Original Article

Conceptualization of trust within medieval Islamic medicine

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Abstract

Medicine in medieval Islam was not simply a technical trade but a crucial societal institution guided by moral values and collective obligations. At the heart of this institution lies the concept of trust. This study aims to conceptualize the formation and dynamics of trust in medieval Islamic medicine, using a qualitative, historical-analytical approach. For this purpose, we analyzed manifestations of trust throughout society in accordance with theoretical frameworks of trust across three interconnected levels of relationships: trust within the community of physicians, trust between people and physicians, and generalized or public trust in physicians. The study results show that the framework of trust in the community of physicians is widespread and is created through professional knowledge, ethical standards, medical ethics, collaboration, and medical practices within the community of physicians; trust between physicians and people is also typical and is a product of socioeconomic factors and reputation; and finally, public trust is pervasive and is formed through societal and cultural measures.

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Received: *18 Jun 2025*
Accepted: *23 Nov 2025*
Published: *13 Dec 2025*

Citation to this article:
Salmani Bidgoli M. Conceptualization of trust within medieval Islamic medicine. J Med Ethics Hist Med. 2025; 18:16.

Keywords: *Trust; Trustor; Trustee; Medieval Islamic medicine; History of medicine.*

Introduction

The medieval Islamic society experienced an extraordinary blossoming of medical expertise and practice, grounded in a fusion of classical Greco-Roman heritage and pioneering Islamic intellectual contributions (1). During this period, medicine was more than just a technical trade; it was an important public institution grounded in moral values and collective obligations (2), and the concept of trust was central to the profession. Trust has always played an important role within every group, community, and society (3, 4). In medieval Islamic medicine, trust operated on multiple interrelated levels, reflecting the complex social and epistemological fabric of the time. Within the medical community, trust was rooted in a common foundation of clinical knowledge and philosophical thought, inherited from classical Greek figures such as Galen and Aristotle and further developed by Islamic scholars such as Avicenna. This intellectual heritage nurtured mutual trust among physicians, as they depended on a shared epistemological foundation and moral codes to authenticate and disseminate medical knowledge (5). Between physicians and patients, trust was indispensable due to the imbalance of knowledge and the inherent vulnerability of the ill. Physicians were regarded as trustees, entrusted with the health and well-being of individuals and communities. At the same time, patients and the public functioned as trustors, relying on the physicians' expertise, moral integrity, and commitment to care. This bond was further solidified by the physician's reputation, often established through recorded case histories and effective treatments, serving as public testimony to both their competence and moral integrity (6). Trust extended beyond personal interactions to encompass the broader societal sphere where physicians held esteemed positions, often serving in royal courts and public health roles, thereby cultivating widespread confidence in their authority and proficiency. This collective trust was further reinforced by the alignment of medicine with prevailing religious and philosophical doctrines, which legitimized the physician's role as a steward of both personal and communal well-being. The medieval Islamic society witnessed physicians occupying paramount public trust and authority. Ibn Sina (Avicenna), for example, was a vizier and chief

physician in the courts of Isfahan and Hamadan, where rulers called upon him to care for them and offer advice about their subjects' health. Haly Abbas (Ali ibn al-Abbas al-Majusi) also serves as an example, serving as a court physician to the Buyid dynasty in Persia, where he influenced royal health and the organization of *bimaristans* (hospitals). Al-Razi (Rhazes) was widely read and consulted for his medical texts and philosophical treatises; he was a notable physician who oversaw the hospital in Baghdad and also helped develop public health policies, supported the education of clinical medical practitioners, and supervised healthcare professionals. These roles showcase how the public trust in physicians influenced matters of public or political welfare, indicating that physicians not only had authority in clinical medicine but were known for ethical acts, innovative practices, and involvement in governance and public health strategy, creating a foundation for shared beliefs in the medical profession across the medieval Islamic society (7).

This article investigates the conceptualization of trust in medieval Islamic medicine by analyzing its manifestations across three interconnected levels of relationships in accordance with the theoretical frameworks of trust (3, 4, 8). These three interrelated relational levels are trust within the community of physicians, trust between people and physicians, and generalized or public trust in physicians. This work draws on historical medical literature, ethical treatises, and case histories to illuminate how trust was cultivated and maintained in a complex medical marketplace shaped by social, economic, and cultural factors. Understanding this evolving construct not only deepens our knowledge of the medical practices of the time but also sheds light on the foundational role of trust in the enduring legacy of Islamic medicine.

