

SINALEAD

JUNE 2025 | ISSUE 1

PAPISMA

STRENGTHENING THE BACKBONE

*"Strong Values are the
Backbone of Impactful,
Ethical Healthcare
Leadership."*

*"Leadership begins where ego
ends, and responsibility begins"*

*"Behind every thriving society is
a woman who dared to dream,
serve, and lead"*

*"In Islam, seeking knowledge is
not an option, but a lifelong
obligation"*



SINA LEAD

Editor-in-Chief

Assoc Prof Dr Nik Nur Fatnoon Nik Ahmad

Managing Editor

Dr Afizah Salleh

Content Directors

Dr Azirawati Ismail

Assoc Prof Dr. Muhamad Rafiqi Hehsan

Art Director

Nor Iza Rawi

Contributing Writers

Assoc Prof Dr Nik Rosmawati Nik Husain

Dr Radhiatul Akmal Razali

Dr Tengku Ahmad Damitri Al-Astani Tengku Din

Nik Muhammad Khairul Azan Nik Ahmad

PAPISMA (Pertubuhan Amal Perubatan Ibnu Sina Malaysia)

Founded in 2004 by Muslim healthcare professionals, PAPISMA is committed to upholding Islamic values in medicine. Inspired by the legacy of Ibnu Sina, PAPISMA promotes holistic, ethical, and faith-driven healthcare. From public health education and relief missions to leadership training and academic development, PAPISMA empowers members to serve with integrity, compassion, and spiritual purpose. PAPISMA has grown into a respected national platform for professionals dedicated to healing the ummah and society at large.

No. 3B, Jalan SG 3/16, Pusat Bandar Sri Gombak, 68100 Batu Caves, Selangor Darul Ehsan

Tel: +60193842951

I Faks: 03-61861270

<http://papisma.org>

I hqpapisma@gmail.com

PUBLISHER

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**"LEADERSHIP IS NOT A
POSITION.
IT IS A RESPONSIBILITY."**

- SINALEAD -

EDITOR'S NOTE

Assalamualaikum and warm greetings,

It is my great honour to introduce **SinaLead**, the official eMagazine of Pertubuhan Amal Perubatan Ibnu Sina Malaysia (PAPISMA), a platform as part of our commitment to strengthening Academic, Quality training, and Leadership (AQAL) among healthcare and wellness professionals.

Founded by Muslim medical practitioners, PAPISMA pledge to continue uphold holistic, ethical, and faith based healthcare. In facing modern challenges, PAPISMA recognize that impactful service goes beyond medical knowledge, requiring leadership rooted in integrity, vision, and values.. SinaLead is our response to that need.

SinaLead, inspired by the legacy of Ibnu Sina, is a biannual publication under AQAL portfolio. More than just a magazine, **SinaLead** reflects our shared values and aims to spark knowledge sharing, leadership growth, and meaningful collaboration.

May it strengthen our collective mission in healing, educating, and leading for the benefit of the ummah and society. Thank you for your continued support.

Editor-in-Chief, SinaLead

cum Exco, Academic, Quality Training and Leadership (AQAL)



PRESIDENT'S MESSAGE

Assalamualaikum warahmatullahi wabarakatuh,

All praise be to Allah SWT for granting us the opportunity to publish this edition of the PAPISMA E-Magazine. I would like to extend my heartfelt congratulations to the editorial team and all those involved in making this periodic publication a success. As a health-oriented NGO, one of our core missions is to educate the public towards greater awareness and better health practices.

Allow me to share the meaning of a hadith of the Prophet.

"Be a person of knowledge, or a seeker of knowledge, or a listener to knowledge, or a lover of knowledge. And do not be the fifth, for you will be ruined."

(Hadith narrated by al-Baihaqi)

This hadith highlights how our beloved Prophet Muhammad s.a.w. encouraged the growth and dissemination of knowledge. Those who are passionate with knowledge are urged to elevate themselves, eventually becoming teachers and sharers of beneficial knowledge for the greater good of society.

One of the most effective means of spreading knowledge is through writing. When such efforts are shared widely, the benefits multiply. Therefore, the publication of this e-Magazine, led by the Papisma Academic Exco, is without doubt a noble initiative—one that we pray will bring lasting value in both this world and the hereafter.

Let us ensure that the knowledge we share is authentic and beneficial to the ummah. At the same time, we must remain cautious of doubtful sources that can lead to confusion and misinformation.

As a closing thought, I share another powerful hadith:

"Whoever treads a path in search of knowledge, Allah will make easy for him the path to Paradise."
(Narrated by Muslim)

May this publication serve as a meaningful contribution to our community, and may it be counted among the good deeds of all who contributed to its realization.

DR AWISUL ISLAH GHAZALI

***President of PAPISMA
(2024–2026)***

Editorial Team



Assoc Prof Dr Nik Nur Fatnoon
Nik Ahmad

MD (USM), M.Med. Int. Med. (USM) ,
OHD (NIOSH)
Consultant Physician, KOM, IIUM
Head of CRC, SASMEC @IIUM



Dr Afizah Salleh

MD (UKM), M.Med. Surgery (UKM)
Consultant Surgeon, An-Nur Hospital
Honorary Lecturer, Cyberjaya University



Dr Azirawati Ismail

MD (UKM), M.Med. Em.Med. (USM)
Emergency Physician, HRPZ
OSCC Coordinator, HRPZ



Assoc Prof Dr. Muhamad Rafiqi Hehsan

BA Islamic Jurisprudence (Al-Azhar), MB.BCh. (Ain
Shams), M.MED. Anaest. & Critical Care (USM),
Pain Medicine Fellowship (USM)
Medical Lecturer (UniSZA)
Clinician (HoSZA)

Contributing Writers



**Assoc Prof Dr Nik Rosmawati
Nik Husain**

MD (USM), M.Med. Com. Med.
(USM)
Public Health Physician & Lecturer
(PPSP, USM)



Dr Radhiatul Akmal Razali

MD (UKM), M.Med. Psychiatry (UKM)
Consultant, Community and
Rehabilitation Psychiatry
Segamat Hospital



**Tengku Ahmad Damitri Al-
Astani Tengku Din**

BSc (HONS) Biochemh, MSc (Pathology,
USM), PhD Molecular Pathology (USM)
Lecturer, HPUSM



**Nik Muhammad Khairul Azan
Nik Ahmad**

BA Islamic Jurisprudence (UniSHAM)
Assistant Halaqat Da'wah Officer
Kelantan Islamic Scholar NGO

Behind the Scenes



STRENGTHENING THE BACKBONE

"TRUE LEADERSHIP BEGINS WITHIN"



**by Assoc Prof Dr Nik Nur Fatnoon Nik
Ahmad**

In the fast-paced, high-stakes world of healthcare, leadership is often measured by how swiftly one makes decisions, how well one commands authority, and how efficiently systems are run. But behind every truly impactful leader lies something less visible, yet far more vital, a strong internal backbone. Just as the spine supports the human body, a leader's core values, principles, and self-discipline are what uphold their leadership through adversity.

