

ORIGINAL ARTICLE

A Comparison of Ethical Components in the Works of Tabari, Rahawi, and Razi in the Field of Medical Ethics

Abstract

Medicine, as one of the most important branches of science, developed significantly in the Abbasid era (656-132 AH). In addition to writing medical texts and treating patients, Muslim physicians also paid close attention to medical ethics, presenting the physician's responsibilities, along with the treatment of the patient according to the teachings of the Holy Qur'an and the Prophet traditions. The medical ethics of this era, extracted from the works of physicians of the Abbasid era, comprised various components and principles. In this research, ethical components from the perspective of Tabari, Rahawi, and Razi are studied, compared, and analyzed.

This study has been conducted by referring to the texts of the Abbasid era, with a special emphasis on medical texts. Having the objective of the present research in mind, the researchers employed the content analysis method in analyzing the collected data.

The most important ethical components of physicians of this period comprise confidentiality, responsibility, and good morals. Components, such as confidentiality and responsibility, are almost on the same level of importance, the elements representing doctors' commitment to the lives of the patients. That of good morals, however, although crucial in the first stages of treatment, has been less paid attention to by the physicians of this age.

While writing the first independent medical work, Tabari heeded the ethical aspects of this profession. Razi also paid a lot of attention to ethics

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in the clinic and considered it necessary to regard the patients' condition during the course of treatment. However, the first independent work in the field of medical ethics, taking a comprehensive view of the field, was written by Rahawi. Comparing the ethical components found in the works of the mentioned physicians shows that the frequency of the component confidentiality in Razi, Rahawi, and Tabari's works is about 51%, 40%, and 9%, respectively. Regarding the component of responsibility, Razi and Tabari have paid more attention (59% and 32%) than Rahawi, with an average of 9%. However, regarding good morals, Rahawi with an average of 59% stands in the first place, Razi with 28%, and Tabari, with 13%, in the second and third place, respectively.

Key words: Medical Ethics, Tabari, Rahawi, Razi, Islam, Physicians

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Introduction

In the medical profession, the physician and the patient are the two main pillars, having a mutual relationship in line with their common goal which is to restore and maintain health. What has a major impact on the patient's recovery and treatment process is gaining his trust. And one way to gain the patient's trust is through the physician's ethics. Ethics is indispensable to this profession, demanding both pillars since physicians and patients, both, have a moral responsibility toward each other. But, the doctor, who has a direct relationship with the patient, is more expected to observe the moral role and cultivate responsibility toward the patient who is suffering from the disease. In the meantime, the physician's goal is not merely limited to treating and relieving the patient's pain in any way possible. He is, in fact, expected to consider the best way to accomplish this through observing the ethics of this profession.

Physicians have played a major role in the development of medical science and the ethics of the profession. Yet, whereas medical science is constantly evolving and the diseases that were once lethal, leading to the death of thousands of people, can now be treated easily. The principles of medical ethics, in contrast, remained relatively unchanged. This is mainly due to the fact that morality is an intrinsic phenomenon; it is little affected by the emergence of new diseases and/ or new moral issues and has been observed by physicians through the centuries (Najmabadi, 1997, p. 33).

Medical ethics is the achievements of various civilizations and is also due to the serious efforts and presence of different ethnic groups and nations, each of which, based on their historical and civilizational background, has played a significant role in its development. In addition, with the growth of conquest in numerous wars, many physicians migrated to Islamic lands and introduced the ethics of their medical school into the Islamic society. Zoroastrian physicians introduced the ethics of the Majus medical school, and Greek physicians presented the Hippocratic medical ethics to Islamic society. However, though the ethics of various schools first were integrated in Jundishapur before being entered the Islamic society, it should be noted that not all the moral practices of the various schools were accepted by the culture of the medical community of the Islamic world. Only those principles that were not in conflict with those of Islam, and succeeded in passing the filter of this religion and being refined were welcomed (Ameli, 2014, p. 30).

The Abbasid Caliph (656-132 AH), whose capital was in Baghdad, was one of the long and glorious eras in the history of Islamic civilization, a period during which various branches of science developed. Owing to the spread of various diseases, the caliphs of



this era had an urge for specialized physicians, which, in turn, provided the ground for the growth and development of medical knowledge and the training of specialized physicians (Lubon, 1940, p. 650).

Physicians, while practicing medicine and employing various treatment methods, used to observe the ethical issues related to this profession. Hence, they, based on Islamic principles, tried to fulfill the assigned moral responsibilities towards their patients. During the long period of the Abbasid caliph ruling, numerous physicians were trained, playing an important role in the growth and promotion of the ethics of this profession. Tabari, Rahawi, and Razi were the most renowned doctors of this era. Tabari wrote the book, *Ferdows-al-Hikmah*, Rahawi, *Adab al-Tabib*, and Razi, *Al-Hawi fi al-Tib*, a comprehensive and a sort of encyclopedic book. These books were the first medical-moral works written by these physicians, forming an important cornerstone of later works. In their books, they, along with discussing medical issues and sharing medical information, implicitly referred to the ethics of the profession as well. Furthermore, in introducing various methods of treatment, they covered the moral responsibilities physicians had to observe while treating their patients. This research seeks to answer the following questions:

1. What are the components of medical ethics from the perspective of physicians?
2. Which of the components is considered more important?

