam does not fill any vessel worse than his stomach. It is sufficient for the son of Adam to eat a few morsels to support his back. If he insists on filling his stomach, then he should reserve one third for his food, one third for drink, and one third for air (his breath).”<sup>1</sup> Practising good etiquettes of eating and drinking could contribute to a healthier eating habit, as Islam encourages Muslims to eat and drink moderately and without haste. Another decent healthy habit to adopt, as part of preserving and promoting good physical health, is exercising, which marks the second health SoE. The Messenger of Allah ﷺ encouraged moving around, as few as a hundred steps, and prohibited sleep straight after eating. In a ḥadīth transmitted by Abu Nuʿaym rah in which the Prophet ﷺ said, “Digest your food with the Name of Allah and with a prayer. And do not go to sleep immediately after eating, for this will make you constipated.”<sup>2</sup> Performing prayers can also be considered as both physical and spiritual forms of exercise. A ḥadīth narrated by Ibn Mājah rah in which Abu Hurairah rah reported, “The Messenger of Allah ﷺ saw me while I was asleep suffering from a pain in the stomach. He said to me, “O Abu Hurairah! Does your stomach bother you?” I said, “Yes, O Messenger of Allah ﷺ!” He said, “Stand up and pray, because the prayer is a cure.””

Aside from maintaining physical health, Muslims are also recommended to preserve their psychic (i.e. psychological and spiritual) health. This preservation relates to the third health SoE. One of the means of preserving psychic health is through *zikr*, or a devotional act that promotes the divine remembrance of Allah. Several verses in the Qurʾān mention ways to

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<sup>1</sup> At-Tirmidhī, *English Translation of Jāmiʿ at-Tirmidhī*, Abu Khaliyl (1st eds. trans.) Darussalam, Riyadh, 2007, vol. 4, Book 34 – Chapters on *Zuhd* from the Messenger of Allah ﷺ, p. 397, Ḥadīth 2380

<sup>2</sup> Jalaluʿd-Din Abd-ur-Rahman As-Suyuti, *Medicine of the Prophet*, London: Ta-Ha Publishers, p. 14

engage in the remembrance of Allah, including praying.<sup>1</sup> *Zikr*, as a form of spiritual healing, has potent effects on the spirit, heart, and mind. Another form of spiritual healing is *ruqyah*. *Ruqyah* are prayers for healing in a form of the Sunnah supplications (especially those concerning health and cure), Qurʾānic *āyāt* (verses) or *suwar* (chapters), the names of Allah, or personal supplications. There is a ḥadīth transmitted by Ibn Mājah رحمته in which the Messenger of Allah ﷺ said, “A Qurʾān is the best of all medicine.”<sup>2</sup> The fourth health SoE pertains to Islamic medical ethics, which is categorised into two: proactive and reactive. What makes medical ethics ‘Islamic’ is that these ethics are based on Islamic principles. These medical ethics and principles derived from the Qurʾān and the Sunnah, and explained as well by the contemporary fatāwā, particularly, those issued by Brunei’s State Mufti. The fatāwā of Brunei’s State Mufti are selected for the purposes of this research since it specifically looks at the Brunei context.

Under the proactive aspect of Islamic medical ethics, there are four ethical issues: (1) of avoiding ḥarām food and drink, (2) of diet and nutrition, (3) of smoking, as well as, (4) of exercise. The first proactive ethical issue relates to the avoidance of ḥarām food and drink. If a Muslim purposely consumes ḥarām food and drink, then that act is deemed sinful. Such act is also considered, with regards to the preservation and promotion of good health, as unethical. Regarding diet and nutrition, as the second proactive ethical issue, the question is, is excessively eating innutritious food, such as sugary and fatty food, unethical? An excessive consumption of unhealthy food for a long period of time could lead to adverse health effects, where a person’s quality of life potentially lowers, contributing to various illnesses, and even leading to a premature death. For example, uncontrolled consumption of sweet food or drinks often leads to obesity and diabetes. Imamura et al. found a correlation between increased incidences of type 2 diabetes and high consumption of sugar-sweetened beverages.<sup>3</sup> Good

