

The Complexity of Sharia and the Implementation of Islamic Ethics in Establishing Sharia Standards for Hospital

Muhammad Maksum¹, Siti Hanna², M. Asrorunniam Sholeh² and Afidah Wahyuni²

¹Departement of Islamic Economic Law, Syarif Hidayatullah State Islamic University, Ciputat, South Tangerang, Indonesia

²Department of Comparative Law, Syarif Hidayatullah State Islamic University, Ciputat, South Tangerang, Indonesia

Keywords: Sharia, Islamic law, Hospital, standard, contract.

Abstract: Sharia standards have been implemented in many fields such as finance, tourism, hospital, and financial technology. In the economic sense, the standards generally refer to the establishment of contract (*akad*) and the involved party. However in reality, the implementation of Sharia standards for hospital is more complex than that of economic sense. Aside from the contract, the standards also refer to the personnel, services, medicine and food, and fund allocation and budgeting. The response for this system has been positive, marked by the high demands for Sharia certification. This paper will contest the implementation of Sharia standards for hospital against the standards implemented in banking system which has already been implemented. In addition, it will also observe the support and direction of the regulation between the hospital and the banking system in Indonesia. This comparison is crucial for the ongoing dynamics within the Muslim society to implement the Sharia way of life in their everyday's life.

1 INTRODUCTION

The development of Sharia-based industries and companies continues to increase. If it previously took place in the financial sector, it has lately penetrated other industries and services such as tourism industry and health services. In terms of Sharia-based health services or Sharia hospitals, Indonesia is the first country to initiate their standardization. For the first time, the Sharia standard for the hospital was launched by the Indonesian Islamic Health Effort Council (*Majelis Upaya Kesehatan Islam Seluruh Indonesia/MUKISI*) by the end of 2017. The National Sharia Council (*Dewan Syariah Nasional/DSN*) of the Indonesian Ulema Council even issued a fatwa regulating the criteria that must be met by the hospital. It's Fatwa Number 107/DSN-MU/IX/2016 regarding the implementation guidelines for hospitals based on the Sharia principles which were ratified on 1 October, 2016.

Besides MUKISI, several institutions accommodating hospitals are also formed. At the international level, for example, 2 institutions have supervised Islamic hospitals. The institutions are the Federation Islamic Medical Association (FIMA) and the Islamic Hospital Consortium (IHC) meeting.

Although they supervise Islamic hospitals, it does not mean that the Islamic hospitals implement the Sharia certification. Practically, Islamic hospitals and Sharia certified hospitals have differences. Countries that are members of FIMA include America, Europe, Pakistan and Malaysia. (Mukisi, 2018)

The first hospital to obtain Sharia certification is Sultan Agung Hospital, a type B private hospital in 2017. The hospital is located in Semarang, Central Java. Until August, 2018, the number of hospitals that have received Sharia certification has been about 10 hospitals. This number will continue to grow, considering there have currently been 24 hospitals submitting the certification process. Further, MUKISI has targeted 50 hospitals to certify by the end of this year. (Mukisi, 2018) To support the certification effort, the certification assessors is being prepared through assessor training. The number of assessors who have been certified as assessors is 15 people and 22 people will soon add up, which means the total number of the assessors becomes 37 people. (Mukisi, 2018)

Sharia hospitals must provide services that are different from conventional hospitals. The religious atmosphere, according to Samsudin Salim, is considered to have a role to increase endurance and accelerate hospitalization as hospitals combine

medical and spiritual services. Here, the spiritual service is free of charge and Non-Muslim patients are entitled to get services in accordance with their respective religion. (Mukisi, 2018) If compared to Muslim minorities in non-Muslim areas, according to Robert M. Marsh, minority communities will adapt to the majority values especially if socialization is made available to them. (Marsh, 2012)

There are two main aspects a hospital must consider, quality improvement and patient safety. Islam itself emphasizes the importance of these two aspects, so that a doctor in Islam must be responsible for his/her work. He/she is not negligent in carrying out his/her duties. (al-Syafi'i, 1325H) In other words, these two aspects must be the basis and indicators of Sharia hospitals.