Numerous articles written on medical ethics were studied and analyzed by the physicians of this age, as follows: in an article, entitled *A Perspective of Medical Ethics and Patients' Rights According to Iranian and Islamic Traditional Medicine Texts*, Farzaneh Ghaffari referred to some of the ethical issues of physicians in general. In another article, Soraya Faraji and her colleagues examined the "Physicians Behavior from the Perspective of Al-Ruhawi in the Book *Adab-al-Tabib*". They codified the moral components from Rahawi's perspective in areas of the physicians' behavior towards themselves, the patient, and society. Concerning their behavior towards the patient, Al-Ruhawi enumerated several ethical components. Furthermore, in an article entitled "A Reconsideration of the Principles of Medical Morality in Mohammad Ibn Zakariya Razi", Akbar Aghayani Chavoshi briefly examined the three categories of physician personality traits, professor-student interaction, and physician-patient interaction. Regarding the physician-patient relationship, Razi's ethical principles were examined in comparison with the four principles of bioethics in the West. The study was, to some extent, close to the present study, but it sporadically pointed to Razi's ethical components, and no statistical analysis was provided.

The present study examines the components of medical ethics from the perspective of the physicians in question and seeks to identify which ethical components have been more observed by these physicians. In this study, the social life of physicians, such as Ali ibn Sahl Rabn al-Tabari, Ishaq ibn Ali Rahawi, and Muhammad ibn Zakaria al-Razi, are examined, taking into account the components of medical ethics in their works and their approach to issues, such as confidentiality, responsibility, and good morals. Therefore, due to the importance of the subject, it is necessary to conduct independent research in this field and present the research findings.



Discussion

The Social life of the physicians

1- Ali Ibn Sahl Rabban Tabari

Tabari was a famous Iranian physician and pharmacist in the third century AH. According to implicit references given in his works, he was probably born between the years 165-155 AH in Merv Tabarestan. Tabari wrote the book *Ferdows al-Hikma*, the oldest concise medical encyclopedia in Arabic in 236 AH. He wrote this in Samarra at the age of seventy. This book, which was written based on the Greek and Indian medical schools, covers general medicine, comprising thirty articles and three hundred and sixty chapters (Mirhaf, 2016, p. 138).

2- Ishaq bin Ali Rahawi

Rahawi was born in Raha in the third half of the century AH. There is limited information about his life in the works of his successors. Although Ibn Abi Asiba'ah considered him a scientist physician- a physician who was quite aware of Galen's views- he did not provide any account of the time of his birth and death. Kamal al-Din Umar ibn al-Adim in his book *Baghiyat al-Tab fi al-Tarikh al-Halab* stated that Rahawi traveled to Aleppo in 287 AH and there, he recounted his observations of this city. He compiled the book, *Adab al-Tabib*, the first medical-ethical work, in two articles and twenty chapters (Ibn al-Adim, 1988, p. 490).

3- Muhammad ibn Zakaria Razi

Razi, known as Galen of the Arab, was a prominent sage, physician, and chemist in Islamic civilization, who lived in 251-313 AH. He was born in Rey and died in the same city. Razi studied medicine in Baghdad and became highly skilled. During these years, he was in charge of the Ray and Moghtaderia hospitals (Najmabadi, 1997, pp. 342-345). Razi authored numerous works in the field of medicine. *Al-Hawi fi al-Tib*, the first comprehensive medical encyclopedia, contains a collection of scattered journals that were compiled into a book by a group of Razi's students after his death, during the time of Ibn Amid, the minister of Rukn al-Dawlah (Elgood, 1974, p. 290).

The Components of medical ethics as found in the works of physicians

The components of medical ethics in Islamic civilization were mostly derived from the teachings of the Holy Quran and the Prophet's tradition. Physicians were known to widely employ ethics in their profession (Yousefiyan, 2012, p. 11). In this age, confidentiality, in the sense of not harming the lives of patients; responsibility, in the sense of having a moral duty to help or take care of patients; and good morals, in the sense of having a good manner in communicating with patients, have been the most important moral components considered by Tabari, Rahawi, and Razi, as discussed below:

1- Confidentiality

Confidentiality is derived from the word "confidence", meaning to have full trust in somebody or something (Ibn Manzor, 1993, p. 21; Mousavi Bojnordi, 1999, p. 100). Trust in this profession does not mean not using that information. It, rather, means an optimal and proper use without causing any harm. In the medical profession, using and releasing the patient's information, although necessary for the profession, is not possible



without the consent of the patient. In the medical profession, confidentiality does not mean not performing therapeutic activities, but it is not possible to start the treatment process without the patients' consent. On the other hand, although patients are willing to go to the doctor to maintain and restore their health, it is the doctor who starts the treatment process without harming the lives of the patient. Trust in this profession is achieved by considering and observing issues, like confidentiality, in the sense of not harming the lives of patients, which is achieved through having confidentiality, avoiding prejudice, avoiding diagnosis and treatment with no scientific validity, not stopping treatment in the middle and not prescribing lethal, inappropriate or rare medications (Ebrahimi, 2018, p. 29).