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<sup>1</sup> See Sūrah *Āli-Imrān*: 41, Sūrah *an-Nisā*: 103, Sūrah *Ṭaha*: 14, Sūrah *al-Aḥzāb*: 41, Sūrah *al-Ankabūt*: 45

<sup>2</sup> Ibn Mājah, *English Translation of Sunan ibn Mājah*, Nasiruddin al-Khattab (trans.), Darussalam, Riyadh, vol. 4, Book 31 – Chapters on Medicine, Chapter 28, 2007, p. 439, Ḥadīth 3501

<sup>3</sup> Fumiaki Imamura, Laura O’Connor, Zheng Ye, Jaakko Mursu, Yasuaki Hayashino, Shilpa N. Bhupathiraju, Nita G. Forouhi, “Consumption of Sugar-Sweetened Beverages, Artificially Sweetened Beverages, and Fruit Juice and Incidence of Type

proactive medical ethics, therefore, relates to the practice of healthy eating habits and lifestyle. As for the third proactive aspect of Islamic medical ethics on the issue of smoking, if a person smokes in spite of being aware of the detrimental consequences of smoking, then is this behaviour unethical? In 2007, the Brunei's State Mufti issued a fatwā on smoking, declaring that it is ḥarām to smoke tobacco cigarettes.<sup>1</sup> This ruling was issued on the basis that smoking is harmful to a person's health, and cigarettes fall within the category of poisonous substances.

In the matter of exercise, which is the fourth and final proactive ethical issue, the question is, if a person knows the beneficial effects of exercising and yet, chooses an inactive lifestyle, is this act unethical, especially if he is overweight or obese? There is a ḥadīth that declares Allah loves a physically active Muslim than an inactive one.<sup>2</sup> As for the reactive aspect of Islamic medical ethics, there are eight ethical issues. The first deals with seeking treatment from a doctor. In Islam, a Muslim is encouraged to find a doctor whenever he is sick, as the Prophet ﷺ used to urge his followers to do so. Abu Nu'aym rahimahullah related a ḥadīth in which the Prophet ﷺ visited a sick man and said, "Send me a doctor for him!" And the sick man asked, "O Messenger of Allah ﷺ, is that you saying that?" And the Prophet ﷺ replied, "Yes, indeed it is!"<sup>3</sup> The second reactive aspect concerns with seeking a knowledgeable doctor. It is more important for a Muslim patient to seek someone who has good knowledge in medicine. In a ḥadīth narrated by Abu Dāūd rahimahullah, an-Nasā'ī rahimahullah, and Ibn Mājah rahimahullah, in which the Messenger of Allah ﷺ said, "Those who practise *tibb* (medicine), but are

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2 Diabetes: Systematic Review, Meta-Analysis, and Estimation of Population Attributable Fraction", *British Medical Journal*, 2015, 351:h3576

<sup>1</sup> Abdul Aziz bin Awang Juned, *Cigarettes & Smoking*, first edition, State Mufti's Office, Prime Minister's Office, Brunei Darussalam, 2007, p. 74

<sup>2</sup> Abu Hurairah reported that the Messenger of Allah ﷺ said, "A [physically] strong believer is better and more lovable to Allah than a (physically) weak believer, and there is good in everyone..." [Muslim, *English Translation of Ṣaḥīḥ Muslim*, Nasiruddin al-Khattab (trans.), first edition, Darussalam, Riyadh, 2007, Vol. 7, Book 46 – The Book of *al-Qadr* (The Divine Decree), Chapter 8, p. 40, Ḥadīth 6774

<sup>3</sup> Cited in Jalalu'd-Din Abd-ur-Rahman As-Suyuti, *Medicine of the Prophet*, p. 124

not knowledgeable in this profession, and who thereby causes death, or anything short of it, are held responsible for this.”<sup>1</sup>