Methods

This article adopts a qualitative, historical-analytical approach to conceptualize trust and to understand the formation and dynamics of trust in medieval Islamic medicine. A theoretical conceptual framework based on trust theory is thus established, viewing trust as both a social relation and a communal ethic at multiple levels of society. In this context, medical practitioners, as trustees, are ideologically examined in terms of their epistemic authority, ethical obligations, and social responsibility; trustors, on the other hand, are patients and society and are reliant on

trust, which is rooted in notions of competence, ethical comportment, dependability, accessibility, and the trustors' overarching moral responsibility. In this study, a comprehensive literature search was conducted to identify primary sources, including case examples, important philosophical, ethical, and medical content, texts on notable physicians such as Avicenna (9) and al-Razi (10), and other secondary sources focusing on Islamic medicine. The search needed to comprise a historical focus (8th -14th centuries CE), a quality from a relevant source or primary text (i.e., growing, transitioning from author to physician), representation from physician and patient-based content, and examples that might help demonstrate what trust in providers looked like and how it operated in the context of trust. For all selected texts, close reading and interpretive analysis were done to identify themes and examples of epistemic authority, ethical standards, medical practices, and social reputation. Next, a comparative study was performed across the various sources to inductively identify the characteristics of trust that were clearly Islamic (to be distinguished from the Greco-Roman tradition), and to elaborate on the formation and manifestations of trust in interpersonal, communal, and societal contexts. Analytical procedures included thematic coding of trust-oriented characteristics, triangulation of accounts for trustworthiness or reliability, and synthesis of a conceptual model for each of the grounded levels of physician-patient-society trust, as described in the article (11, 12).

The Uniqueness and Importance of Trust within Medieval Islamic Medicine

The formation of trust between physicians (as trustees) and people (as trustors) in medieval Islamic medicine was both essential and unique, underpinning the legitimacy, effectiveness, and ethical standing of medical practice. What distinguished the Islamic model was its deliberate fusion of religious and ethical imperatives with medical practice. In contrast to the elitist orientation of the earlier Hippocratic tradition—which often catered to privileged social classes—Islamic medicine urged physicians to care for all individuals, irrespective of their social standing, the severity of their illness, or their financial status. This mandate, grounded in divine obligation rather than professional convention, expanded the physician’s duty to care for the poor and marginalized, thereby extending trust more

equitably throughout the society (13). Trust formed the cornerstone of the physician-patient relationship, empowering patients to pursue care, share sensitive information, and adhere to medical guidance. This trust stemmed from the physician's dual identity as both a skilled expert and a moral guide, shaped by Islamic ethical values such as compassion, integrity, confidentiality, and a commitment to serve all individuals irrespective of their social standing or financial means (13-15). Social and cultural context offered clear directives regarding the physician's duties, underscoring the sanctity of life, the imperative to prevent harm, and the safeguarding of patient confidentiality. Physicians who exemplified these virtues were more likely to earn the trust of both individuals and the wider community, thereby enhancing health outcomes and strengthening their social authority (16).

The Conceptual Framework of Trust in Medieval Islamic Medicine

1. Trust within the Community of Physicians

In medieval Islamic medicine, trust within the community of physicians was fundamental for the development, transmission, and validation of medical knowledge and practice. Physicians in the medieval Islamic society depended profoundly on a vast and well-established corpus of medical knowledge inherited from Greek, Roman, and earlier Islamic authorities such as Galen, Hippocrates, and al-Rāzī. This body of knowledge was disseminated through a multifaceted system encompassing formal instruction, scholarly treatises, and clinical case records, all of which functioned as dependable references for medical practice (12) and established a shared epistemic foundation that cultivated trust among physicians. This continuity of thought was not merely a matter of preservation. Still, one of critical reflection and original contribution, reinforcing the community's confidence in the credibility and effectiveness of medical theories and practices (17). Also, case histories (tağārib and mujarrabāt) played a pivotal role in conveying practical medical knowledge. These detailed narratives chronicled symptoms, diagnoses, treatments, and outcomes, serving not only as educational tools but also as ethical exemplars that demonstrated physicians' competence and attentiveness. These records strengthened professional trust within the medical community by linking theoretical frameworks to clinical practice (6). Furthermore, the ethical standards and medical ethics of medieval Islamic medicine