To Ali ibn Sahl Tabari, the issue of confidentiality is very important. He, also, stated that the doctor's fee should be affordable for the patients. It is also necessary for the doctor to accurately diagnose the disease before treatment so that the health and the lives of sick people are not endangered due to the wrong diagnosis. Furthermore, the doctor should take care that the medication may not have the same effect on all patients. Specific medication may be effective for one group and harmful for another. Therefore, to avoid mistreatment, Rahawi considers it crucial for the doctor to have sufficient information about the different functions, the quality, and the time of consumption of the medicine (Tabari, 2014, pp. 552, 343, 133, 35, 33, 32, 31).

However, Rahawi gave more credit to confidentiality than Tabari and considered any kind of mistake (inadvertent and intentional) in the medical profession very dangerous and unacceptable. He also condemned a hasty diagnosis or treatment plan. Furthermore, he refrained physicians from making a decision on the death or life of patients. He severely criticized doctors who started the treatment process quickly based on a simple test to make more money or those who put the lives of their patients in danger by either prescribing expired medicine or medications which adversely increased the risk for drug interactions. To prevent drug interactions, he emphasized that doctors should not combine lettuce seeds and *Tripidium ravennae* seeds with Kermani cumin and alum because of their similarity in shape and cheapness. Rahawi advised them to store each plant in a clean and separate container in a suitable place away from sunlight and pollution (Rahawi, 2011, pp. 232, 231, 214, 213, 212, 198, 197, 171, 170, 169, 157, 155, 154, 153, 152, 151, 90, 82, 67, 44, 43).

Razi, like the preceding doctors, paid attention to confidentiality in the medical profession. He considered it necessary to ensure the confidentiality of his patients and refused to reveal the secrets of slaves to their master or those of women to their relatives (Razi, 1977, p. 27). He also refrained from employing non-scientific methods mixed with superstitions, such as urine, bat blood, dog milk that were used by the ancients to treat some diseases.

There are three common methods of treatment, namely food therapy, drug therapy, and surgery, the order of employing each of these methods can affect the health of the patient and improve his health status or cure his illness. Some treatments cure the disease faster but have negative consequences on the patient. Therefore, Razi did not choose the fastest and most dangerous way as a treatment method. To the extent possible, Razi used to treat patients first by giving them some dietary advice, then by prescribing some medicine before deciding about surgery. In the method of medicinal therapy, he paid special attention to the proper way to use the medicine, the amount of medication used in compounds,



and the patient's toleration. Hence, drugs for sensitive areas should be prepared with more caution. For instance, in the preparation of ophthalmic drugs, it should be finely powdered so that the powder would not enter the sensitive parts of the eye, damaging its tissues. He also avoided prescribing strong medications, medications with short-term effects to children and old people because it may endanger their lives (Aghayani Chavoshi, 2018, p. 69).

Surgery is another high-risk but necessary option for some diseases. In this method, any carelessness and inaccuracy in the use of sharp tools can cause organ failure and the death of the patient. Burning and incision are two common surgical techniques, each of which is used for a specific type of disease. Razi cautiously used this method only in case of emergency (Razi, 1993, p. 71). For example, when placing a hot tube on the masses formed on the gums, he used a wider tube so that other parts of the gums would not be damaged when placing the hot surgical instrument. He was also careful in using a knife so as not to make a deep cut, especially in tissue that could not be healed easily. As in bladder surgery, he was careful not to cause postoperative urethral disorder or other complications leading to urine leakage. In addition to performing surgery, Razi was also careful in the treatment of fractures to correctly bandage so as not to cause swelling in the injured areas or cutting off the blood circulation, causing gangrene of the limbs (Razi, 2015a, Vol. 1, pp. 220, 194, 60; Vol. 2, pp. 84, 83, 53; Vol. 3, pp. 46, 45, 87,67; Vol. 4, pp. 101, 104, 85; Vol. 8, pp. 279, 246; Vol. 12, pp. 48, 136, 141; Vol. 13, pp. 176, 169, 168, 159,105; Vol. 16, p. 103; Vol. 21, pp. 244, 257, 229, 255, 169).