Without this inner foundation, leadership becomes reactive instead of visionary, transactional instead of transformational. It loses its moral compass. What remains is a hollow structure, that is functioning, perhaps, but not flourishing.



One of the most inspiring examples of internal strength in leadership comes from Sayyidina Umar ibn al-Khattab (RA), the second caliph of Islam, who was known for his simplicity, justice, and personal accountability.

He once said, "If a mule were to stumble on the road to Iraq, I would fear being questioned by Allah as to why I did not pave the way." His leadership was strong because his backbone, which is his ethics, his self-awareness, his fear of God was even stronger.

Emerging studies and observations in healthcare institutions, locally and globally highlight several consistent traits of successful leaders.

- **Strong Personal Discipline** – Leaders with consistent routines, such as regular prayer, self-reflection, and time management, tend to lead with greater clarity and calm.
- **Value-Driven Decision Making** – Leaders who anchor decisions on principles (e.g. fairness, compassion) gain more trust from their teams.
- **Resilience Rooted in Faith** – Leaders who rely on tawakkul (trust in Allah) and maintain sabr during crisis are better at managing stress and guiding others.
- **Servant Leadership Mindset** – Echoing the Prophetic model, such leaders see themselves as servants first, then strategists.

These findings show that technical expertise alone is insufficient. Leadership sustainability is heavily dependent on what lies beneath, the strength of a person's internal structure.

So, what does this mean for us today? A strong backbone in healthcare leadership should:

- Choose ethics over expediency, even when it's unpopular.
- Balance firmness with compassion, especially when dealing with overwhelmed teams.
- Encourage lifelong learning while remaining humble.
- Make time for prayer (solat) amidst even the busiest shifts.

These are not just ideals, but daily practices that shape the culture of an organization. When leaders live by them, they build more than performance. They build barakah, trust, and a legacy that touches hearts as well as systems.

True leadership isn't about climbing to the top. It is about standing tall when it's hardest to do so, when resources are tight, when mistakes happen, when the right decision comes at a personal cost. This resilience doesn't come from training alone. It comes from a well-aligned spine which built on faith, integrity, and intentional, value-driven action.

As Muslim healthcare professionals, our calling goes beyond clinical excellence. We are entrusted with 'amanah', to care, to lead, and to serve. Strengthening our backbone means aligning every step of our leadership journey with divine guidance. It means asking: Will this decision please Allah? Does it reflect mercy, justice, and sincerity?

Leadership in healthcare is deeply human, and not merely administrative. It navigates moral complexity, foster collaboration internally and externally, and support emotionally stretched teams, while preserving the dignity of patients and staff alike. Whilst many modern leadership frameworks emphasize strategy, metrics, and performance, few dive into the internal scaffolding that keeps a leader grounded.

In Islam, leadership is a sacred trust. The Prophet Muhammad ﷺ exemplified leadership anchored in ikhlas (sincerity), 'adl (justice), sabr (patience), and rahmah (mercy). These are not abstract values. They are actionable traits—the spiritual vertebrae of enduring, compassionate, and just leadership.

So how do we strengthen this backbone? It begins with self-leadership. Knowing what you stand for. Holding yourself accountable. Developing spiritual routines like solat, muhasabah (self-reflection), and du'a. Leadership is not just what we do, but it is who we become in the process. And in Islamic tradition, the best leaders are those who lead by example (qudwah hasanah), not just by command.

In a healthcare landscape that is increasingly complex, we need leaders with clinical clarity, and moral clarity. We need leaders who walk with purpose, speak with truth, and lead with both strength and softness. As at the end of the day, leadership isn't just about shaping others. It is about shaping ourselves first, as true leadership begins within.



Assoc Prof Dr Nik Nur Fatnoon Nik Ahmad

Consultant Physician, IIUM
cum Academic, Quality Training & Leadership
Exco of PAPISMA

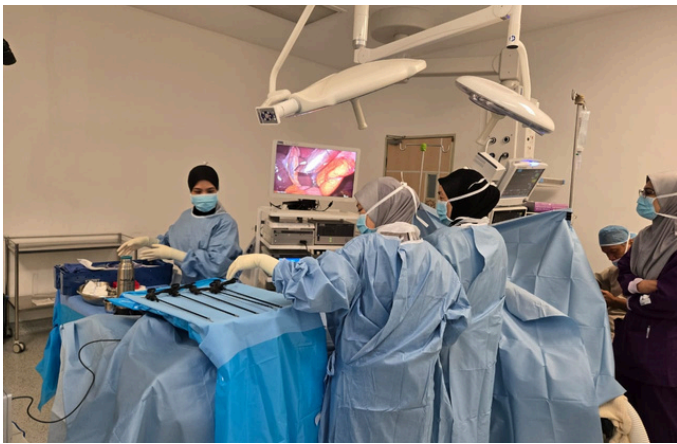
BEYOND THE BARRIER:

“Do Women Truly Have Equal Ground in
Men’s Fields?”

Dr Afizah Salleh



Employment is more than just a paycheck. It is a lifeline, a source of dignity, and often, a pathway to purpose. For most people, a job ensures the basic necessities like food, shelter, and stability. However, as careers grow, the desire for meaning, growth, and recognition also does. While employment was once considered a man's realm, times have changed. Women now make up a vital part of the workforce, climbing ladders and breaking barriers once thought unscalable.



From an Islamic perspective, the duty to provide primarily rests on the husband. Yet, Islam does not forbid women from working. In fact, it encourages it, as long as their dignity is preserved and their responsibilities at home are not neglected. In essential fields like healthcare, female professionals are not just welcomed, but they are a 'fardhu kifayah' (communal obligation), especially when caring for female patients.

Today, the lines between "men's jobs" and "women's jobs" are fading. Women are donning uniforms once worn only by men, such as police officers, firefighters, mechanics, and surgeons. At the same time, men are joining professions historically seen as feminine, including nursing, early childhood education, and culinary arts.