were deeply rooted in Islamic teachings, Greco-Roman traditions, and professional codes of conduct. Medical education historically embedded ethics through mentorship, scholarly texts, and structured curricula that emphasized moral responsibility alongside clinical competence (18). These ethical standards reinforced trust by aligning medical practice with prevailing religious and societal values. Physicians were regarded as moral custodians, accountable to both divine command and communal expectations, which helped preserve their professional authority—even within a pluralistic, multicultural society. The synthesis of Islamic ethical norms with empirical rigor fostered a durable legacy of trust that upheld the legitimacy of medicine throughout the medieval Islamic era (18, 19). This ethical framework fostered trust within the medical community, ensuring that physicians upheld high standards in their practice and interactions with peers. Lastly, collaboration among physicians in medieval Islamic medicine was a cornerstone of both medical advancement and the cultivation of mutual trust. One of the most significant vehicles for this collaboration was the sharing of case histories and clinical experiences. This collegial exchange fostered a system of mutual trust based on demonstrated competence, transparency, and a shared commitment to patient welfare. The prevailing system of open knowledge exchange strengthened professional accountability. It fostered a culture in which trust was grounded not merely in personal reputation but in the transparent sharing of expertise and collective responsibility for patient outcomes (20).

2. Trust Between People and Physicians

In the medieval Islamic society, physicians were regarded as amāna—trustees of their patients' health—a role that encompassed not only technical proficiency but also moral integrity. Patients, as trustors, entrusted physicians not merely with clinical expertise but with adherence to ethical values grounded in Islamic teachings, such as compassion, honesty, and prioritizing patient welfare. For instance, Ishaq ibn Ali al-Ruhawi's Adab al-Tabib (Practical Ethics of the Physician) (21) is accepted as the first fully realized overarching Islamic treatise on medical morality. Adab al-Tabib clearly prescribes the moral character of the physician, emphasizing compassion, truthfulness, doing good for the patient, and fidelity. Likewise, Zakhīre-ye Khwārazmshāhī (The Treasure of Khwārazmshāhī) (22), a primary Persian medical text by Ismail Jurjani, includes a section on ethics

that advises physicians to act as amāna (trustees) in all situations and to place humility and sincerity above all else, emphasizing that the patient's interests always come first. These examples provide evidence for the dual assertion that both the technical and moral aspects of trust were considered part of the physician's role in medieval Islamic ethical texts.

This ethical dimension was foundational to the physician-patient relationship, shaping patient expectations and reinforcing the physician's social and moral accountability. Pragmatic factors, including the accessibility and affordability of medical care and pharmaceuticals, also shaped trust. Physicians often served socioeconomically diverse populations, and those attending to lower-income groups frequently depended on locally sourced and culturally trusted remedies. The availability and perceived effectiveness of these treatments significantly influenced the establishment and preservation of trust, as patients' confidence in their physicians was closely tied to their ability to obtain adequate, affordable care. The ethical significance of resource distribution and equitable access to healthcare—central to historical practice—is reaffirmed in contemporary scholarship, underscoring the enduring role these considerations play in cultivating trust (23, 24). A physician's reputation was also a vital asset in cultivating and sustaining the trust of both individuals and communities. Successful clinical outcomes, consistent ethical behavior, and the recording and dissemination of case histories shaped this reputation. Medieval Islamic physicians, such as al-Rāzī, employed these narratives not only as pedagogical instruments but also as proof of their professional competence and trustworthiness. These case records functioned as public affirmations of a physician's expertise and moral integrity, bolstering their status within the medical marketplace and reinforcing societal trust. The dynamic interplay between ethical conduct, therapeutic success, and public reputation created a self-reinforcing cycle that deepened the trust placed in medical practitioners (11, 24)