The third reactive feature relates to doctor-patient relations of opposite genders. In Islam, it is ‘permissible’ for a patient to receive treatment from a doctor of the opposite gender, whom the patient does not have blood ties with, but only in cases of necessity. In such a circumstance, the presence of a mahram is highly recommended. The fourth reactive ethical issue pertains to the use and consumption of medicines containing ḥarām ingredients. When a patient receives a medical treatment from a physician, it is crucial that the medicines used are made from ḥalāl substances. In other words, Muslims are prohibited to use what Allah has forbidden for medicinal purposes. However, Brunei’s State Mufti argues that it is ‘permissible’ to use such treatments, only in cases of necessity.<sup>2</sup> As for Muslim patients in a critical condition, the dying patient’s head should be faced towards Kaʿbah<sup>3</sup> in Makkah, and the patient must enunciate the shahādah. Reciting the shahādah on one’s deathbed is the fifth reactive aspect. If the patient finds it challenging to declare the shahādah on his own, then the patient can repeat the shahādah slowly with the help of another Muslim. If the action of repeating is also difficult for the patient, then it is sufficient for him to invoke the name of Allah.

After death, there are also ethics to abide. The sixth and seventh reactive aspects, therefore, concern with washing the deceased’s body, and praying for the departed before burial, respectively. In a ḥadīth regarding washing the deceased, Umm ʿAtiyyah رضي الله عنها reported, “Allah’s Messenger صلى الله عليه وسلم came to us when we were washing his (deceased) daughter and said, “Wash her three, five or more times with water and *sidr* (leaves) and sprinkle camphor on her at the end; and when you finish, notify me.” So, when we finished we informed him, and he gave us his waist-sheet and told us to

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<sup>1</sup> Ibn Mājah, *English Translation of Sunan ibn Mājah*, Vol. 4, Book 31 – Chapters on Medicine, Chapter 16, p. 423, Ḥadīth 3466. The authenticity of this ḥadīth is *dhaʿīf*, or weak

<sup>2</sup> Ismail bin Omar Abdul Aziz, Abdul Aziz bin Juned, *Rawatan dan Kesihatan: Himpunan Fatwa Mufti Kerajaan Negara Brunei Darussalam Mengenai Amalan, Rawatan dan Kesihatan 1962-2001* (1st eds.), Bandar Seri Begawan: Jabatan Mufti Kerajaan & Jabatan Perdana Menteri, 2002, p. 100-107

<sup>3</sup> Also known as *Baitullāh* (The House of Allah), where Muslims pray towards the direction of this sacred place

shroud her in it.”<sup>1</sup> As for the manner on how to pray for the deceased, there is a ḥadīth narrated by Abu Hurairahؓ, in which the Prophetؐ informed his companions about the death of the Najāshī,<sup>2</sup> and then he went ahead (to lead the prayer), and the people lined up behind him in rows, and he said four *takbīr*.<sup>3</sup> The eighth and final reactive aspect in this study relates to the mourning for the deceased in an excessive or dramatic manner. Such behaviour is discouraged in Islam. In a ḥadīth narrated by ‘Abdullahؓ, in which the Prophetؐ said, “He who slaps his cheeks, tears his clothes and follows the ways and traditions of the Days of Ignorance is not one of us.”<sup>4</sup> Having discussed and established the Islamic health SoEs, this study will now shift its focus to Brunei’s healthcare system, in order to identify the principal state actors and accompanying healthcare policies.

### On Brunei Darussalam

Without a doubt, one of the most important organisations in promoting health worldwide is the World Health Organisation (WHO), established in 1948 with the objective of attaining the highest possible level of health by all people.<sup>5</sup> According to its Constitution, the WHO defines health as a “state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”<sup>6</sup> The governments of each nation under the WHO are responsible for their people’s good health, which is achieved only by providing adequate health and social measures. Before the WHO launched, Brunei’s healthcare services were established by the British administration. Under the British’s protectorate, medical services were initially provided in Brunei Town only, but over the years, small hospitals and dispensaries extended to Kuala Belait, Seria, Tutong and

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<sup>1</sup> Al-Bukhārī, “The Translation of the Meanings of Ṣaḥīḥ al-Bukhārī”, Muhsin Khan (trans.), Darussalam, Riyadh, 1997, vol. 2, Book 23 – *The Book of Funerals*, Chapter 8, p. 203, Ḥadīth 1253

<sup>2</sup> A king of the Aksum Empire, also known as Negus. His real name is Armah before his conversion to Islam. After his conversion, his name became Ashama bin Abjar