Medicine offers a clear example. It is often split into two major branches; medical and surgical. Fields like cardiology, neurosurgery, and gastroenterology have long been male-dominated, while others like endocrinology, nephrology, and O&G attract more women. However, this is evolving. More women are entering high-intensity surgical fields and excelling, challenging outdated norms with skill and tenacity.

These shifts reflect broader realities, women often shine in roles that demand empathy, communication, and multitasking. These are not just soft skills. They are the success factors in modern healthcare and beyond. Yet, when it comes to recognition, promotion, and pay—are women truly treated equally?

According to the Department of Statistics Malaysia (2023), the average annual income for women was RM42,080, approximately 33% lower than that of men, who earned RM63,117. Even after accounting for job roles, education, and sectors, women still earn 17.8% less. In professional sectors, the gap is wider, up to 20.6%, despite women making up 55% of the workforce in these fields. Despite being highly qualified and active in the workforce, women continue to earn less than men.

Interestingly, women in Malaysia are outperforming men academically. Nearly half (47.3%) of women hold diplomas or degrees, compared to 35.8% of men. They dominate in higher education, comprising 60–65% of university graduates. Yet, this academic edge isn't mirrored in employment. Female graduates face higher unemployment (4.5–5.2%) than their male counterparts (3.5–4.2%), and many end up in roles below their qualifications.

The workplace also presents invisible barriers. A 2019 YouGov Malaysia survey found that 36% of women had experienced workplace harassment, yet over half never reported it. Other studies report that women are still asked about marital status and family plans during interviews, questions rarely posed to men. Such bias subtly undermines women's progress, often limiting promotions, leadership opportunities, or critical assignments.



Even in respected fields like medicine, women can face invisible ceilings. A female doctor may have the same qualifications, the same expertise, and even more experience, but family responsibilities, pregnancy plans, or perceived emotional capacity may still shadow her professional image. This shouldn't happen, not in boardrooms, not in operating theatres, not in any career. A person's worth should be measured by passion, competence, and contribution, and not gender.

Islam reinforces this idea. Allah does not distinguish between men and women in reward, value, or virtue. What matters is faith, sincerity, and righteousness. As stated in Surah Al-Ahzab, verse 35:

“Indeed, the Muslim men and Muslim women, the believing men and believing women, the obedient men and obedient women, the truthful men and truthful women, the patient men and patient women, the humble men and humble women, the charitable men and charitable women, the fasting men and fasting women, the men who guard their private parts and the women who do so, and the men who remember Allah often and the women who do so, for them Allah has prepared forgiveness, and a great reward.”

The way forward lies in real change, recognizing potential without prejudice, breaking down barriers without bias, and building careers based on merit, not assumptions. When women thrive, communities thrive. And when both men and women work together with mutual respect, the workforce becomes not just equal, but also excellent.



Dr Afizah Salleh

Consultant Surgeon, An-Nur Hospital
cum Health Sciences Student Affairs Exco of
PAPISMA

HEALING THE HEALERS:

“Confronting Anxiety in White Coats”

Assoc Prof Dr Nik Nur Fatnoon Nik Ahmad
&
Dr Radhiatul Akmal Razali

In the world of healthcare, calmness is expected, even during chaos. Doctors, nurses, and clinical staff are trained to remain composed in life-and-death moments. Yet, behind the white coats and steady voices, many silently battle a storm of their own, anxiety. This is not just ordinary stress, but persistent fear, overwhelming worry, and physical symptoms that quietly take their toll.



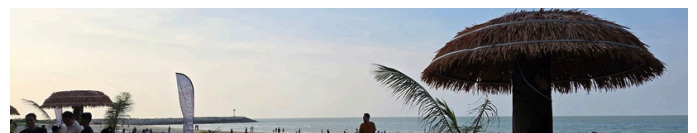
Anxiety disorders among healthcare professionals (HCPs) are increasingly being recognized, not just as a personal issue, but as a hidden epidemic. In Malaysia, the concern is rising, particularly among younger doctors and nurses working in high-pressure environments. A recent study in Selangor revealed that 54% of house officers experienced anxiety, largely driven by poor work-life balance, overwhelming administrative demands, and intense performance pressure. Thus, the question whether the HCPs is affected no longer valid, but how deeply.

Healthcare is an inherently high-stress environment. Long shifts, emotionally intense cases, sleep deprivation, and constant pressure of clinical precision are daily realities. A 2023 study in the Malaysian Journal of Medicine and Health Sciences found that nearly one in three healthcare professionals showed symptoms of GAD, with higher rates among junior staff due to financial and job insecurity, as well as workplace mistreatment and harassment.

Unlike temporary stress, GAD involves persistent, excessive worry that interferes with daily functioning. Symptoms often include rapid heartbeat, tight chest, insomnia, restlessness, and digestive issues, which can progress to panic attacks or disorder. These may eventually erode focus, judgement, and empathy, impacting not only the professionals themselves, but also the quality of care they provide.

The stigma surrounding mental health in the healthcare field only deepens the crisis. Many professionals are afraid to speak up, fearing they'll be seen as weak or incompetent. Medical students, house officers, and even experienced specialists often mask their struggles, driven by perfectionism and fear of failure. Ironically, those trained to diagnose illness in others frequently miss the signs in themselves.

The effects of untreated anxiety stretch far beyond the individual. Anxious healthcare workers are more prone to clinical errors, absenteeism, and job dissatisfaction. Left unaddressed, anxiety can contribute to depression, substance misuse, and even suicidal thoughts. In a field where clarity and compassion are critical, this presents a serious public health risk.



Socially, healthcare professionals with anxiety may withdraw from colleagues and struggle with personal relationships. Emotionally, they may feel isolated, exhausted, or overwhelmed. Financially, the system suffers too, as a rising mental health-related costs, high staff turnover, and decreased productivity add strain to already burdened healthcare ecosystem.

Islam recognizes that mental and emotional well-being is part of holistic health. The Prophet Muhammad (PBUH) said, “Verily, your body has a right over you” (Bukhari), reminding us that caring for our health, mental and physical is a responsibility. Islam teaches that rahmah (mercy) applies to ourselves just as it does to others.

