The term “spirituality” has been proposed to denote the notion of intellectuality. Actually, the former has been derived from the Latin words “spiritus” (means breath) and “spirare” (means inhaling or breathing). Given the Latin translations of the New Testament, the term “spiritualis” or spiritual person is an individual whose life is dominated or influenced by the Holy Spirit or God (1).

Sciences related to human health can lead students to the greatness of creation and its creator. Accordingly, any given spiritually-oriented instructor may adopt a Quranic standpoint in order to note the inherent holiness of science to the students. Since all sciences are considered as tools to explore the truth, it may be argued that these tools may ennoble human beings.

Thus, the spiritual factors play a significant role in the process of teaching and learning in medical education in educational, research and treatment contexts. Besides, the spiritually-oriented education may carry over spirituality along with educational content and curriculum. In addition, these educational programs can lead individuals to achieve a higher level of awareness and accentuate the individuals’ education and life. The goal of spiritual education program is not only a means to understand the educational content but also it is directed towards promoting students’ reasoning power, thoughtfulness and analysis. It should be noted that these processes are often carried out during education (2).

Given the spirituality-based education, the instructor is not only a transferor of concepts, knowledge and skills, but also he/she is considered a weighty and influential model whose insight, ethics and conduct may positively affect the students (3).

Today, the notion of spirituality has become a lively discussion in scientific circles throughout the scientific training programs presented in medical sciences universities across the world. The results of several studies indicate that 90% of U.S. medical schools have included some courses with the content of spiritual health in their curriculum. Similarly, the European universities pay, more or less, attention to spirituality throughout their educational courses. However, little information is available from spirituality in the curriculum of Latin American, Australian and African countries. Most recently, the diverse spirituality approaches have circulated across the world, including our own culture. Besides, the spiritual and mystical resources of Islam are very rich and efficient. Given this fact that Iran has enormous scientific and spiritual backup resources and regarding the dire need for change in medical education system based on Islamic spirituality, it seems essential to determine the educational priorities thereof. The general policies of the health system, which have been communicated by the Supreme Leader (Paragraphs 1, 3 and 13) can clearly confirm the latter claim:

Paragraph 1. Providing educational, research, health, treatment and health rehabilitation based on the Islamic-human principles and values as well as institutionalizing the aforementioned norms in the society.

1.1 Promoting the selection, evaluation and training system of instructors, students and administrators as well as transforming the
scientific and academic environments in accordance with Islamic values, medical ethics and professional practices

1.2. Promoting public awareness about their social rights and responsibilities as well as utilizing the capacity of helpful contexts to provide health care services so that the Islamic spirituality and morality may be flourished in the society

Paragraph 3. Improving the mental health of society members via promoting Islamic-Iranian lifestyle, strengthening family foundations, eliminating the stressful obstacle to personal and social life, reinforcing the spiritual and moral education and promoting the mental health indicators

Paragraph 13. The qualitative and quantitative development of targeted, health-oriented, accountable and fair medical education system in a way that it reflects the needs of society members. It should be noted that the latter objective may be attained if efficient manpower is trained. Besides, they must commit themselves to professional Islamic ethics and possess appropriate skills and competencies tailored to the needs of different regions of the country

Thus, the inclusion of spirituality in curriculum and training courses of medical fields as well as units and programs that are conducive to the concepts of Islamic spirituality will lead the students to attain professional competencies, become efficient professionals and feel committed to the Islamic ethics. Accordingly, if due attention is paid to clear and scientific solutions in planning and integrating the spirituality and education, one may expect a socially-driven national and transnational movement in the field of education.

References