3. Generalized or Public Trust of physicians

Physicians in the medieval Islamic society held esteemed social positions, frequently serving rulers, royal courts, and public institutions. This involvement significantly reinforced their status as authoritative figures in matters of health. Their responsibilities extended beyond individual patient care to include advising political leaders

and overseeing public health initiatives. This elevated standing was underpinned by the integration of medical knowledge with prevailing religious and ethical frameworks, positioning physicians not only as healers but also as moral agents accountable to both divine law and the broader public good. The interconnection of medicine, religion, and governance legitimized their authority and cultivated enduring public trust in their expertise and intentions (25, 26). Furthermore, medieval Islamic medical literature placed significant emphasis on regimen sanitatis—the preservation of health through balanced living and preventive practices. Physicians promoted hygiene, nutrition, physical activity, and environmental well-being as integral aspects of medical care, framing themselves as custodians of public health rather than mere individual practitioners. This preventive orientation was institutionalized through hospitals (bīmāristāns) and formalized public health policies, including quarantine protocols during epidemics and organized sanitation campaigns. These proactive health measures reinforced public trust in physicians by showcasing their dedication to safeguarding communal well-being and managing disease with foresight and responsibility. Finally, the enduring influence of Islamic medical ethics and practice across the vast territories of Islamic rule—from Andalusia to Persia—cultivated widespread trust in physicians as both knowledgeable and morally upright practitioners. This legacy rested on an unbroken tradition of medical scholarship, ethical responsibility, and civic engagement that transcended regional boundaries. Cultural reverence for physicians was reinforced by their documented contributions to science, education, and public welfare, which lent continuity and credibility to medical practice and public health infrastructure. This sustained trust played a pivotal role in preserving social cohesion and enabling the transmission of medical knowledge across generations and civilizations (25, 27).

Conclusion

Medieval Islamic medicine relied on a combination of ethical, religious, and practical foundations that facilitated efficacious treatment while protecting patients' dignity. In this context, trust was fostered through honest care for patients and equitable treatment. Several authoritative texts have also listed the ethical duties and moral obligations of physicians, such as Ishāq ibn Ali al-Ruhāwī's Adab al-Tabib, which discusses the ethical behavior of

physicians, grounded in virtue, compassion, honesty, and prioritizing the good of the patient, and based on Islamic moral values. Similarly, the ethical section in Ismail Jurjani's Zakhīre-ye Khwārazmshāhī also highlights virtue. It emphasizes sincerity and humility as fundamental ethical traits, which also underpin trust in the quality of care.

Most importantly, the core Islamic idea of amāna (which denotes trustworthiness and moral integrity) remains a central construct in contemporary medical ethics and professional behavior, indicating an ongoing, historically grounded relation to medieval Islamic theory, which ties past trustworthiness to bioethics. This means that understanding the evolution of this trust not only expands our understanding of the past but also enriches our current discourse regarding medical ethics and professionalism.

The incorporation of Islamic moral principles, the application of case-based learning, and attentiveness to socioeconomic conditions rendered the cultivation of trust not merely a professional obligation but a defining feature of Islamic civilization. Trust in medieval Islamic medicine was neither monolithic nor fixed, but rather a dynamic convergence of epistemological, moral, and societal dimensions. It functioned within the medical profession, in the physician-patient relationship, and throughout the broader community. This multilayered trust was foundational to both the practice and dissemination of medicine in medieval Islamic society, influencing the development of medical knowledge and the delivery of patient care. This methodological design enables a comprehensive and nuanced understanding of trust as a foundational element in medieval Islamic medical practice, contributing to both historical scholarship and contemporary reflections on medical ethics and professional trust.

Acknowledgments

I extend my heartfelt appreciation to the scholars and historians whose rigorous research on medieval Islamic medicine offered profound insights that greatly informed this article.

I am particularly appreciative of the librarians and archivists for their dedicated work, enabling access to an assortment of rare and unique medieval Islamic medical manuscripts and records I considered essential to this study. Of particular note are the following key texts: Ishāq ibn Ali al-Ruhāwī's Adab al-Tabib; Avicenna's Canon of Medicine; al-Razi's Kitab al-Hawi; and

Ismail Jurjani's Zakhīre-ye Khwārazmshāhī. These manuscripts provided foundational interpretations of various ethical, medical, and social aspects of trust in medieval Islamic medicine, and the accessibility and preservation of these materials were essential to the rigorous historical analysis conducted in this study. I also express deep gratitude to my academic mentors and colleagues for their insightful feedback and unwavering support throughout the writing process. Lastly, I acknowledge my institution for fostering the environment and providing the resources necessary for the successful completion of this research.

Conflict of Interests

The author affirms that there are no conflicts of interest in the research, authorship, or publication of this article.

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