The Qur’an further cites: “Indeed, in the remembrance of Allah do hearts find rest” (Surah Ar-Ra’d, 13:28). Spiritual grounding through solat, du’a, dhikr, and muhasabah can offer calm amidst chaos. However, faith should be accompanied by action. Seeking therapy, taking breaks, and speaking up are not signs of weakness, but acts of self-respect and trust in Allah’s guidance. “Do not grieve; indeed, Allah is with us” (Surah At-Tawbah, 9:40), assuring us that His presence brings comfort in times of fear, stress, and worry.



To address the growing anxiety and burnout crisis in our healthcare, we must move from silence to support, and from stigma to solutions. This requires systemic change and individual courage.

Healthcare institutions should prioritize mental wellness by providing confidential counselling services, training the leaders to recognize early signs of emotional distress, and creating safe spaces for open conversations. Realistic workloads and normalization of mental health days should be standard, not special requests.

On a personal level, healthcare workers must learn to identify their own warning signs, such as fatigue, burnout, irritability, and persistent worry. Establishing healthy routines, setting boundaries, and seeking help when needed are not indulgences, but they are essentials for long-term wellbeing. Peer support, mentorship, mindfulness, and faith-based practices can all serve as anchors through difficult seasons.

Anxiety doesn’t make healthcare worker less capable, but simply means they’re human. Our doctors, nurses, and other frontline staff bear the burden of others’ everyday. Yet, they often neglect their own. They, also deserve care, compassion, and support too. If we truly aspire a healthier healthcare system, we must care for those who care for us, and begin by healing these healers. Let’s build a culture that values mental health, breaks the stigma, fosters openness and reminds every healthcare worker that seeking help is not weakness, but a wisdom and strength.



Dr Radhiatul Akmal Razali

Consultant Psychiatrist, Segamat Hospital
cum Vice President (2nd) of PAPISMA

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PAPISMA

BREAKING THE SILENCE:

*“The Truth About Domestic Violence in
Malaysia”*

Dr Azirawati Ismail

Domestic violence is a hidden wound, often masked by the walls of our homes and the silence of its victims. Every day, countless women, men, and children endure abuse that shatters their safety, dignity, and mental well-being. Though some may regard it as a distant issue, the truth is that domestic violence is happening all around us, right here in Malaysia. This article shines a light on its devastating human and societal toll, examines why so many suffer in silence, and urges us all to take decisive action.



Far too often, domestic violence is dismissed as a “private matter,” yet statistics paint a grim reality. Worldwide, one in three women experiences physical or sexual violence in her lifetime, most often at the hands of an intimate partner. In Malaysia, thousands of cases are reported each year to the Royal Malaysia Police (PDRM), with Selangor, Kedah, and Sarawak among the hardest hit. Yet these figures likely understate the true scale: fear, shame, and uncertainty prevent many victims from coming forward, leaving them invisible and trapped.

Domestic violence is not just a personal or family issue, but a public health crisis with serious social, emotional, and economic consequences. It breaks trust, perpetuates trauma, and undermines the foundations of safe, healthy communities.

Experts from various fields continue to warn about the deep-rooted nature of domestic violence. Sociologists highlight how gender inequality and patriarchal norms fuel abuse, especially when harmful power dynamics go unchallenged. Psychologists emphasize the long-term trauma suffered by survivors, often leading to depression, anxiety, and post-traumatic stress disorder (PTSD). This psychological toll isn't limited to adults. Children exposed to violent households are also deeply affected. Many develop behavioral issues, struggle in school, and may grow up normalizing abuse, either becoming future victims or perpetrators themselves.



On a broader scale, domestic violence is a public health and economic crisis. Billions are lost annually through medical expenses, missed work, and the social services needed to respond. Yet, beyond the numbers lies an even greater cost; the human suffering that often goes unseen.

Leaving an abusive relationship is never easy. Many survivors remain trapped due to financial dependence, fear of further violence, lack of safe alternatives, or pressure from society and family to “keep the family together.” Victims are often blamed, not believed, or made to feel ashamed. These, compounding their isolation, and compelling them to stay silent rather than to risk judgment from family, friends, or authorities.

Even though the Domestic Violence Act (1994) provides legal protection, survivors often find the system overwhelming or inaccessible. Shelters, hotlines, and counselling services are lifesaving—but under-resourced, particularly in rural and underserved areas.



Islam firmly upholds justice, compassion, and the protection of all individuals, especially the vulnerable. The Qur'an and Hadith are clear in denouncing harm and oppression in any form. In Surah An-Nisa (4:19), “It is not lawful for you to inherit women by compulsion. And do not make difficulties for them in order to take [back] part of what you had given them unless they commit a clear immorality. And live with them in kindness.” This message of mercy and respect is echoed throughout Islamic teachings.



Prophet Muhammad (PBUH) was known for his gentle and respectful treatment of his family. He never raised his hand in anger and encouraged dialogue and reconciliation—not harm. Islamic scholars unanimously agree that physical, emotional, or financial abuse is a grave sin and a betrayal of one’s religious and moral duty. Islam does not tolerate abuse. Instead, it promotes love, patience, and justice—values that must guide our relationships and society.



Ending domestic violence requires collective responsibility. It begins with raising awareness and education, at homes, schools, mosques, and workplaces on healthy relationships, consent, and respect. Changing mindsets and breaking cultural taboos must start at young age. Government must train the police and judicial officers to respond sensitively and effectively, strong legal protections, and fund survivor services. Our healthcare providers, religious leaders, and educators must be empowered to identify abuse early and offer support.

But the greatest spark of change lives in each of us. What if, instead of turning away, we broke the taboo, listened without judgment, and believed survivors when they found the courage to speak?

Someone that you know could be living a nightmare behind closed doors. Sometimes the simplest gesture, a quiet “I’m here for you,” can light a path out of darkness. When communities stay alert and offer practical help, awareness blossoms into real, life-saving action.

Domestic violence isn’t somebody else’s problem, but it’s our problem, all of ours. It destroys trust, fractures families, and tears at the fabric of society. True progress isn’t marked by towering skyscrapers or sprawling highways, but by how safe, respected, and valued every person feels in their own home.

Today, let’s make a promise., break the silence, stand with survivors, and challenge every belief that condones abuse. Together, we can build a Malaysia where every home is a sanctuary, not a danger zone. By healing those who have been hurt, we heal our nation—and create a future rooted in safety, dignity, and compassion for all.