2 ISLAMIC HOSPITAL AND SHARIA HOSPITAL

A hospital is a health service institution that organizes individual health services in a comprehensive manner and provides inpatient, outpatient and emergency services. Here, hospitals that serve patients from all backgrounds are called public hospitals. In the meantime, the hospitals serving one field or one type of disease are called special hospitals. The hospital can be established by government, local government, and private sectors.

Islamic hospitals have long been established. The name of an Islamic hospital is not the same as a Sharia hospital. The Islamic hospital, for example, refers to ownership of the hospital and its affiliates. Islamic labels are usually pinned or entitled to hospitals in which the owners are Muslim or Islamic organizations. It is also possible that the Islamic label affiliates the hospitals to certain religious organizations. Basically, the Islamic label does not require certain requirements as it can be pinned by the owner of the hospitals.

The Sharia label in a hospital is an award for meeting certain standards. The hospital must go through a certification process ranging from registration, the fulfillment of standards, observing the fulfillment of assessment elements, and certification decision by assessors. If all the stages are completed by the hospital and the auditing assessors finds it has met all standards, it will eventually be granted Sharia certification. Thus, Islamic hospitals are not necessarily Sharia hospitals and likewise.

3 THE STANDARDS OF SHARIA HOSPITAL PLUS

Hospitals that will apply for Sharia certification must first obtain accreditation from the Hospital Accreditation Committee (*Komite Akreditasi Rumah Sakit/KARS*). Accreditation here is also a requirement for any hospitals that will open BPJS services, submit operational permits and class assignments and fulfill hospital obligations to avoid lawsuits and improve quality and customer satisfaction (patient safety). Article 40 of the Hospital Law mentions "in an effort to improve the quality of hospital services, accreditation must be carried out periodically for at least once in 3 (three) years. That means the hospitals have met the standards set by the government. In other words, the Sharia hospital certification is an additional standard. In practice, the Sharia hospitals resemble accredited plus Sharia certified hospitals, which indicates they meet the accreditation and Sharia standards.

The accreditation standards are set in 15 chapters of KARS accreditation and the Sharia standards consist of 5 chapters. This means that Sharia hospitals must meet 20 chapters of accreditation. To this end, they have added values in service, management and organization aspects. The latest hospital accreditation standards have been in force since January 1, 2018. These standards include five groups of assessment, patient-oriented services, management, patient safety, national programs, and integration of health education in services. Each group includes several accreditation targets. Service standards, for instance, targets the access to hospitals and continuity of services, patient and family rights, patient assessments, patient care, anesthesia and surgical services, pharmaceutical services and drug use, and communication and education management. In meantime, the management standards aims at improving patient quality and safety, infection prevention and control, hospital governance, facility and safety management, staff competency and authority, and information and medical record management. Further, the target of patient safety standards is to identify patients correctly, maintain effective communication, and improve the safety of drugs that must be alerted (high alert medications). In addition, the standards ensure the correct surgical location and procedures, conduct surgery for the right patient, reduce risk infections related to health services, and reduce the risk of patient injury due to falling. The objectives of the national program include reducing maternal and infant mortality, reducing HIV/AIDS morbidity, decreasing TB

efficacy rates, controlling antimicrobial resistance and providing geriatric services. Overall, the total standards for hospital accreditation from the five groups of assessment are equal to 338 standards. Each standard is assigned to several assessment elements. These assessment elements are included in the sixteen criteria. At last, the total number of assessment elements is about 1353 assessment elements.

The standards for hospital accreditation from the five assessment groups totaled 338 standards. Each standard is derived in several assessment elements. These assessment elements are included in sixteen criteria. The total number of assessment elements is 1353 elements. The sixteen criteria are:

1. Patient safety target with 10 standards and 36 assessment elements.
2. Access to hospitals and service continuity with 23 standards and 100 elements.
3. Patient and family rights numbered 27 standards with 100 assessment elements.
4. Patient assessment includes 39 standards and 163 assessment elements.
5. Patient care and service with 21 standards and 81 elements.
6. Anesthesia and surgery services cover 20 standards with 71 assessment elements.
7. Pharmaceutical and drug use services with 21 standards and 80 assessment elements.
8. Communication and education management with 13 standards and 49 elements.
9. Quality improvement and patient safety with 19 standards and 80 assessment elements.
10. Infection prevention and control with standard 28 pieces and 107 elements.
11. Hospital governance with 28 standards and 127 assessment elements.
12. Facility and safety management with 24 standards and 105 assessment elements.
13. Staff competency and authority which includes 26 standards and 96 assessment elements.
14. Information management and medical records with 21 standards and 77 elements.
15. The national program includes 12 standards with 58 assessment elements.
16. Integration of health education in hospital services with 6 standards and 23 assessment elements.