<sup>3</sup> Al-Bukhārī, *The Translation of the Meanings of Ṣaḥīḥ al-Bukhārī*, Vol. 2, Book 23 – *The Book of Funerals*, Chapter 54, p. 234, Ḥadīth 1318

<sup>4</sup> *Ibid.*, Chapters 35, 38 and 39, pp. 222-224, Ḥadīth 1294, 1297 and 1298

<sup>5</sup> Nations Encyclopaedia, accessed on the 7th of April 2017, <http://www.nationsencyclopedia.com/United-Nations-Related-Agencies/The-World-Health-Organization-WHO-PURPOSES.html>

<sup>6</sup> World Health Organisation, “Constitution of WHO: Principles”, accessed on the 7th of April 2017, <http://www.who.int/about/mission/en/>

Temburong. Nowadays, current hospitals and clinics are scattered all over Brunei, and medical services are decentralised and distributed throughout the four districts (Brunei-Muara, Belait, Tutong, and Temburong). As Brunei infrastructurally progresses, particularly in the health sector, there is a necessity to formulate a healthcare policy fitting for the Bruneian citizens. To recognise the valuable growth of Brunei's healthcare policies, this section discusses an overview of Brunei's medical services and hospitals.

The hospitals in Brunei have gradually improved over the past century, which in turn, expanded the overall health services provided. The Brunei Government continues to maintain and enhance on these services. And aside from improving the overall health services, the Brunei Government also prioritised the maternity and child welfare. The established maternal and child health clinics emphasise on a continuous preventive healthcare for mothers, infants, and preschool children during natal, ante-natal and post-natal periods.<sup>1</sup> Expectant mothers are immunised against tetanus toxoid and screened for Hepatitis-B. Babies, born from mothers who are carriers, are also immunised soon after birth. Full vaccinations are given, to all babies, against whooping cough, tetanus, polio, measles and tuberculosis. As for school children, the school health service supervises their health through regular medical check-ups and necessary immunisations. In addition, the school health division organises health education lectures and projects in order to increase awareness among school children, and is also involved in health campaigns, exhibitions, and the production of health education materials.<sup>2</sup> In 2015, a new Women and Children Medical Centre was built near the RIPAS Hospital, to cater the health needs of women and children. Over the years, hospitals and their facilities continue to develop and improve.

With the development of hospitals and their facilities comes the formulation of the healthcare policies. Brunei's National Health Policy (NHP) is formulated, with the assistance of the Medical and Health Department

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<sup>1</sup> *Brunei Annual Report 1985 – 1986*, p. 93

<sup>2</sup> *Brunei Annual Report 1989*, p. 129

(MHD), by the Ministry of Health (MoH).<sup>1</sup> The MoH is regulated by the Minister of Health, who is responsible for all aspects of health services in Brunei. The Minister is also responsible for the national strategic planning and operational control. On the operational level, the Government and private hospitals provide diagnostic, curative and rehabilitative services. These hospitals are strategically located throughout the state and equipped with the latest medical technologies, handled by well-trained personnel. According to the BAR 1983–1984, Brunei’s healthcare system is based on Western approaches.<sup>2</sup> Comparing the past, there is a shift from the traditionally curative health services to a more prevention-oriented healthcare system, with Primary Healthcare (PHC) being accepted as the best approach to ‘Health for All by the Year 2000’. The NHP incorporates this PHC approach, focusing on maternal and child healthcare, immunisations, nutritional programmes, safe water supply, health education, basic sanitation, treatment, as well as, control of prevalent infectious diseases.<sup>3</sup>

Policy-wise, the Department of Public Health Services, as a service provider for the MoH, aims to improve the population’s health by delivering various health services and programmes. To achieve this aim, the Department of Health Services implements several healthcare policies, including Food (Public Health) Act and Regulations 1998, Infectious Diseases Order 2003, Tobacco Order 2005, Industrial Coordination Order 2001 (as a member of the Advisory Board), Misuse of Drugs Act 1984, Miscellaneous Licensing Act 1983 (as a member of the Licensing Committee), Halāl Meat Act Chapter 183 and its regulations (as Board member for the authorisation of import permits for halāl meat), Halāl Certificate and Halāl Label Order 2005 (as a member of the Inspection Committee and gazetted food analysts), and Bandar Seri Begawan Municipal By-Laws 1920 (as member of the Municipal Board). These are

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<sup>1</sup> Ibid., p. 90

<sup>2</sup> *Brunei Annual Report 1983 – 1984*, p. 242

<sup>3</sup> *Brunei Annual Report 1985 – 1986*, p. 90

several official Acts, Orders and Regulations that the MoH still implements to this day in order to preserve and promote good public health.