Dr Azirawati Ismail

Emergency Physician (HRPZ)
cum Women, Adolescent and Community Exco
of PAPISMA

GENDER TRANSITION IN MEDICINE:

*“Through The Lens of Fiqh Ibadat and
Islamic Ethics”*

Assoc Prof Dr Nik Nur Fatnoon Nik Ahmad
&
Nik Muhammad Khairul Azan Nik Ahmad



NAKŞ-I KADEM-I PEYGAMBERİ
As Property of ILEKİ and ILEKİ

نقش از قدم النبي
محمدا
FOOTPRINT OF PROPHET
MUHAMMAD

In an age where science pushes the boundaries of possibility, gender transition, particularly through sex reassignment surgery (SRS), has become one of the most debated ethical issues in both medicine and society. But for Muslim communities grounded in divine revelation, the question goes deeper than biology or identity. Can a person change their gender and still remain within the bounds of Islamic law?

Advancements in hormonal therapy and surgical techniques have made physical gender transition medically viable. But what's possible in medicine isn't always permissible in faith. Islam does not treat gender as a subjective or fluid concept, but as a divinely assigned reality that impacts acts of worship, legal status, and social responsibilities.

Medically, gender dysphoria is a psychological condition where individuals experience deep discomfort with their assigned gender at birth. Treatment often includes counseling, hormone therapy, and in some cases, SRS. But this condition is distinct from being intersex individual, *khuntha musykil* in Islamic terminology, where an individual is born with ambiguous genitalia or chromosomal anomalies. This medical ambiguity presents a different religious case and has been discussed by classical scholars like Imam Nawawi and Ibn Qudamah.

Islamic scholars, both classical and contemporary, have permitted corrective surgery for intersex individuals when medical evidence supports it. This is not viewed as changing Allah's creation, but rather clarifying it, in line with the principle of removing hardship (*raf' al-haraj*). In 1985, the Islamic Fiqh Academy (OIC) endorsed this position.

Islamic law distinctly separates individuals with ambiguous genitalia (*khuntha*) from those who identify as transgender despite being biologically male or female (*mukhtari*). The rulings are therefore different, based not on preference but on divinely prescribed criteria.

Elective gender reassignment surgery for individuals with clearly defined biological sex, based on psychological discomfort alone, is where Islamic rulings draw a firm line. Islamic law does not consider gender to be a lifestyle choice, but a biological reality tied to specific obligations in worship, family life, and public conduct. Gender determines how one prays, inherits, marries, or fulfills communal roles. To alter it based on feelings or perception challenges not just social norms but sacred law.

The Qur'an warns against altering Allah's creation:

وَلَا أَمْرُهُمْ فَلْيَغْيِرْنَ خَلْقَ اللَّهِ

"I (shaytan) will command them, and they will change the creation of Allah." (Surah An-Nisa: 4:119).

Furthermore, the Prophet Muhammad (PBUH) condemned imitation between genders:

حَدَّثَنَا مُحَمَّدُ بْنُ بَشَّارٍ، حَدَّثَنَا غُنْدَرٌ، حَدَّثَنَا شُعْبَةُ، عَنْ قَتَادَةَ، عَنْ عِكْرِمَةَ، عَنْ ابْنِ عَبَّاسٍ - رَضِيَ اللَّهُ عَنْهُمَا - قَالَ لَعَنَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ الْمُتَشَبِّهِينَ مِنَ الرِّجَالِ بِالنِّسَاءِ، وَالْمُتَشَبِّهَاتِ مِنَ النِّسَاءِ بِالرِّجَالِ.

Narrated Ibn `Abbas: Allah's Messenger (ﷺ) cursed those men who are in the similitude (assume the manners) of women and those women who are in the similitude (assume the manners) of men. - Sahih al-Bukhari 5885

Gender in Islam is not limited to personal identity. It structures core acts of worship. The worship is not merely ritual, but a legally binding act defined by clear jurisprudential guidelines, many of which are gender-specific. Altering one's legal or anatomical sex without religious justification disrupts these guidelines and will invalidate acts of worship.

Ablution (wudhu') and ritual bathing (ghusl) carry different rulings for men and women, particularly concerning aurat (areas of the body that must be covered). In shared spaces, such as hospitals, gender determines who can assist whom during purification. If a biological male presents as a woman, or vice versa, this misrepresentation can lead to violations of Islamic boundaries.

In congregational prayer (solat), men and women have distinct roles, different dress codes, separate rows, and designated leadership rules. If someone transitions from their birth sex and participates in prayer according to their new identity, it will disrupt the proper formation of the prayer rows, or even invalidate the prayer, if leadership rules are not followed. In a setting as sacred as solat, these details matter.

During Hajj and Umrah, men and women perform certain rites differently. After completing the pilgrimage rituals, men must shave their heads, while women only cut a small portion. If a biological woman, now identifying as male, shaves her head publicly, the act is not only invalid, but considered transgressive, not devotional.

Inheritance laws (faraid) are equally specific. The Qur'an lays out exact portions for each heir, males typically receive twice the share of females. If a biological female transitions and claims a male's portion, it infringes on the rights of rightful heirs and distorts the divinely ordained system of justice.

Likewise, marriage law is even more critical. Islam only permits marriage between a man and a woman as defined by biological sex. A biological male who identifies as female and marries a man enters a union Islam does not recognize. This affects rulings on mahram relationship, seclusion (khalwah), obligation to observe hijab, and the legitimacy of offspring. These aren't minor details, as they shape the core structure of Islamic family, law, and ritual.

Islam is not blind to human suffering. It recognizes psychological distress and calls for empathy, as long as not erasure of divine law. Just as Islam forbids amputating a healthy limb in cases of body dysmorphia, it prohibits altering sexual organs due to confusion about gender identity.

Struggling with gender dysphoria is not a sin, but surgically changing one's sex without legitimate cause is. Islam differentiates between inner inclinations and outward actions. Those affected must be met with compassion, guidance, and healing, not condemnation or blind affirmation. Faith-based therapy that supports mental well-being while affirming biological sex can provide relief without compromising Shariah. Muslim mental health professionals must be trained to handle such cases with sensitivity rooted in Islamic ethics.

In short, when gender identity diverges from birth sex, it raises complex challenges, not just socially or emotionally, but in the way Islamic rituals and laws are meant to function. These aren't matters of opinion but of deeply established religious guidance, which calls for sensitivity, wisdom, and a firm grounding in faith when addressing such issues.

The challenge now is to respond with both clarity and care. Muslim societies must resist the extremes of harsh rejection and blind accommodation. A compassionate, principled approach that protects Shariah while supporting those in distress is needed. Scholars, doctors, and mental health experts should collaborate to review cases involving gender ambiguity or dysphoria on a case-by-case basis.