If mapped out based on the functional groups, the accreditation standards are categorized into management, medical, and nursing targets. The management targets, for example, consist of 118 standards, while the medical targets include 121 standards. In the meantime, the nursing targets cover 99 standards. The following is the complete data on

the number of standards and assessment elements for each target.

Table 1: Management standards.

Indicators	No Standards	No Assessment Element
Pharmaceutical and drug use services	21	80
Quality improvement and patient safety	19	80
Hospital governance	28	127
Facility and safety management	24	105
Staff competency and authority	26	96
Total	118	488

Source: Masyhudi, 2018.

Table 2: Medical standards.

Indicators	No Standards	No Assessment Element
Access to hospitals and service continuity	23	100
Patient assessment	39	163
Patient care and service	21	80
Anesthesia and surgery services	20	71
The national program	12	58
Integration of health education in hospital services	6	23
Total	121	496

Source: Masyhudi, 2018.

Table 3: Nursing Standards

Indicators	No Standards	No Assessment Element
Patient and family rights	27	100
Communication and education management	13	49
	28	107
	10	36

Infection prevention and control Patient safety target Information management and medical records	21	77
Total	121	496

Through some provisions in Islamic criminal law, Islam itself seeks to protect the society from the dangers of free sexual relationship or without marriage bond considering it can lead to HIV/AIDS. (Deuraseh, 2008) The Sharia standard for this type of hospital attempts to combine substantive and legalistic approaches. These two approaches, according to Hegazy, are socio-economic and legal approaches to see the development of Islamic finance. (Hegazy, 2007) If it is associated with a hospital, the combination of the two seeks to combine service and legal aspects in the hospital.

4 FROM MAQÂSHID AL-SYARÎ'AH TO STANDARDS

The Sharia hospital certification standards are derived from the objectives of Sharia (*maqâshid al-syarî'ah*) which become the goals of the Sharia existence and lead to the interest for primary needs (*dharuriyyat*), secondary needs (*hâjiyyat*), or tertiary needs (*tahsîniyyat*). (Ibn 'Ashur, 2012) In details, the objectives of Sharia focus on the five main objectives (*kulliyat al-khams*) including protection of religion (*hifzhu al-din*), protection of soul (*hifzhu al-nafs*), protection of offspring (*hifzh al-nasl*), protection of wealth (*hifzh al-mal*), and protection of mind (*hifzh al-'aql*). Preserving and protecting religion, for example, is done by fulfilling the five principles (*ijâbiyyah*) and avoiding any acts that are contrary to the five principles (*'adamîyyah*). (al-Syatibi, 2006) Therefore, a doctor who will be assigned must fulfill three conditions; having patient approval, obtaining a medical license from the authorized party, and following the applicable provisions and code of conducts. (Kassim)

Hifzh al-din (protection of religion) occupies the highest and most important positions compared to others considering it is the pillar of the life of society and individuals in the world and the hereafter. (al-Syatibi, 2006) Meanwhile, *hifzh al-nafs* aims at

nurturing the human soul in order to maintain their existence on earth and create ease and comfort in their life. (al-Zuhaili, 1998) *Hifzh al-'aql* is intended to protect the mind because human beings are noble compared to other beings due to the existence of their mind. Further, *Hifzh al-nasl* is to protect offspring and therefore marriage is highly recommended and adultery is forbidden. Lastly, *Hifzh al-mal* which means protecting wealth is carried out by the existence of a contract in the form of buying and selling and *ijarah*. (al-Zuhaili, 1998) Some scholars, such as Imam al-Qarafi, add one more type of protection, *hifz al-'ird*, which is the protection of self-esteem. One more important thing to include in the *kulliyat al-khams* is the protection of environment (*Hifzh al-Biah*). This latter protection is essentially an inherent obligation in human identity as the caliphs on earth.