Detoxification or body cleansing and cup therapy are sometimes used for the treatment of intestinal and gastric diseases. Razi, in using these methods, used to do this in several steps and when inserting the tube into the intestine, he was careful to do that slowly and cautiously with no pressure so that this would not damage the surrounding tissues or would take care not let the patient faint owing to lack of stamina or weakness. In Figures 1 and 2, the frequency of fiduciary duty and its frequency percentage are examined.

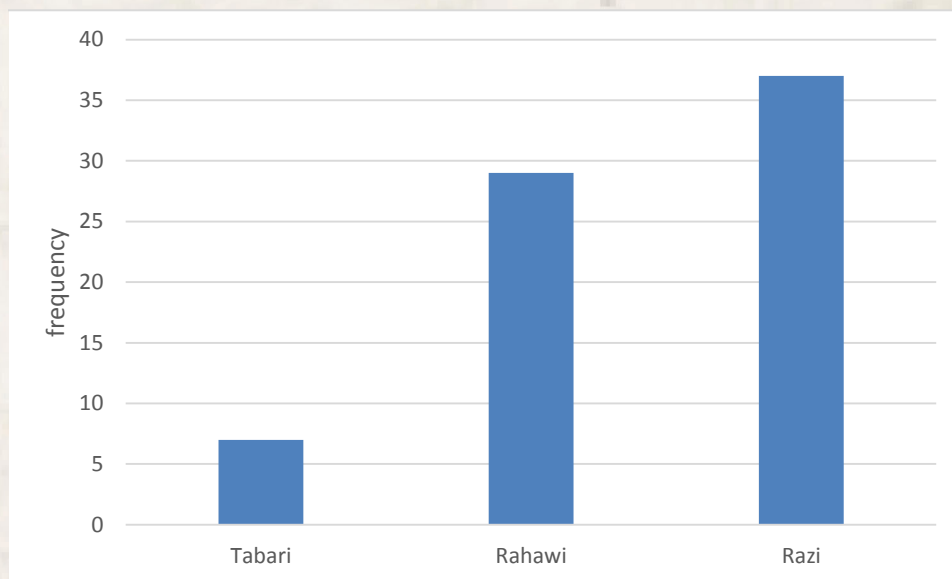


Figure 1. The Frequency of confidentiality



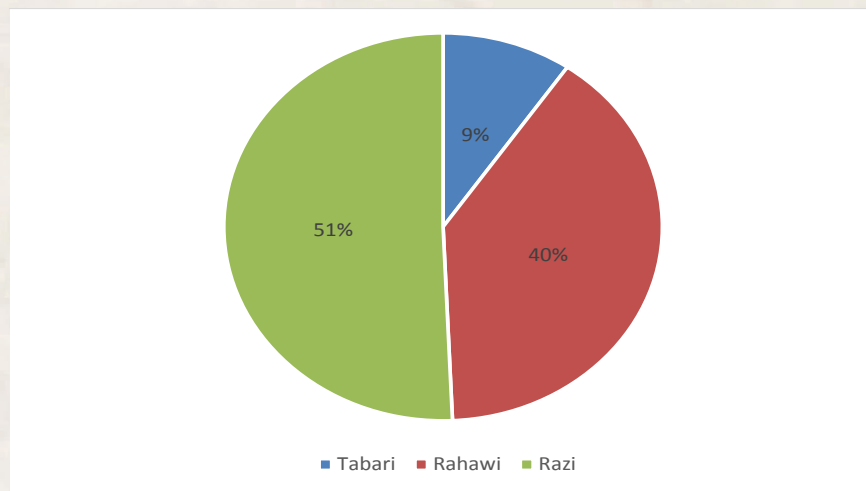


Figure 2. The Percentage of confidentiality

2- Taking Responsibility

Taking responsibility or accountability is another component of medical ethics. By entering the medical profession, physicians are obliged and committed to observing the principles of medical ethics. One of the most important tasks of a physician is to provide benefits to all patients, regardless of their ethnic, cultural, religious, social class, type of illness, and gender differences. This is achieved through having expertise, giving counseling, having self-confidence, , undertaking initiative, devoting time, obtaining the patient's informed consent, doing the follow-up of the patient, and being hopeful (Larijani, 2009, p. 117)

Tabari considered expertise and patience as part of the doctor's moral responsibilities (Ghaffari, 2011, p. 24). He considered maintaining health and treating patients according to the laws of the medical system, accurate diagnosis of the disease as the basis for choosing the proper method of treatment, and prescribing medicine important. This is obtained by asking questions and performing several types of tests (Tabari, 2014, pp. 594, 549, 530, 33, 32).