Healthcare providers must be trained to counsel without compromising religious values. Mosques, Islamic centers, and universities should serve as safe, non-judgmental spaces for support. In Muslim countries, legal documents must reflect biological sex to align with Shariah-compliant governance. This is not about exclusion, but preserving sacred boundaries while offering support and guidance rooted in divine mercy.

Islam is not ambiguous about gender. It is not a fluid identity, spectrum of feelings, self-defined or shaped by social trends. Gender is a biological reality created by Allah with purpose and wisdom. Attempting to override this design is not an act of liberation, but a deviation from Allah's design, a rebellion. Gender transition for non-intersex individuals is haram, plain and simple. No amount of social normalization or psychological theory can undo what the Qur'an and Sunnah have made clear.

Yet, even as we declare what is haram, we must embrace those who struggle with it. Islam does not abandon the distressed. It invites them back with guidance, care, and hope. Our mosques must be havens, not courtrooms. Our scholars must be shepherds, not judges. But in all our mercy, we must never lose our clarity.

"Indeed, the creation of male and female is from the design of your Lord. So remain firm upon the straight path as you are commanded." (Surah Ash-Shura: 42:49-50)

Let us be the generation that restores what is sacred, strengthens what is shaken, and speaks the truth with compassion, without compromise.



Nik Muhammad Khairul Azan Nik Ahmad

Assistant Halaqat Da'wah Officer
Kelantan Islamic Scholar NGO

JUNE 2025 | ISSUE 1

SINALEAD

PAPISMA

PURITY & PRAYER:

“The Guide on Cleansing (Istinja’) for Muslim Patients”

Assoc Prof Dr Muhamad Rafiqi Hehsan

Prayer is more than a ritual. It is the pillar of faith, the lifeline of the soul, the sacred bridge between a servant and the Divine. But what happens when the body is weakened by illness? When movement is restricted, or one becomes fully dependent on others for care? Does the obligation to pray disappear with health?

In Islam, the answer is both firm and compassionate: as long as the mind is sound and the heart beats with consciousness, prayer remains a duty. Illness may challenge the body, but it doesn't sever the spiritual bond with Allah. This article delves into an often-overlooked topic, how Muslim patients can maintain cleanliness from impurities (najis) and uphold their prayer even during sickness, while also equipping caregivers and healthcare workers with the knowledge to support them.



In hospitals and care homes, many patients, especially the elderly or chronically ill patients rely on catheters, adult diapers, or remain confined to their beds. These circumstances make it difficult, and at times seemingly impossible, to maintain ritual purity required for prayer.

According to data from the Malaysian Ministry of Health, the number of patients needing assistance with personal hygiene is steadily rising. Yet, maintaining cleanliness in Islam is not just about hygiene. It is about upholding one's religious obligations with dignity and awareness with dignity, identity, and spiritual continuity. Thus, understanding how to purify oneself, specifically *istinja'* (cleansing the private area) even with physical limitations, is essential.

In Islamic tradition, the preferred method of cleansing after relieving oneself is using clean water. This is not only about physical purification but also symbolizes spiritual readiness.

However, Islam's beauty lies in its mercy and adaptability. Alternative methods is permissible, when water is unavailable or its use could cause harm, such as in cases involving wounds, surgical dressings, or catheters. In such, a dry, pure materials like tissue or stones (or their modern equivalents) may be used, provided that they are not items with inherent sanctity, such as food or pages of the Qur'an.

The substitutes items must be:

- Clean and absorbent,
- Not sacred in nature (e.g., not food or Qur'anic pages),
- Used before impurities dry, and
- Applied with at least three wipes, or until the area is clean.

However, if impurity spreads beyond its usual area, like faeces beyond the buttocks or urine beyond the genitals' tip, cleansing with water becomes necessary. This ensures the body remains in a state fit for prayer.

Islamic jurists have thoughtfully addressed these matters. According to the Shafi'i school, even if full cleanliness isn't possible, a person must still pray on time and repeat the prayer once they're able to cleanse properly. This reflects the high regard Islam places on the timing of prayer.

Meanwhile, the Maliki school offers a more lenient view: if the impurity cannot be removed due to genuine hardship, the prayer remains valid and does not need to be repeated. Both views offer reassurance to patients and caregivers, showing that Islam honours effort and intention above all.

Allah says in the Qur'an:

"Allah does not burden a soul beyond what it can bear."
(Surah Al-Baqarah, 2:286)

And the Prophet Muhammad (PBUH) said:

"When I command you to do something, do it to the best of your ability."
(Sahih Bukhari & Muslim)

These principles provide the foundation for Islamic rulings on purification and worship during illness. They remind us that Islam is a religion of mercy, not hardship.

Healthcare institutions should take this to heart. Creating simple, illustrated guidelines on cleanliness and prayer for Muslim patients, offering portable bidets, and providing access to religious counselling can significantly uplift patients' spiritual well-being. Likewise, training nurses and carers in basic fiqh al-maradh (jurisprudence of illness) ensures that no patient is left struggling in silence.

Illness may confine the body, but it cannot imprison the soul. Prayer is the sanctuary of the heart, a refuge of peace even in the most trying moments. Upholding it during illness is not just a religious obligation. It is a source of healing, hope, and strength.

Let us ensure that every patient, whether in a hospital bed or at home, feels empowered to maintain their connection with Allah. Through understanding, compassion, and education, we can help them honour their faith with dignity, even in their most vulnerable state.