Basically, the standards and elements of hospital assessment are derived from the objectives of the sharia (*maqâshid al-syarî'ah*). In details, the objectives of protecting religion (*hifzh al-din*) include 33 standards and 119 elements of assessment, the objectives of protecting soul (*hifzh al-nafs*) contain 6 standards and 20 elements of assessment, and the objectives of protecting mind (*hifzh al-'aql*) cover 6 standards and 7 elements of assessment. In the meantime, the objectives of protecting offspring consist of 2 standards and 7 elements of assessment and the assessment of protecting wealth (*hifzh al-mal*) cover 4 standards and 14 elements of assessment. If the sharia goals is correlated with the target of management standards, then the results are as follows:

Table 4 Sharia target and management standards.

Target	Management Standards	Indicators
protection of religion (<i>hifz al-din</i>)	organizational management	28
	human capital management	14
	financial management	5
	marketing management	8
	facility management	8
	quality management	7
	protection of soul (<i>hifz al-nafs</i>)	facility management

Target	Management Standards	Indicators
protection of mind (<i>hifz al-'aql</i>)	human capital management	6
protection of offspring (<i>hifz al-nasl</i>)	-	-
protection of wealth (<i>hifz al-mal</i>)	financial management	12
Total		92

Source: Masyhudi, 2018

If the sharia goals is correlated with the target of management standards, then the results are as follows:

Table 5 Sharia target and service standards

Target	Services Standards	Indicators
protection of religion (<i>hifz al-din</i>)	service access and continuity	6
	patient assessment	3
	patient services	19
	medicine services	9
	spiritual guidance and services	8
protection of soul (<i>hifz al-nafs</i>)	patient and family education	4
	infection prevention and control	2
protection of mind (<i>hifz al-'aql</i>)	spiritual guidance and services	10
	patient assessment	3
protection of offspring (<i>hifz al-nasl</i>)	patient and family education	8
	patient services	7

Target	Services Standards	Indicators
protection of wealth (<i>hifz al-mal</i>)	patient services	2
Total		83

Source: Masyhudi, 2018

The Sharia standards for hospitals are actually divided into thirteen (13) groups of standards. These groups of standards are categorized into management and service standards. Six (6) standards are included in the management standard and seven (7) standards are in the service standard. Here, the group of Sharia management standards covers organizational management, human capital management, financial management, marketing management, facility management, and quality management. Further, the group of Sharia Service standards include service access and continuity, patient assessment, patient services, Sharia medicine services, spiritual guidance and services, patient and family education, and infection prevention and control.

Each group of the above standards has standard details that differ from one to another. In the same way, the elements of assessment for each standard are also different. The total number of Sharia standards is 51 standards and the number of elements of assessment is 173 elements. See the following table for the details.

The standard shows the complexity of indicators that must be met by hospitals. If, for example, Islamic finance focuses on the prohibition of usury, obscurity (*jahalalah*), uncertainty (*gharar*), and prevents the prohibited, then all Islamic provisions are applied in Sharia hospitals, including other standards. If Foster calls Islamic financial law an urgent need, the Sharia hospitals also require more complex Sharia provisions. (Foster, 2007) It cannot be solely included in the classification of Islamic financial law, but there has to be a separate classification.

5 THE TRANSFORMATION OF FATWA TO SHARIA STANDARDS FOR HOSPITAL

The standards set by MUKISI have extended from the Sharia provisions stipulated in the DSN-MUI fatwa. The Fatwa Number 107/DSN-MUI/X/2016 on the

Implementation Guidelines for Sharia Hospital stipulates four provisions that must be complied by Sharia hospitals; first, the provision associated with contract and personnel/institution in and outside the hospital; second, the provision related to services; third, the provision related to the Use of Medicines, Food, Beverages, Cosmetics, and Goods; and fourth, the provision associated with Hospital Allocation, Use and Development Fund. Here, the fatwa has become a legal source to determine the Sharia hospital standards. (Amin, 2014) This condition also shows the position of fatwa (including the position of Muslim scholars) which play contribution in responding to the needs of the society although such contribution is not really significant compared to Malaysia, considering the Malaysian legislation places the position of scholars and fatwas in a strong position. (Saat, 2012)