Another approach by the MoH to promote good public health is through education. The Health Promotion and Education has the same mission as other health divisions and units of the Health Services and Medical Services, that is, to promote health for the betterment of the community. The Health Promotion and Education disseminates health information and knowledge, and organises activities related to health promotion. The department raises public awareness on health issues by the following methods: First, establishing health promotion and education resources. Second, providing training in health education and promotion for trainee nurses, agriculture students, and existing health-related staff. Third, recruiting volunteers for the implementation of health education and promotion programmes. Fourth, and finally, providing material support to all organisations of both the public and private sectors. Educating the public on health issues is an effective approach to ensure that the public understands the reasons behind certain policy implementations. Having discussed briefly the Brunei healthcare system, it is evident that the two principal state actors in Brunei's healthcare sector are the WHO, in terms of influence by proposing health recommendations on the geopolitical level, and the MoH, when it comes to formulating and implementing the healthcare policies on the state level.

### **Brunei's Healthcare Policies**

This section now looks at the MoH's implementations and endeavours to prevent and treat illnesses, particularly non-communicable diseases. The WHO defines non-communicable disorders as "diseases of long duration and generally slow progression."<sup>1</sup> Cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes are the four main types of non-communicable diseases. Thus, to highlight the MoH's effort in tackling those diseases, this section introduces the healthcare policies pertaining

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<sup>1</sup> World Health Organisation, "10 Facts on Non-communicable Diseases", accessed on the 7th of April 2017, [http://www.who.int/features/factfiles/noncommunicable\\_diseases/en/](http://www.who.int/features/factfiles/noncommunicable_diseases/en/)

to disease prevention and treatment. With the establishment of the National Health Policy (NHP) post-Independence, the MoH continues to formulate and implement several health-related policies. A challenge that remains in Brunei's healthcare field is the fact that there is a clear disease pattern, observed in the population census, particularly for non-communicable diseases, such as obesity, diabetes, cancer, cerebrovascular and heart diseases. To mitigate this challenge, the MoH implemented three main preventive thrusts. The first preventive thrust focuses on healthy eating habits. The MoH has designed, and circulated numerous posters related to eating moderately and choosing healthier food options. The MoH also recommended the control of meal portions throughout the day. This restriction is to ensure that a person does not over-indulge beyond his recommended daily intake, as well as, to counteract the risk of overweight or obesity.

The second thrust is encouraging Bruneians to live an active lifestyle. Since the 2nd of October 2016, and as part of this healthier lifestyle initiative, the Brunei Government (the MoH in collaboration with other Ministries) launched a programme called '*Bandarku Ceria*', in which every Sunday morning is deemed "a day without cars".<sup>1</sup> Brunei citizens are encouraged to participate in activities, such as cycling, aerobic exercise, football, and roller-blading for kids. In terms of both physical and spiritual exercise, the MoH included a Qur'ānic verse<sup>2</sup> and a ḥadīth<sup>3</sup> in one of their health posters,<sup>4</sup> promoting the daily prayers as a form of physical exercise, involving all the body's joints and muscles, and as a relief for mental stress. In the case of anti-smoking campaign, which is the third and final preventive thrust, in mid-August 1990, the MoH declared that all of its premises are non-smoking zones. This declaration is one of the means to

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<sup>1</sup> Ministry of Health, accessed on the 10th of November 2018, [http://www.moh.gov.bn/Lists/CO\\_Announcements/NewDispForm.aspx?ID=33](http://www.moh.gov.bn/Lists/CO_Announcements/NewDispForm.aspx?ID=33)