Like Tabari, Rahawi considered familiarity with organs of the body and paying attention to biological and environmental factors crucial in the medical profession. While examining tooth decay, Rahawi used to consider various external factors, such as the patient's amount of drinking water, eating habits, and career. To diagnose the disorder at the earliest time possible, he not only asked the right questions but also put the questions in their order of importance. In addition, he took the time to answer the patient's questions patiently. He was also careful that the pharmacist prepared the medication according to the prescription and the similarity existing in the names of some drugs not to confuse the pharmacist. Rahawi also considered giving hope to the patient as an important factor in treating and controlling the disease. Throughout the treatment process, he was careful that the nurses and the patient's companions take good care of the patient according to the doctor's instructions. They were advised not to disappoint the patient of recovery (Rahawi, 2011, pp. 217, 210, 170, 169, 161, 159, 149, 145, 144, 138, 137, 134, 120, 113, 111, 102, 101, 93, 69).



Razi, like Rahawi, attached great importance to responsibility and felt responsible for treating all patients regardless of their apparent differences of race, class, and religion (Tavakoli, and Sornizadeh, 2014, p. 68). The treatment of a sick Zoroastrian child, a Christian woman, Abolhassan, the tailor, *Qatan al-Tawil al-Azim al-Lahiyah*¹ gave good witness to his attention to this issue (Razi, 2015b, p. 69). To be beneficence to the patient and to properly diagnose the disease, he considered all necessary factors, including the season of the year and the skin color, and the like. By asking patients, especially those suffering from headaches, fever, and burns, about their habits, he intended to find the best treatment. Razi followed up on the patient's treatment process at every stage. For example, while examining the patient, he used to sit next to the patients, identifying their symptoms and taking their pulse, and explain the treatment process to them. In all stages of treatment, Razi never gave up his hope and never made a solid judgment about the life or death of the patient (Razi, 2009, pp. 586-588). He held that the doctor should give hope to the patient even though he may not believe in it. A doctor, to him, should never lose hope in case a treatment failed; he has to try other options of treatment. A Patient's satisfaction was crucial to him. He never forced the patient, especially in acute conditions, to undergo one kind of treatment method. In addition to giving hope to the patient, Razi sought for finding a solution for patients who avoid taking medicine. For instance, combining bitter-tasting drugs with dates was performed to solve this problem (Razi, 2015a, Vol. 1, pp. 219, 205, 140, 93, 91,93; Vol. 2, pp. 237, 198, 196, 83; Vol. 3, pp. 45, 41; Vol. 4, pp. 235, 126; Vol. 5, pp. 120, 107; Vol. 6, p. 113; Vol. 7, pp. 86, 117, 146; Vol. 8, pp. 246,133, 279,73; Vol. 13, pp. 139, 348, 335, 350, 586, 540, 154; Vol. 15, p. 50; Vol. 16, pp. 103, 153,111; Vol. 23, pp. 258, 244). Figures 3 and 4 show the frequency of responsibility from the perspective of Tabari, Rahawi, and Razi.

3- Good morals

Good moral is another component of medical ethics that is very effective in helping the patient build confidence in and encouraging him to continue treatment. Needless to say, people care about their health and about relieving their pain; they refer to the doctor and expect him to take responsibility and protect the confidentiality of his patient while treating them. But it is worth mentioning that it is the physician's

1- The cotton man with a thick beard



ethics and behavior that in the first place affect the course of treatment. Good behavior involves being polite in speaking and respecting the patient throughout the treatment. Being polite and respectful to the patient covers a broad spectrum, including all manners of the physician; i.e., the way he speaks, looks, and wears clothes.