One of the Sharia principles emphasized in hospital services is a contract or work relationship between the parties involved in the management and service of the hospital. As a result, the character of Sharia in various *muamalah* activities centers on the compliance of Sharia contracts stipulated by fatwas that have a tendency to legal aspects although, in the context of sharia hospitals, the contract does not become the dominant standard. (El-Gamal, 2006)

The contracts applied in hospitals include buying and selling and *ijarah* contracts. Buying and selling contract, for instance, is used between hospitals and pharmaceutical companies to purchase medicines. In addition, it is also used to purchase nutritious food ingredients by hospitals from the food service providers. In the meantime, the *ijarah* contract can be applied in many places and agreements; work agreement between hospitals and permanent doctors, permanent employees, and temporary employees. Other employees involved in the hospitals can also be involved in *ijarah* contract such as laboratory service officers and supporting officers such as cleaning staffs and security officers. Similarly, the *ijarah* contract can also be used for cooperation between hospitals and medical device providers for leasing medical devices. Here, a contract on mobile oxygen refilling is considered as *ijarah* contract between hospitals and oxygen provider companies. (Lathif, 2018)

The contract regulated in the fatwa involves the cooperation between hospitals and medical personnel, patients, Medical Device Suppliers and Laboratory Equipment Suppliers, and Drug Suppliers. The contract applied between hospitals and medical personnel and patients is a lease contract (*al-ijarah*). In the meantime, the contract between the

hospitals and medical device suppliers is considered as a lease contract (*al-ijarah*) and a lease with a purchase option (*al-ijarah al-muntahiya bi al-tamlik*), a sale and purchase contract (*al-bay'*), and a contract with *musyarakah mutanaqishah* or *mudharabah* agreement. (DSN, 2018) Hospitals and individuals in the hospitals can become legal subjects with natural and legal personality principles. (Zahraa,) In Islam, the position of the parties determines their rights and obligations. In the case of doctors, Islam requires a doctor who practices to have expertise in his/her field. If he/she is negligent due to his/her unprofessionalism, he/she will be responsible for the loss suffered by the patient and the patient's family. (Ibn Qayyim, 1397H)

The standard of the contract is stated only in one standard, standard number 1.1.9 with five elements of assessment. Four assessments are stated in the DSN fatwa and one more element of assessment is added by MUKISI. This additional element is a contract between hospitals and financial, insurance, education, and social institutions and other institutions. (Mukisi, 2017)

Regarding the provisions associated with hospital financial management, the DSN fatwa sets several rules. First, the hospital is obliged to cooperate with Islamic Financial Institutions, such as banks, insurance, financing institutions, guarantee institutions, and pension fund; second, the management of the fund portfolio and other types of assets is carried out based on the Sharia principles; third, the prohibition of working with institutions or business activities contradicting to Sharia principles; and fourth, the guidelines to manage zakat fund, *infaq*, alms and endowments.

All provisions in the fatwa are adopted in the standards for Sharia hospitals set by MUKISI. Here, the Sharia standard even provides additional standards, financial governance based on Sharia accounting, the obligation to pay *zakat* for hospital institutions and employees, policies and management mechanisms for patients who cannot afford to pay, and guidelines for billing calculations. (Mukisi, 2017)

Three important aspects of the expansion of Sharia standards include the application of Sharia accounting, tendency for patients who can't afford to pay, and billing errors. The Sharia accounting standards set by DESAS, for example, are different from the ones in conventional accounting. Nevertheless, there is no specific Sharia accounting standard for hospitals. The current accounting standards applied to Islamic finance and socio-religious finance is *waqf* and *zakat*. Further, the Sharia standards related to patients who can't afford

to pay is an Islamic standard. This is very crucial to give assistance and lenience to people who are unable to complete the payment. In the case of debt, people who are clearly unable to pay shall be released from their debt. A hadith narrated by Ibn Abbas mentions. When the Prophet asked to expel the Banu Nadhir, several of them came and said: "O Prophet, you have asked to expel us while we owe some money and we haven't paid yet". He then replied: "Give remission and bill it faster". As for the billing errors, the Sharia principle emphasizes the importance of earning money in a lawful and correct way. The billing errors result in unauthorized payments and bring bad assets. In addition, they can also harm the hospital or patient. In practice, if the billing is greater than what the patient has to pay, then the excess billing is the patient's right and must be returned to him/her. If the billing is less than what is supposed to be paid by the patient, then the hospital has the right to collect the shortage from the patient or to explain it. Such action is based on the principles of *fiqh, ibra'*, which is to release rights.