<sup>2</sup> The Qur'ān, Sūrah *al-Baqarah*: 172

<sup>3</sup> Abu Hurairah reported that the Messenger of Allah ﷺ said, "A [physically] strong believer is better and more lovable to Allah than a (physically) weak believer, and there is good in everyone..." [Muslim, *English Translation of Ṣaḥīḥ Muslim*, Vol. 7, Book 46 – The Book of *al-Qadr* (The Divine Decree), Chapter 8, p. 40, Ḥadīth 6774]

<sup>4</sup> Ministry of Health, "Hijrah: Moving Beyond the Past", Accessed on the 5th of January 2018, <http://www.moh.gov.bn/Image%20Gallery/WhatsApp%20Image%202016-10-05%20at%2012.16.08%20PM.jpeg>

curtail the smoking habit in Brunei.<sup>1</sup> In 2005, the MoH introduced the Tobacco Order<sup>2</sup> to further minimise the habit. Additionally, Brunei's State Mufti declared that smoking tobacco cigarettes is *ḥarām*.<sup>3</sup> As for the treatment of diseases, other than treatments in the form of medicines, part of the healthcare policies emphasises on rehabilitation for both physical and psychological through occupational therapy.

In terms of tackling the first proactive ethical issue of avoiding *ḥarām* food and drink, the Brunei Government proactively ensures the provision of *ḥalāl* food to the public. On the 1st of January 2001, a legislation, called the Public Health [Food] Regulations,<sup>4</sup> was introduced regarding the requirement of specific provisions, in respect of food and for matters connected therewith, to regulate public health. Furthermore, in 2009, Ghanim International Corporation launched a company aimed to provide quality, *ḥalāl* food products known as 'bruneiḥalalfoods'.<sup>5</sup> The independent and non-commercial company adheres to the requirements of the Brunei Islamic Religious Council's Brunei *Ḥalāl* accreditation system. With regards to opting for healthier, nutritional choices, the health posters, endorsed by the MoH, emphasise on drinking more water, as well as, reducing salt and sugar intake. In addition to reducing the public's sugar and salt intake, the MoH, in collaboration with the Ministry of Finance, imposed an increase in excise tax on food products that may be detrimental to the public health.<sup>6</sup> These products are deemed to contain monosodium glutamate (MSG) or a high sugar level. On the other hand, the reactive aspects of medical ethics in Brunei's healthcare policies mainly focus on the doctor-patient relations. As emphasised in the Good Medical and Dental Practice

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<sup>1</sup> The Broadcasting and Information Department, *Brunei Annual Report 1990*, Bandar Seri Begawan: Prime Minister's Office, p. 119

<sup>2</sup> World Intellectual Property Organization, accessed on the 10th of November 2018, <http://www.wipo.int/edocs/lexdocs/laws/en/bn/bn028en.pdf>

<sup>3</sup> Abdul Aziz bin Awang Juned, *Cigarettes & Smoking*, Bandar Seri Begawan: State Mufti's Office, 2007, p. 74

<sup>4</sup> Attorney Generals Chamber, accessed on the 11th of November 2018, [http://www.agc.gov.bn/AGC%20Images/LAWS/ACT\\_PDF/Cap182subRg1.pdf](http://www.agc.gov.bn/AGC%20Images/LAWS/ACT_PDF/Cap182subRg1.pdf)

<sup>5</sup> Brunei Halal, "Ghanim International Cooperation", accessed on the 11th of November 2018, <http://brunei-halal.com/ghanim-international-corporation>

<sup>6</sup> Trading Across Borders, accessed on the 19th of May 2018, [http://tradingacrossborders.gov.bn/Downloadable/Siaran%20Akhbar%20Perubahan%20Kadar-Kadar%20Cukai%20\(Eng\).pdf](http://tradingacrossborders.gov.bn/Downloadable/Siaran%20Akhbar%20Perubahan%20Kadar-Kadar%20Cukai%20(Eng).pdf)

guideline,<sup>1</sup> doctors and dentists must provide a good standard of practice and care, including keeping their professional knowledge and skills up to date, and treating patients politely, considerately and compassionately, as well as, respecting the patients' right to confidentiality.