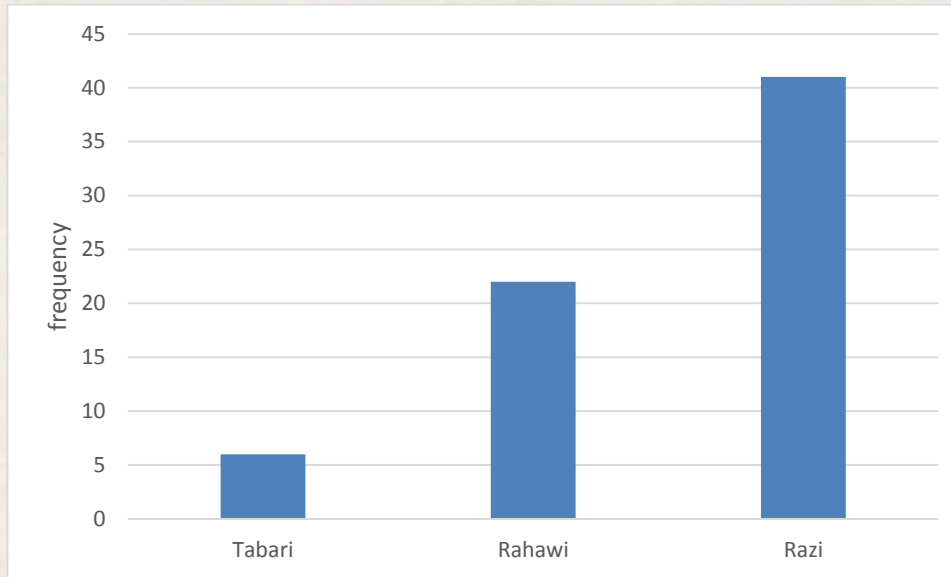


Figure 3. The Frequency of responsibility

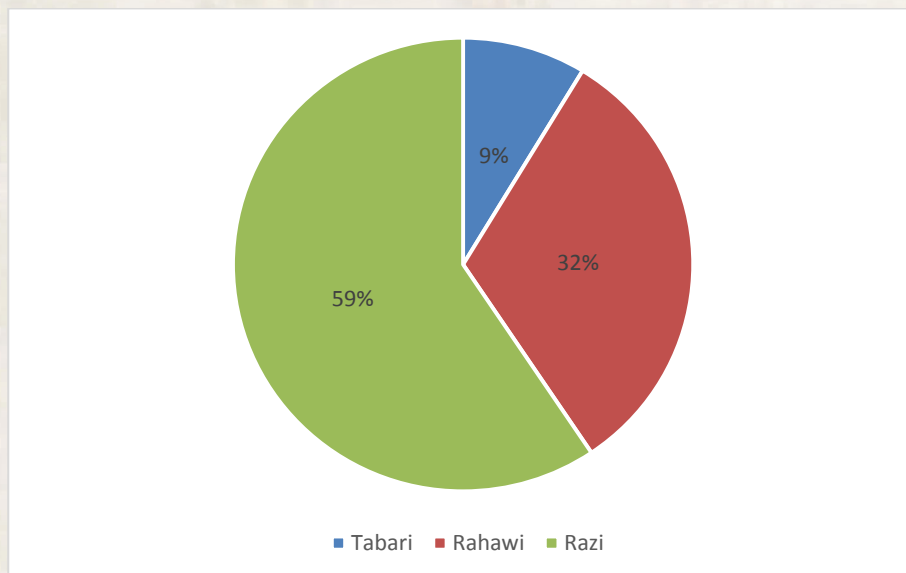


Figure 4. The Percentage of responsibility



Tabari, one of the physicians of the early Abbasid era, instructed physicians to speak kindly, and sympathize with the patient through all stages of the treatment. Tabari held that this would make the patient more hopeful and make him more immune to the disease. He also considered the appearance of the doctor important and assumed that the doctor would show his respect to the patient by dressing well and smelling good (Tabari, 2014, pp. 531, 530, 110, 31).

At the time of Rahawi, with the increase in society's demand for more physicians and in the absence of caliphs' supervision over their ethics, the number of fake physicians increased. Their cunning behavior in attracting more patients caused harm to them and even led to their death. Hence, as Rahawi understood the importance of this issue and paid more attention to good morals (Figures 5 and 6), he advised physicians to be polite, and kind to the patient. And in order for the doctors to internalize good manners, he also encouraged them to associate with good-natured, virtuous people. This would positively affect their communication with their patient (Faraji, 2020, p. 576). In case the doctor would encounter impolite behavior on the part of the patients or their relatives, the doctors were asked to remain patient and not to get involved with pointless arguments with them. He also instructed doctors to be polite while speaking, and forbade doctors from yawning while speaking, spitting out, or stretching their limbs in the presence of the patient. Rahawi did not consider speaking nicely or uttering good words as flattery in attracting patients, especially female patients; nevertheless, he stressed that doctors should not gaze at female patients or children while giving them some oral instruction; or while giving them physical examinations, they should refrain from telling jokes, and staring at their body.

Rahawi also considered the physician's appearance important. To him, the cleanliness, fragrance, and tidiness of the physician exhibit his respect for the patient. He gave priority to cleanliness over prayer. In their daily routines, he instructs doctors to bathe and clean all parts of their body immediately after waking up, keeping their hair, nails, armpits, nose, and mouth clean (Rahawi, 2011, pp. 181, 150, 139, 138, 137, 136, 135, 110, 89, 110).

To Razi also good moral was of utmost importance (Figures 5 and 6). As the head of the hospital, in addition to qualifying the expertise of physicians, he also paid attention to how well physicians treated their patients and how modest they were toward their patients (Razi, 1977, p. 27). He also believed that one's friends and companions, together with one's lifestyle, would affect their character, and hence, in choosing doctors, he paid close attention to these features, which would, in turn, affect the physician-patient relationship. To Razi, good manner, kindness, and moderation in behavior have been his most important criteria in choosing physicians (Razi, 2002, pp. 6-8). By moderation, he meant that the doctor should neither be bad-tempered so much so that making patients reluctant to refer to him, nor so humble that patients would not consider him and his prescription seriously. Razi also advised doctors to have a well-groomed appearance, wear tidy clothes, have regular haircuts, and clean skin (Razi, 2015a, Vol. 23, pp. 258, 280). The frequency and percentage of good morals from the perspective of the three physicians are mentioned in Figures 5 and 6, as follows:



