

# BITTER PILLS: ISLAMIST EXTREMISM AT THE

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LONDON—Afternoon dissolves into evening. I peer out of my office in the Royal London Hospital, spying the window that once framed the Elephant Man. A century later, a new and equally grotesque spectacle enraptures—in the street below, a well-fed British-Pakistani distributes cassettes. Transplanted Wahabi women, black-gloved, clad head-to-toe in black *abbayas*, faces masked by *niqabs*, snatch the recordings, nodding brief *salaams*. Other women, too busy, rush by in damp, rain-streaked *chadors*. I watch the figures until they disappear into the dank Whitechapel tube station. Muslim men stuff the cassettes into their grubby Adidas jackets, worn over *thobes*, the traditional Arab male dress. Only a sprinkling of stolid British police officers reminds me that, under the lapping October tides of Western European Islamofascism, this is still London.

The man thrusts his homemade compilations at passersby. A *thobe* ending above his ankles—its length identical to those worn by Saudi Arabia's *muttawab*, or religious police—marks his fundamentalism. He mounts a makeshift podium atop a monument donated to Whitechapel by Jews who had thrived here 90 years earlier. What British Jews once dignified, British Muslims now desecrate. "Death to America! Death to Israel!" he shouts.

His working-class Geordie dialect is flawless. Leaning into the headwind, he intersperses his sedition with the plea known to every Muslim as the Takbir: *Allab-bu-Akbar!* God is Great. Anchored to his pulpit of hate by Nike high tops, his fat fists punch a canopy of defiance overhead. Constables eye him, unperturbed. They have heard his rant before. Uncertain clusters of British Muslims are ensnared in his devious orbit.

## *Fundamentalism in Scrubs*

Abandoning the scene, I hurry. I am needed. While reviewing X-rays, I test the resident. Faisal is a young anesthesiologist and a caring, gentle physician. He is dressed in operating room greens. To the informed eye, they reveal a cultivated Islamic identity: his scrub pants are a deliberate fraction too short, ending just above his surgical clogs, the still-damp hems testament to his recent ablutions. Faisal's straggling beard is left untrimmed, and rimless Cartier glasses frame long-lashed eyes. I squeeze some rub from the dispenser, cleaning my hands en route to the bedside. I prompt him to do the same.

"No thank you, Dr. Ahmed. I will wash my hands," he declares, moving to the sink. Puzzled, I explain the recommendations on hand hygiene—alcohol hand rub is preferable to soap—for more effective infection control. Perhaps he is not aware of the new guidelines?

A vacant stare meets mine.

"Oh no, Dr. Ahmed, you don't follow. I am Muslim." A flicker of superiority flashes across his flat gaze. I suddenly realize that Faisal has failed to recognize the Muslim in me.

"It is *haram* for me to touch alcohol," he says. "I can't use alcohol hand rub on my skin."



There will be no negotiation. What I have suggested, he is saying, is banned by *shariah*, Muslim holy law.

I am agog. Faisal's is a radical interpretation of Islam—one which I had not encountered, even among Saudi physicians who were active members of Riyadh's clergy. How had Faisal acquired these beliefs?

I search for explanation in his origins. Like me, he is British by birth, of Pakistani heritage. With an amalgam of nostalgia and pride, he describes an early upbringing in Jeddah, Saudi Arabia. Later, Faisal graduated from St. Bartholomew's, one of the oldest, most distinguished medical colleges in England. A marriage to a pre-selected Pakistani woman, now secluded in his East London home, quickly followed.

### *The Lancet*

Some months later, I mention the hand washing incident to Saudi friends at a symposium in Riyadh. They too have encountered similar reports, including at the World Health Organization. Eventually, we publish our findings in *The Lancet*, Britain's leading medical journal. Faisal, it seems, is far from isolated in his beliefs.

Rejecting alcohol-containing agents on the basis of Islam is increasingly common, and has already triggered research for alternatives. Surprisingly, this refusal seems to be centered in the Western world. In all my years practicing medicine in Riyadh, I never met any resistance. And at the Liaquat National Hospital in Karachi, Dr. Jawed Abu Baker, a Pakistani graduate of Northwestern University, has successfully introduced alcohol-based hand hygiene without obstacle.