Although the MoH does not provide a specific guideline on doctor-patient relations of opposite genders, the Good Medical and Dental Practice guideline generally emphasises that all patients are to be treated the same, i.e. with dignity, respect and compassion, regardless of gender.<sup>2</sup> In some cases, patients could request for a doctor of a specific gender, if that option is available. In Brunei, for women-related healthcare services, such as maternal health, and obstetrics and gynaecology, the MoH only recruits female doctors and nurses,<sup>3</sup> and thus, female patients would not usually have to request for a doctor or nurse of the same gender. Another reactive aspect relates to the prohibited use and consumption of medicines containing *ḥarām* ingredients. Before the medicines are procured by hospitals and clinics in Brunei, these medicines must be registered through the Department of Pharmaceutical Services. The Department does not ensure that the medicinal products are certified *ḥalāl*, but ensures that the medicines are safe, efficacious, and of good quality. As for the reactive aspect concerning the reciting of the *shahādah* on one's deathbed, the Religious Unit in the RIPAS Hospital assigns religious authorities, at the request of the patient's family, to assist the patient in reciting the *shahādah* on his deathbed.<sup>4</sup> With regards to the reactive aspects of washing of, and praying for, the deceased, the Ministry of Religious Affairs (MoRA), through the organisational level of the mosques, caters to those two aspects.<sup>5</sup> In addressing the manner on mourning for the deceased to the public, the

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<sup>1</sup> Brunei Medical Board, "Good Medical and Dental Practice", accessed on the 11th of November 2018, <http://www.moh.gov.bn/Shared%20Documents/Brunei%20MEDICAL%20bOARD/Good%20Medical%20and%20Dental%20Practice.pdf>

<sup>2</sup> Ibid.

<sup>3</sup> Isyrah Hayati binti Hj Osman, Human Resource Officer, MoH, interview by Syazana Fauzi, e-mail interview, Brunei, 26th of November 2018

<sup>4</sup> Hjh Tuty Shahrina Hj Mat Said, Health Facilities Officer, Research and Development, Ministry of Health, interview by Syazana Fauzi, e-mail interview, Brunei, 10th of November 2018

<sup>5</sup> Ministry of Religious Affairs, accessed on the 1st of November 2018, <http://www.kheu.gov.bn/SitePages/Pengurusan%20Jenazah.aspx>

imāms have articulated on this issue through two Friday sermons. One occasion was on the 17th of June 2005,<sup>1</sup> and the other was on 29th of April 2011.<sup>2</sup>

### Analysis

Having discussed the implementation of Brunei's healthcare policies based on the Islamic health SoEs, this study analyses the state actor dynamics, as well as, the how much of Islamic health SoEs are achieved in Brunei's healthcare policies. For most of the healthcare policies, Brunei fulfils the juristic health SoEs from the state level. Thus, assuming a top-down approach. And Brunei often relies on health suggestions from a superior organisation, specifically, the WHO, on the geopolitical level. There is even a recorded evidence in relation to this reliance. According to the Brunei Annual Report (BAR) 1983–1984, Brunei's healthcare system is based on Western models, specifically under the WHO's influence. Indeed, most of Brunei's health policies are in line with WHO's recommendations. For example, on the MoH's Instagram account, some of the health posters posted are directly from the WHO, as the WHO's logo can be clearly seen in those posters.<sup>3</sup> Other examples of the WHO's recommendations include the eradication of small pox and polio, the use of vaccinations, and the reduction in infant mortality rate. Thus, the formulation and implementation of Brunei's healthcare policies have been, and still are, guided by a Western direction.

The WHO clearly has a profound influence on the healthcare systems of countries that are members of the United Nations (UN), including Brunei. Although the WHO bureaucracy often receives criticisms regarding its

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<sup>1</sup> Ministry of Religious Affairs, accessed on the 1st of November 2018, <http://www.kheu.gov.bn/Lists/Khutbah/NewDisplayItem.aspx?ID=448&ContentTypeld=0x0100EE34442FD552CC4FAECE608C6A2C143B>