Other provisions regulated in the fatwas are associated with drugs. Medicines, food, drinks, cosmetics, and goods that will be used in hospitals must be *halal* and obtain *halal* certification from the Indonesian Ulema Council (MUI). If, for example, a *halal* certified-drug is not found, then using drugs that do not contain prohibited elements is an option. Here, the drugs that contain unclean elements can only be used in an emergency and *informed consent* procedures have been carried out. (DSN, 2016) The drug service standard set by MUKISI do not regulate the stages of drug use in details, from *halal* certification, absence from illicit goods, and the use of drugs containing illicit ingredients in an emergency situation. The standard only contains the commitment of the hospital to provide drug formulas that do not contain *haram* elements. However, it extends the criteria related to Islamic messages written on labels or drug packages given to patients and the religious messages when giving the drugs to the patients. (Mukisi, 2017)

Regarding the service standard, when the fatwa and Sharia criteria set by the MUKISI are compared, the MUKISI's sharia standard undergoes a very deep expansion. The terms of service in the fatwa include the obligation of the parties to complete their rights and obligations, services based on the standard Clinical Practice Guideline, clinical pathways and/or applicable service standards, prioritizing humanitarian aspects regardless of race, ethnicity, and religion, committed to trustworthy, polite and friendly, transparent and qualified. In addition, the

terms also cover the application of the principles of justice, and fairness in costing, providing spiritual services and consultations, the obligation of patients and the person in charge of the patients to obey the rules and have good character, avoid immoral acts, *risywah, zhulm* and any acts that contradict to the Sharia, and always conform the Sharia provisions stipulated by the MUI. At last, the guidelines for Islamic worship procedures and hygiene standards are also made available. (DSN, 2016) All provisions in the fatwa have been accommodated in the sharia standards for hospital services. Such provisions are found in the Sharia standards of patient assessment, spiritual service and guidance standard, and patient and family education standard. In the sameway, the Sharia service standard also adds transportation standard which is equipped with Islamic audio or video, standard of *aurat* supervision and patient service by gender and regulation to separate men and women who are not *muhrim* (an unmarriageable kin with whom marriage or sexual intercourse would be considered haram). *Rukyah* service, reproductive and child health according to sharia, service for patient who pass away, waste management, and the procurement of water in accordance with the provisions of Sharia are also provided. In addition, the hospital must provide a library that contains Islamic literatures and education and give Islamic health advice to visitors. (Mukisi, 2017) In Islam, professionalism is also regulated. An incompetent doctor must be responsible for the health measures he/she conducts. However, if the doctor is competent and carries out his/her duties properly and does not contradict the Sharia, then he/she, for example, causes something for the patient, he does not have to be responsible. (Kassim, 2007)

The transformation of the fatwa in the Sharia standard proves the existence of a development in the Islamic legal system. Fatwa, referring to the term used by Wael B. Hallaq, has acted as a legal discourse and social instrument. (Hallaq, 1994) This standard also emphasizes that the fatwa is a product which is relevant to the needs of society and it is not a legal speculation from the legal experts (*muftis*). (Hallaq, 1994)

6 CONCLUSION

The Sharia standards for hospitals are related to patient and safety services instead of contract. Many standards and elements of assessment that must be met by Sharia hospitals affect the complexity of implementing these standards. Here, the hospitals

undergo a transformation and expansion for the standards as set in the fatwa of the National Sharia Council of the Indonesian Ulema Council. Basically, the Sharia standards are derived from the objectives of Sharia (*maqâshid al-syari'ah*) which include protection of religion, protection of soul, protection of offspring, protection of wealth, and protection of mind. At last, hospitals that have obtained Sharia certification are in turn entitled to *hospitals plus* as they are accredited according to the law and are also certified based on the Sharia principles.