Assoc Prof Dr Muhamad Rafiqi bin Hehsan

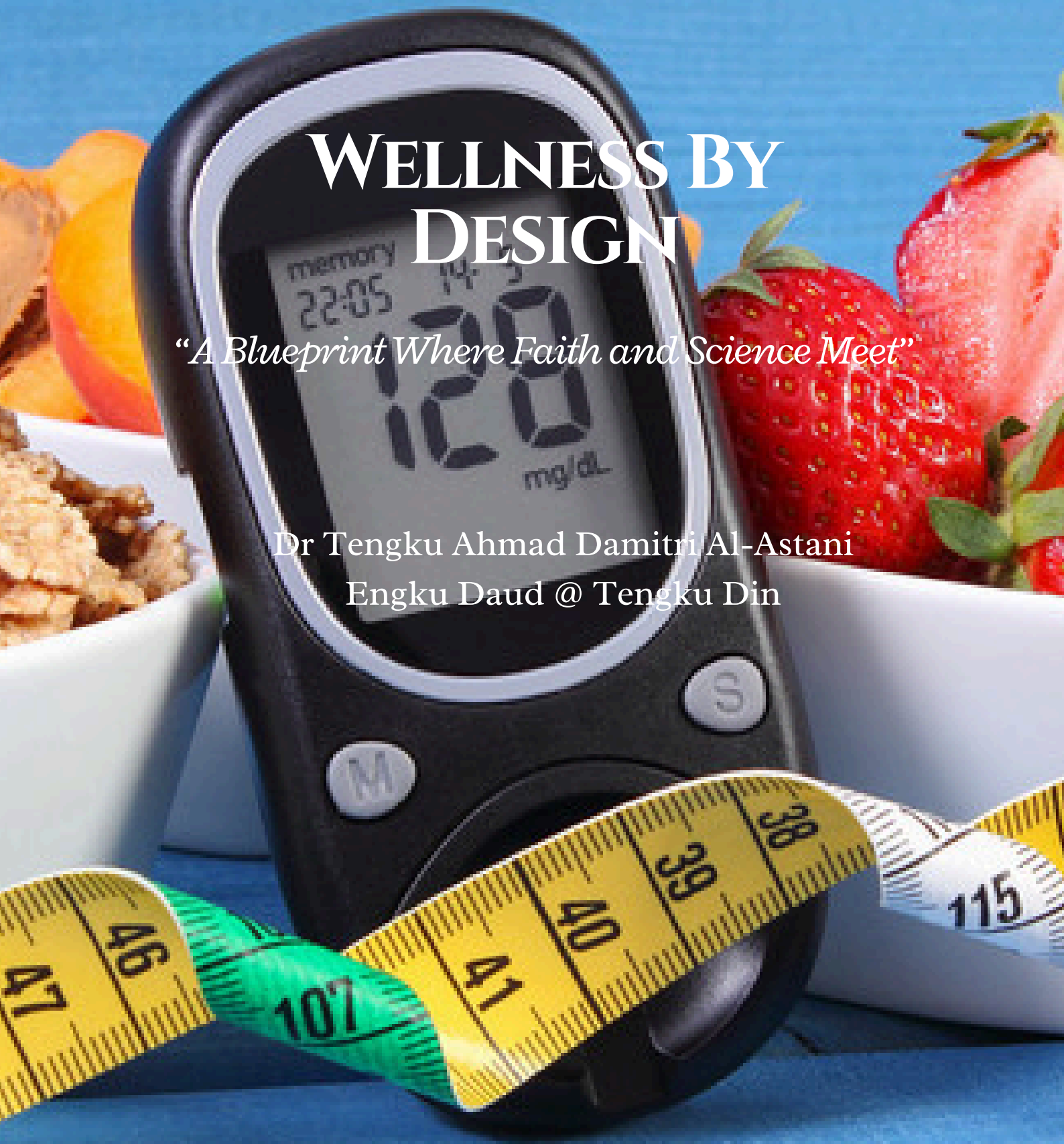
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WELLNESS BY DESIGN

"A Blueprint Where Faith and Science Meet"

Dr Tengku Ahmad Damitri Al-Astani
Engku Daud @ Tengku Din



In a world constantly chasing the next wellness trend, many are still searching for a sustainable, meaningful approach to health. Yet, long before modern science defined holistic well-being, Islam had already provided a complete framework for living well physically, mentally, and spiritually. As a religion and a way of life, Islam offers more than rituals; it offers a daily blueprint for wellness grounded in balance, compassion, and discipline.



Health is among the greatest blessings from Allah SWT. It forms the very foundation of one's ability to live with purpose, serve others, and fulfill spiritual duties. The Qur'an reminds us, "Do not throw yourselves into destruction" (Surah Al-Baqarah, 2:195), emphasizing the need to preserve life and health. In parallel, modern medicine defines health as not merely the absence of illness, but also the state of complete physical, emotional, and mental well-being. This modern understanding aligns with principles long embedded in Islamic tradition.



Islam views health holistically, beginning with the body. Daily practices like ablution (wudu) are not only spiritual preparations but also practical acts of hygiene that cleanse the skin and reduce infection risks. Cleanliness is half of faith, as taught by the Prophet Muhammad (PBUH), and it has profound implications for physical and mental health. Fasting, another core Islamic practice, has been celebrated not only as a spiritual discipline but also as a path to healing. Research shown that fasting improves blood sugar control, supports cellular repair, and reduces inflammation. In Islam, it builds patience and gratitude; in science, it enhances metabolism and prevents chronic disease.

Mental and emotional well-being are equally important in Islamic framework. Daily prayers are designed to strengthen spiritual connection and offer emotional release. In the stillness of prayer and the rhythm of remembrance (dhikr), Muslims find calmness and clarity. Studies confirm that deep breathing and mindfulness, the central elements of Islamic worship, lower stress levels and improve emotional regulation. Even the physical posture of sujud (prostration) increases blood flow to the brain, promoting a sense of grounding and inner peace. Quality sleep, another pillar of good mental health, is supported by the Prophet's (PBUH) practice of qailulah, the midday nap, which has now been proven to boost cognitive function and mood.



The lifestyle of Prophet Muhammad (PBUH) offers a living model of balanced, mindful living. His mornings began with prayer and cleanliness using siwak, followed by light meals of dates and Zamzam water. He remained physically active throughout the day, helped with household chores, and maintained strong social connections. His eating habits were governed by moderation, summarized by the wisdom: “Eat when hungry and stop before full.” Today, his approach is backed by science, linking the mindful eating to improve digestion, weight management, and long-term health.

The Prophet (PBUH) also championed the consumption of natural, nutrient-dense foods that modern nutrition labels as superfoods. Honey, known for antibacterial and antioxidant properties, is used for wound healing and sore throats. Dates provide quick energy and fiber, supporting digestion and heart health. Black seed (*habbatus sauda*) is praised for its immune-boosting effects, supported by the compound thymoquinone found in the seed. Olive oil, a food praised in the Qur'an, is rich in heart-healthy fats. Zamzam water, revered for its purity, is mineral-rich and hydrating. Incorporating these foods is more than a health trend. It is a spiritual practice that nourishes the body and soul.

One of the most beautiful principles in Islamic dietary ethics is the concept of “halalan tayyiban.” While halal ensures food is lawful, tayyib adds the dimension of wholesomeness, cleanliness, and ethical sourcing.



