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THE PHYSICIAN VS. THE HALAKHIC MAN: THEORY AND PRACTICE
IN MAIMONIDES'S ATTITUDE TOWARDS TREATING GENTILES

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Abstract: Ancient Jewish law took a strict approach to medical relationships between Jews and non-Jews. Sages forbade Jews to provide non-Jews with medical services: to treat them, circumcise them, or deliver their babies, in order to refrain from helping pagan-idolatrous society. Such law created particularly severe social conflicts in cases of mixed societies based on joint systems. The current paper focuses on the attitude of Moses ben Maimon (Maimonides, Rambam, 1138-1204), a medieval Sephardic Jewish Rabbi towards providing medical service to gentiles. Following the classical rabbis R. Moshe ben Maimon in his halakhic tome Mishne Torah, objected to treating non-Jews. His rigid attitude found expression in several aspects of helping and giving medical treatment to non-Jews. Despite the classical rabbinical restrictions on medical relationships between Jews and non-Jews, and his own rigid halakhic verdicts, Maimonides treated gentiles. According to one understanding, Maimonides cured Muslims for a wage, which is permitted. However, it seems that the main factor that may have facilitated Maimonides halakhic position is the identification of Islam as a non-idolatrous faith. Interestingly not only on medical issues did the Maimonides act differently than his halakhic rulings in Mishne Torah, rather in other areas as well.

Key words: Medical Jewish prohibition, treating Muslims, Maimonides, medical treatment, idolaters, medieval medicine, Ethnic-medicine, Halakha, Judaism, Mishneh Torah

1. Introduction

The relationship between the doctor and his patients is the basis of all medical systems and it is inherent in all enduring human societies, from ancient times to the modern era. Such interpersonal interactions have social significance as well, as they create an essential point of contact between people who belong to diverse faiths and cultures that are sometimes rival and hostile. The current paper focuses on the rigid halakhic attitude of Maimonides (12th century), a medieval Rabbi and physician, towards providing medical services to gentiles. The issue of treating people from a different ethnic or racial background is also relevant for modern contemporary society, which is varied and multicultural.

The physician's ethical duty to provide medical treatment to patients from all backgrounds and social classes is one of the principles of the Hippocratic Oath (Copland, 1825, 258; Edelstein, 1943). In fact, the Hippocratic Oath does not deal explicitly with ethnic and racial differences between patients and this issue has been incorporated in modern physicians' oaths (WHO, 2006). The question is, do the Jewish halakhic sources agree with the ethical attitude of the Hippocratic Oath and its objection to distinguishing between patients?

1. The attitude of Classical Rabbinic Literature to medical relationships of Jews and non-Jews

The bible voices no injunction against medical relationships with non-Jews. However, the halakhic attitude of the sages is different. The first signs of medical restrictions of Jewish-gentile relationships emerged and crystallized in the Mishnah and Talmud periods (c. 3rd century BCE–5th century CE). The classical rabbis imposed a double restriction. First of all, they prohibited the provision of medical services to non-Jews – medical care, circumcisions, and delivering their babies (Mishna, Avoda Zara, 2:1; Babylonian Talmud, *ibid.*, 26b). The prohibition is based on the injunction against assisting and supporting pagan societies that contradict the foundations of monotheistic Jewish faith (Mishna, Avoda Zara, 1:1-2; 2:2; Babylonian Talmud, *ibid.*, 25b). We assume that these restrictions did not stem only from a conflict between monotheism and polytheism. The gentiles that are presumed in Sages texts were not only the advocates of an objectionable theology, but the rapacious Roman occupying power with whom the Jews were also in a protracted struggle for political independence.

At the same time, receiving services from non-Jewish physicians and healers was limited as well for fear of harassment or murder disguised as a medical failure (Mishna, Avoda Zara, 2:2; Tosefta, Hulin, 2:21, Zuckerman)

edition, 503). It was forbidden to receive medical treatment from non-Jews or to buy medicines that may be lethal if taken in inexact doses, Such as opium and Theriac (Jerusalem Talmud, Avoda Zara, 2:2, 40d). Another concern was the use of idolatrous elements contradicting the patient's Jewish faith as part of the medical treatment, or the negative religious influence of non-Jewish physicians on Jewish patients (Babylonian Talmud, Avoda Zara, 27b).