Indeed, alcohol-based hand hygiene has been common practice throughout Saudi Ara-

bia—site of Islam's two holiest cities, Mecca and Medina—for over a decade. In keeping with the *shariah* ruling that to preserve life "necessities override prohibitions," Saudi theocracy ruled alcohol hand rub permissible. Even though Muslims must avoid pork, porcine-derived therapies have long been available in the Kingdom. Yet among European Muslims, rejection of Western technologies and customs increasingly forms a basis for their Islamic identity, even when it intrudes on advanced medical practice.

Whether growing up in Jeddah, like Faisal, or on grim jaunts to Pakistani madrassas for a better grounding in Islam, many Muslims are acquiring new, badly-skewed Islamic identities. The rejection of alcohol hand rub based on a religious interpretation of Islam is an extreme retreat. Doctors espousing such attitudes consider themselves Muslims first, physicians second—an order of priorities that's anathema to the ideals of medicine, which center on apolitical, non-denominational equanimity. Since the Middle Ages, physicians born in the Middle East—whether Christian, Jewish or Muslim—have been regarded as "the torchbearers of secular erudition...a spiritual brotherhood, which transcended the barriers of religion, language, and countries," writes Franz Rosenthal in "The Physician in Medieval Muslim Society." Faisal and those like him represent a departure from centuries of tolerance, an abandonment of this brotherhood in an era when intellectual dialogue has never been more vital.

Faisal reveals how far and how fast Islamic ideology has encroached upon the Western medical workplace. While Saudi Arabia is often criticized for its extremist brand of Islam, a clear-cut dissonance is present between this religious doctrine and the mature Saudi medical commu-

nity, which has successfully navigated many theological dilemmas. As a result, their society embraces state-of-the-art critical care, hand hygiene, organ harvesting and transplantation, end-of-life decision-making, fertility treatments, genetic counseling and other ethically complex aspects of twenty-first century medicine.

### *Bridging the Divide*

My illiterate Bedouin patients are more accepting of Western medicine than a British-born and British-trained physician such as Faisal, and my peers trained in Saudi facilities are more tolerant of Western medical advances than a graduate of Bartholomew's in the heart of London. This is deeply troubling.

Physicians, particularly Muslim physicians, have a unique role in bridging the cultural divide by challenging rote orthodoxy. Making rounds in East London brings into brutal focus the political cannibalism underway within Islam—while freedom of religious expression is advocated in Britain, and a physician has every right to such expression, it must never supersede the needs of the patient. Faisal's extreme beliefs did precisely this, and are opposed to Hippocratic philosophy. If Faisal had refused the hand hygiene standard and cited a disagreement with scientific data, it would represent a separate, valid matter; that he did so citing religious objection is cause for grave concern.

Recently, I spoke to colleagues at Harvard about Faisal's hand washing incident and detected a surprising reticence. When presented with the case, physicians said they would be afraid to raise the issue and offend a colleague. They feared appearing intolerant or unaware of Faisal's strict religious beliefs. There was a general discomfort at venturing beyond the precision and

familiarity of scientific medicine. Such discomfort must be denatured.

Under the well-meaning guise of permissive Western tolerance, dangerous pockets of rigidity are propagated, fracturing our tolerant societies and rendering them, ironically, less tolerant. This cannot be allowed in the hallowed vaults of medicine, one of the last citadels of apolitical exchange.

Creating a safe space within the medical profession to discuss and ultimately resolve these dilemmas is essential as a first step. Foreign-born physicians-in-training comprise up to 25 percent of all students in both Britain and the United States, and most will ultimately return to their countries of origin, many of which are Muslim nations. This presents a critical opportunity for the medical establishment to encourage moderate interpretations of Western science and Islam as it applies to medicine. Informing physicians in training influences health care delivery on foreign soil. This is, truly, an exercise in global health diplomacy and a uniquely powerful armament when deployed alongside America's greatest export, its intellectual capital.

While we chase elusive phantoms in the hurt lockers of the Hindu Kush, battle lines are being redrawn in the sanitized corridors of Western Europe. This is one war that cannot be won with M4s, gunships or even drones. Rather, we are facing an intensifying ideological battle that demands enormous, multidisciplinary and, above all, imaginative intellectual retaliation. In this "Greater Jihad" we are all conscripted foot-soldiers, whether firing rounds in bulletproof vests or writing prescriptions in crisp white coats. We may not know it, but we are already knee-deep in pitched battle. And, for the moment, we are losing this war on every front. ●