This means consuming food that is not only permissible but also pure, safe, and nourishing. It aligns with modern concerns about food quality, sustainability, and environmental responsibility, reminding Muslims that every bite should reflect gratitude and consciousness.

Ultimately, health in Islam is not just a personal asset, but an amanah, a divine trust. Taking care of our body, mind, and soul is a sacred responsibility. Islam does not separate faith from wellness; it weaves them together. When Islamic principles are harmonized with modern science, we discover a comprehensive guide to health that is as practical as it is profound. In preserving our well-being, we are not only improving our quality of life, but also fulfilling a spiritual duty and honoring the trust given by our Creator



DR Tengku Ahmad Damitri Al-Astani
Engku Daud @ Tengku Din

Lecturer, HPUSM

cum Academic, Quality Training & Leadership
Exco of PAPISMA

FROM TÜRKIYE WITH WISDOM:

*“Healing, Heritage, and Hope in The
Global Ummah”*

Assoc Prof Dr Nik Rosmawati Nik Husain



As the golden hues of late autumn bathed Ankara in warmth, I joined health professionals from around the globe for the World Islamic Health Union (WIHU) 2024 Congress. Held from November 28 to 30, this ninth gathering of Muslim health communities carried the theme “Employee Health,” setting the tone for passionate conversations about the well-being of those who care for others. It was not just a conference. It was a heartfelt exchange of knowledge, culture, and solidarity.



Representing Universiti Sains Malaysia (USM), I had the honour of contributing to Panel 4 on “Psychosocial Problems Faced by Health Workers,” where I presented on the perception and practice of workplace violence prevention in Malaysian healthcare settings. Drawing from national research, I highlighted the urgent need to protect healthcare workers, our unsung heroes, through policies rooted in empathy, awareness, and action.

The congress brought together voices from over 90 countries with remarkable individuals like Dr. Lubna Abdel Rahman (Canada), Dr. Eyup Mazrek (Kosovo), and Dr. Rocaya Mangondato (Philippines), whose perspectives broadened our understanding of workforce challenges across healthcare systems. Whether discussing burnout, hospital safety, or health equity in conflict zones, one thing was clear, we all face similar struggles, and we all seek collective solutions.

A particularly moving aspect of the congress was a visit to the Private Yüzüncü Yıl Hospital in Ankara. This hospital blended medical excellence with cultural heritage, housing Islamic manuscripts that traced the roots of Muslim medical scholarship. It was a powerful reminder that our modern healthcare systems are not built in isolation, they stand on centuries of ilm (knowledge), compassion, and ethical care passed down from scholars like Al-Farabi and Ibn Sina.



At the end of 2nd day session, we rushed to Anıtkabir, the mausoleum of Mustafa Kemal Atatürk. It sparked a deep reflection on modernity, heritage, and identity. While Atatürk's reforms shifted Türkiye toward secular governance, the legacy of the Islamic caliphate lingers in its architecture, traditions, and spirit. Standing there, I felt the urgency for Muslim communities to preserve our shared values while advancing in unity and excellence.

On Day 3 of conference, before we took off to Istanbul, we went to few places steeped in spiritual and intellectual history, Hacı Bayram Mosque. It was built in 15th century, in honor of Hacı Bayram-i Veli, a renowned Sufi scholar and the founder of Bayeami order, served as centre for Islamic learning and spiritual reflection, showcasing classic Ottoman architecture. Adjacent to Roman ruins, the mosque symbolize Ankara layered history and continues to be site of pilgrimage and inspiration, today.



In Istanbul, I met several Malaysian doctors pursuing subspecialty training and was inspired by their commitment to building bridges between nations. I also gathered with Malaysian students studying in Türkiye, who shared their thoughts on leadership, service, and the future of the Muslim Ummah. Their energy and clarity reminded me that we are not just shaping careers, we are nurturing changemakers.



One unexpected yet unforgettable moment was running into Nadir Al-Nuri, the Malaysian humanitarian activist, on a train in Istanbul. His quiet warmth and dedication to Palestine reminded us that even a journey can be a form of da'wah, a chance to represent Islamic values through our words, actions, and presence. As the saying goes, “musafir itu suatu medan dakwah”, travelling itself is a mission field



We also went to Topkapı Palace, the heart of Ottoman Empire, served as royal residence and administrative center for nearly 400 years. It was built by Sultan Mehmed II after the 1453 conquest of Constantinople, and features four grand courtyards, the Imperial Harem, Sacred Relics, and the dazzling Imperial Treasury. As masterpiece of Ottoman architecture and culture, it houses rare manuscripts, artifacts of Prophet Muhammad, and exquisite Islamic art. Converted into a museum in 1924, it remains a top historic attraction and part of Istanbul's UNESCO World Heritage Site.



From Tokkapi Palce we then went for a quiet visit to the Selahaddin Eyyubi Mosque offered a moment of personal reflection. it was named after the great leader known for his justice, it reminded me that leadership in healthcare must be grounded in integrity and compassion. The Prophet Muhammad (PBUH) said, “Allah did not send down a disease without also sending its cure.” This hadith inspires our continuous pursuit of knowledge, collaboration, and solutions, across cultures and continents.



On our last day at Istanbul, we went to Bursa, a historic city in northwestern Turkey, was the first capital of the Ottoman Empire. It is nestled at the foot of Mount Uludağ, and renowned for its thermal baths, silk trade, and beautiful early Ottoman architecture, including the Grand Mosque (Ulu Cami) and Green Tomb. Bursa is also a gateway to winter sports and a UNESCO World Heritage Site, offering a rich blend of history, nature, and culture.



Looking back, WIHU 2024 was far more than an academic gathering. It was a soul-stirring journey of learning, bonding, and reconnecting with our spiritual and professional roots. From insightful panels to serene prayers, from rich scholarly exchanges to spontaneous moments of brotherhood, every step in Türkiye including all historic places that we visited, are reminders of the legacy we carry and the mission we uphold.

Each encounter reaffirmed our collective purpose: to champion the dignity and well-being of healthcare workers, and to lead with knowledge anchored in faith. I returned home with a full heart—grateful for new friendships, inspired by the wisdom shared, and filled with renewed hope that healthcare in the Muslim world will continue to flourish through wisdom, compassion, and collaboration.



Assoc Prof Dr Nik Rosmawati Nik
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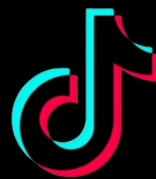


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