<sup>2</sup> Ministry of Religious Affairs, accessed on the 1st of November 2018, <http://www.kheu.gov.bn/Lists/Khutbah/NewDisplayItem.aspx?ID=109&Source=http%3A%2F%2Fwww%2Ekheu%2Egov%2Ebn%2FLists%2FKhutbah%2FAllItems%2Easpx%23InplviewHash50c61c94-532e-45db-82e1-c3fb48d801db%3D&ContentTypeld=0x0100E34442FD552CC4FAECE608C6A2C143B>

<sup>3</sup> Minsitry of Religious Affairs, accessed on the 5th of January 2018, <https://instagram.com/mohbrunei>

spending, and being influenced by commercial and corporate interests,<sup>1</sup> health practitioners generally have no objection with what the WHO recommends,<sup>2</sup> and justify their endorsement of the WHO's practices because those practices are proven to be effective. In light of this, there is demand for the WHO to play the role of a facilitator, or for its recommendations to act as a guideline, in order for the organisation to be recognised as the international health system for all, especially for Muslim countries. To achieve this, the general acceptance of the WHO's practices must also include Muslim health practitioners. Although adhering to the WHO is considered as a non-theological motivation, does the MoH's decision to follow the WHO's medical ethics guidelines make Brunei "un-Islamic"? By no means Brunei is considered "un-Islamic" for following the WHO's medical ethics guidelines, as their guidelines do not fall outside the parameters of Muslim action set by the Sharīah. Thus, for the time being, Brunei is content with using ethical guidelines for medical and health professional set by the WHO, as long as these guidelines do not contradict with the Sharīah.

Although the original motivation in the formulation of Brunei's health policies was influenced by non-Islamic considerations, specifically from the WHO, it can be argued that some of the current health policies and awareness campaigns do resemble Islamic approaches. Such as the recommendation for inoculation and prevention of diseases. To meet Brunei's growing Islamic consciousness, some healthcare guidelines recommended by the WHO have been conveyed in an Islamic perspective, to provide an outlook that can cater for the Muslim populace. For example, from their website, the MoH included a Qur'ānic verse and a ḥadīth in one of their health posters, promoting healthy habits. In the same poster, performing the daily prayers was portrayed as a form of physical exercise and mental relief. Brunei, it seems, is slowly, but clearly making a deliberate

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<sup>1</sup> Tom Paulson, *Critics Say World Health Organization Too Cozy with Corporate Interests*, *Humanosphere*, accessed on the 28th of March 2018, <http://www.humanosphere.org/global-health/2011/05/critics-say-world-health-organization-too-cozy-with-corporate-interests/>

<sup>2</sup> Fiona Godlee, "The World Health Organisation: WHO in Crisis", *British Medical Journal*, 1994, vol. 309, doi: <https://doi.org/10.1136/bmj.309.6966.1424>

move to implement Islamic justifications to its healthcare policies. Whether the impetus for certain healthcare policies is from the influence of the WHO, or due to Islamic reasonings, the state should always strive to reach the ultimate vision of an Islamic system of governance, i.e. to create a society conducive to the worship of Allah, by achieving all of the five *maqāṣid* of the Sharīah, at least on the levels of necessities and needs.

Although different government ministries have their own core roles and responsibilities, they should all work together in order to achieve all the five *maqāṣid* of the Sharīah. This collaboration is important because the *maqāṣid* are not mutually exclusive. In fact, they are mutually contributory. For example, the second *maqṣad* of preserving and promoting life is linked to the other *maqāṣid*. Health is a prerequisite when carrying out an ‘ibādah, not just in terms of religious prayers for the first *maqṣad* of preserving and promoting Faith, but also daily work. Working to acquire and secure wealth relates to the fifth *maqṣad* on the preservation and promotion of wealth. And wealth can be used to build schools, so future progeny, or generations, can receive proper education for potential civilisational development. Thus, achieving the third and fourth *maqāṣid*, on the preservation and promotion of intellect and progeny, simultaneously. Each Government ministry must also consider the minimum requirement, or the level of necessity, for each *maqṣad*. By fulfilling the five *maqāṣid*, at least on the necessity level, Brunei would create a society conducive for the worship of Allah, therefore, exemplifying an Islamic system of governance. And thus, fulfilling His Majesty’s vision for Brunei to become a ‘*Negara Zikir*’, in shā Allah.

اللّٰهُ تَعَالَىٰ أَعْلَمُ