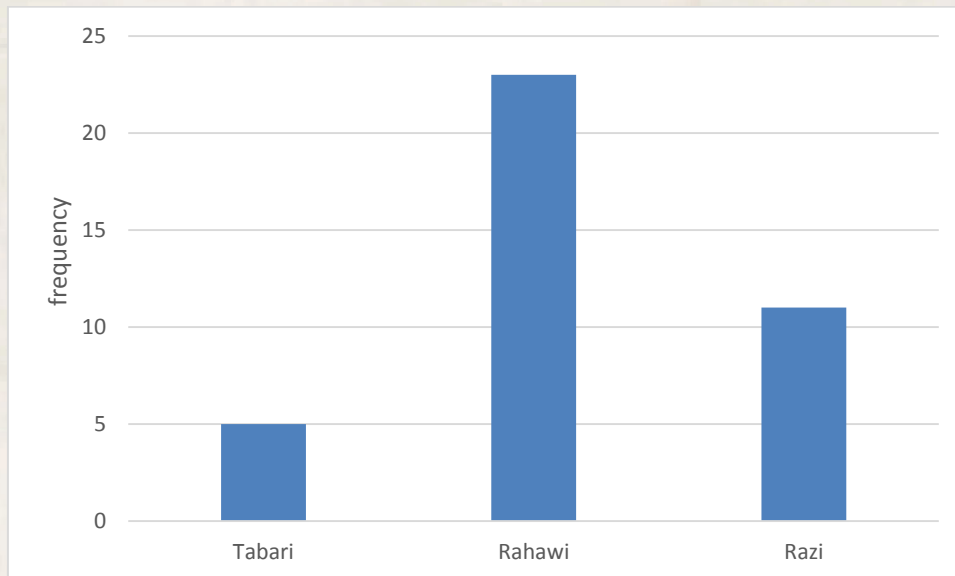


Figure 5. The Frequency of good morals

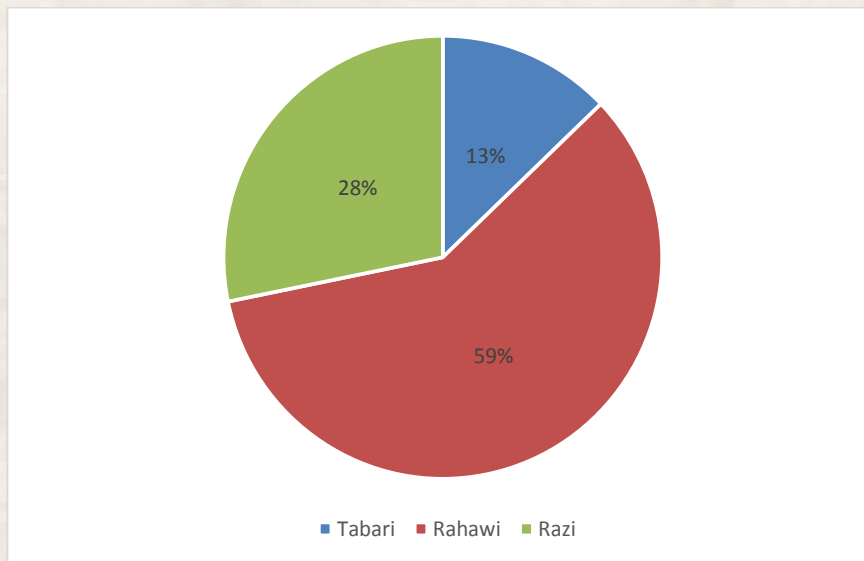


Figure 6. The Percentage of good morals

Conclusion

In the Abbasid era, with the spread of medical knowledge and the interest of the caliphs in this branch of science, numerous physicians were trained. In this age, physicians, in addition to practicing medicine, observed ethics and good morals in the treatment process. In the early Abbasid era, the knowledge and ethics underlying this profession underwent a great change. Tabari and Rahawi, by writing the first medical and ethical works, and Razi, by writing a comprehensive and ethical book, also played an important role in the clinical field. Numerous ethical components have been considered crucial to them, as reflected in the findings of this study, namely confidentiality, responsibility, and good



morals. Comparing the frequency and analyzing the collected ethical data, the researchers have shown the importance of these features. Figures 7 and 8 illustrate confidentiality with 40%, responsibility with 38% and good ethics with 22% enjoyed the highest frequency, respectively.