REFERENCES

- Admin Mukisi, "Mukisi Siap Berbagi Cerita tentang Rumah Sakit Syariah di Forum Internasional», accessed on August 12, 2018 from <https://mukisi.com/898/mukisi-siap-berbagi-cerita-tentang-rs-syariah-di-forum-internasional/>.
- Admin Mukisi, "Latih Asesor, Mukisi Yakin Lahirkan 50 Rumah Sakit Tersertifikasi Syariah", accessed on August 12, 2018 from <https://mukisi.com/886/latih-asesor-untuk-lahirkan-50-rs-tersertifikasi-syariah-di-2018/>.
- Admin Mukisi, "Latih Asesor, Mukisi Yakin Lahirkan 50 Rumah Sakit Tersertifikasi Syariah", accessed on August 12, 2018 from <https://mukisi.com/886/latih-asesor-untuk-lahirkan-50-rs-tersertifikasi-syariah-di-2018/>.
- Admin Mukisi, "Seperti Ini Suasana Religius di Rumah Sakit Syariah », accessed on August 12, 2018 from <https://mukisi.com/906/seperti-ini-suasana-religius-di-rs-syariah/>.
- Al-Alim, Yusuf Hamid. *al-Maqâshid al-'Ammah li al-Syari'ah al-Islâmiyyah*.
- Al-Syatibi, 2006. *al-Muwâfaqat fi Ushûl al-Ahkâm*, Dar al-Hadits. Cairo.
- Al-Zuhaili, Wahbah, 1998. *Ushûl al-Fiqh al-Islâmy*, Dar al-Fikr. Damaskus, series 2.
- Amin, Ma'ruf, 2014. "Perkembangan Fatwa dan Peraturan Perundang-undangan di Bidang Hukum Ekonomi di Indonesia", a paper presented in UIN National Seminar on September 9, 2014.
- Deuraseh, Nurdeen, 2008. "Protection against STDs: An Islamic Criminal Law Approach", *Arab Law Quarterly* 22.
- El-Gamal, Mahmud A., 2006. *Islamic Finance, Law, Economics, and Practice*, Cambridge University Press. Cambridge.
- Fatwa Number NO: 107/DSN-MUI/IX/2016 regarding the implementation guidelines for hospitals based on the Sharia principles which were ratified on 1 October, 2016.
- Foster, Nicholas H. D., 2007. "Islamic Finance Law as an Emergent Legal System", *Arab Law Quarterly* 21.
- Hallaq, Wael B, 1994. "From Fatwas to Furu': Growth and Change in Islamic Substantive Law", *Journal of Islamic Law dan Society*, Leiden.
- Hegazy, Walid S., 2007. "Contemporary Islamic Finance: From Socioeconomic Idealism to Pure Legalism", *Chicago Journal of International Law*, Vol. 7, 2.
- Ibnu 'Ashur, 2012. *Maqâsid al-Syari'ah al-Islâmiyyah*, Dar al-Salam. Cairo.
- Ibn Qayyim, 1397H. *a'lam al-Muwaqqi'in*, Dar al-Fikr, Beirut.
- Imam al-Syâfi'i, 1325H. *Kitâb al-Umm*, Matba'ah al-Kubra, Cairo, 6th edition.
- Kassim, Puteri Nemie Jahn, 2007. "Medical Negligence In Islamic Law", *Arab Law Quarterly* 20, 4.
- Lathif, Ah. Azharuddin, 2018. "Akad-akad Syariah dan Implementasinya di Rumah Sakit", dalam Modul Pelatihan Asesor Sertifikasi Rumah Sakit Syariah, DSN Institut, Jakarta.
- Marsh, Robert M., 2012. "Muslim Values in Islamic and Non-Islamic Societies", *Comparative Sociology* 11.
- Masyhudi, 2018. "Pengantar Manajemen Rumah Sakit", in Modul Pelatihan Asesor Sertifikasi Rumah Sakit Syariah, DSN Institut. Jakarta.
- Mukisi, 2017. Standar Rumah Sakit Syariah, Mukisi. Jakarta.
- Saat, Norshahril, 2012. "Islamising Malayness: Ulama discourse and authority in contemporary Malaysia", *Contemporary Islam*, 6.
- Zahraa, Mahdi. "Legal Personality in Islamic Law", *Arab Law Quarterly*.