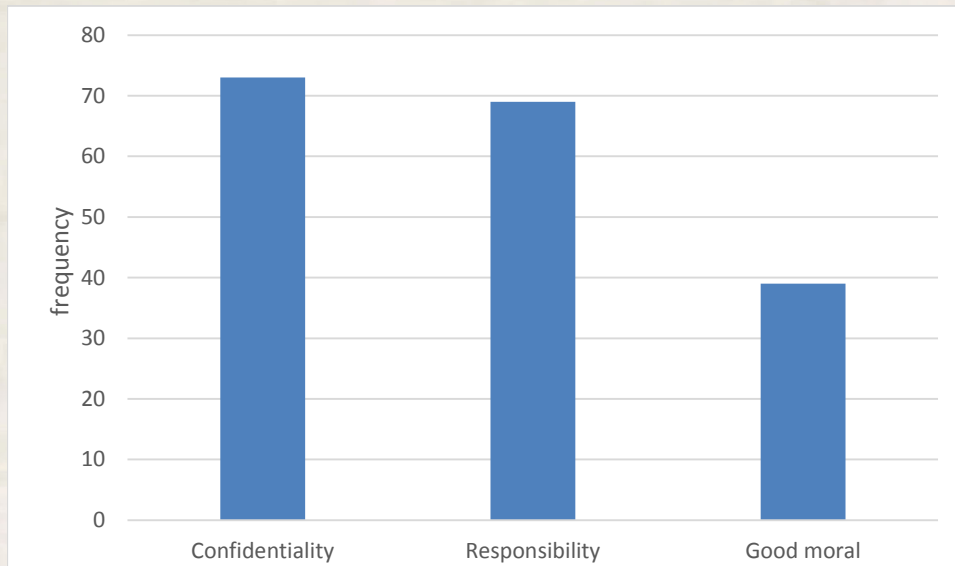


Figure 7. The Frequency of medical ethics from the perspective of Abbasid physicians

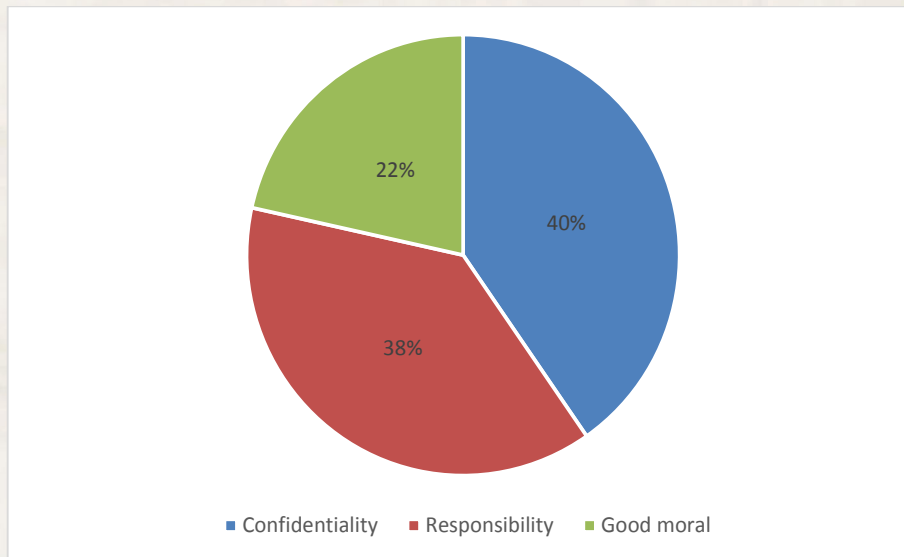


Figure 8. The Percentage of medical ethics from the perspective of Abbasid physicians

To Muslim physicians, one of the fundamental principles was to take care not to harm the patient. In fact, not harming the lives of patients has always been paramount to them. Tabari, Rahawi, and Razi vividly show this by frequently referring to this issue in their works; they introduced 9, 29, and 37 ethical components, respectively. The increasing

demand of the society for physicians, their high social status, and the lack of the caliphs' supervision over their function led to the increasing number of fake physicians in the era of Rahawi. Their flattering behavior in attracting patients made Rahawi pay more attention to good morals. That is, Rahawi by introducing 23 ethical components had a frequency of 59 percent; Razi with 11 components had a frequency of 28 percent, and Tabari with 5 components had a frequency of 13 percent. With the increase of the professional specialization of Muslim physicians in diagnosis and treatment, in addition to enjoying confidentiality, responsibility became equally important. Razi with 41, Rahawi with 22, and Tabari with 6 responsibility components had 59, 32, and 9% of frequency, respectively (Table 1).

Table 1: The number of moral components from the perspective of Tabari, Rahawi, and Razi

Physician	Confidentiality	Responsibility	Good moral	Total
<i>Ali ibn Sahl Tabari</i>	7	6	5	18
<i>Ishaq bin Ali Rahawi</i>	29	22	23	74
<i>Muhammad ibn Zakaria Razi</i>	37	41	11	89
	73	69	39	181

Finally, it is worth mentioning that the lower number of Tabari's ethical components does not indicate that the ethics of this profession has been less important to him. Rather, it should be noted that, firstly, his book, *Ferdows al-Hikma*, has been the first medical work of the Abbasid era, whose purpose mostly is to give medical information. He, at the same time, has attached equal importance to the ethics of this profession from the very beginning. Secondly, the number of books written by Razi and the volume of his works outnumber those of Tabari and Rahawi.

Conflict of Interest

None.

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