These religious restrictions might have aggravated the friction between the faiths and created severe social conflicts, particularly in circumstances that entailed a mixed society utilizing joint systems. As a result, as early as the Talmudic age we see rabbinical reservations with regard to the all-inclusive prohibition of medical relationships. Accordingly, the risk of interfaith tension served as grounds for permitting medical treatment of non-Jews and assisting in the labor of non-Jewish women, for a fee (Babylonian Talmud, Avoda Zara, 26b).

2. The physician-patient relationship in multicultural societies: Past and present

Intercultural differences between practitioners and patients are inevitable in socially diverse societies. Medical conflicts emerge in multicultural environments when an ethnic minority resides within the geographical boundaries of another group or in countries where the population is comprised of many nationalities with different cultural identities, usually an outcome of migration and demographic transitions (Ayonrinde 2003, 233-248). The Jewish community lived under the rule of other nations for many generations, and thus was compelled to cope with realities and norms that differed and even contrasted with its own culture. On the one hand, the Jews were a segregated group that maintained social "restrictions" intended to prevent mixing that could lead to interfaith marriage and assimilation, and on the other they were a persecuted minority.

As a result of these two factors, Jewish religious texts include religious laws that express suspicion and reservations towards full contact with their environment, and the medical field was no exception (Mishne Torah, Hilkhhot Ma'achalot Asurot, 17:3-26). Notably, in certain historical contexts Jews were barred from full participation in the medical field by general society as well. In medieval Christian Europe, Jews were forbidden from treating Christians. The law forbidding Jews from treating Christians was enacted by Pope Eugenius IV in 1431. It was approved by Nicholas V in 1447 and toughened by Paul IV in 1555 (Shapira 1960, 109-116). The Jews were even restricted in applying for medical studies at universities. Since European universities were to a large degree religious institutions and intended for followers of their faith, it was hard for Jews to be admitted as these institutions made it difficult for them, charged double rates, and

teaching arrangements were not conducive to Jewish religious observance (Endel 1955, 16-32). However, some Jewish physicians nonetheless attained a high professional level, achieved fame, and were appointed to the courts of popes and secular rulers. This type of discrimination probably increased the Jewish sense of prejudice and antagonism against gentile society.

Two elements are involved in the intercultural medical process, and bringing them to a state of accord is a complicated and complex task. Practitioner-patient tensions are not merely a thing of the past, rather their social and medical implications are evident to this day. In addition to differences such as age, sex, and language, each of the parties involved might have a different cultural background, and both might find the encounter difficult.

The ancient Jewish law against treating idolaters, resulting from the negative attitude of monotheistic Judaism to paganism, is a clear example of extreme alienation and segregation of practitioners and potential patients based on their different beliefs. Another possible situation is when practitioners and patients interact, but the practitioner is not cognizant of factors shaping the patient's cultural world - unique values, expectations, norms, and taboos (Ayonrinde 2003, 233-248). Religious faiths have a characteristic routine, types of foods, ceremonies, fasts, prohibitions, etc. Disregard for these factors might lead to conflict between practitioners and patients. In more extreme cases, incompatibility between the treatment offered and the patient's culture, or insensitivity to religious features, might be perceived as aggressive, and result in the patient's reluctance or absolute avoidance of seeking medical care (Ayonrinde 2003, 233-248).

Historians have shown that, in medieval Christian and Muslim society, people preferred to be treated by observant popular healers rather than by certified secular physicians, as the former adhered to known religious precepts. In the Muslim world these were healers with religious training which including knowledge in Prophetic medicine (in Arabic: 'Al-Tibb al-nabawī, الطب النبوي), and in Europe medical services were provided by monks (Hamarnah 1973, 15-31; Elgood, 1962, 146-153).

2.1. The goals of the current study

The current study deals with the following two questions:

1. How did Maimonides cope with the ancient prohibition against treating gentiles? Were Muslims considered idolaters and therefore it was not permitted to treat them?
2. In fact, Maimonides treated Muslims. Is his practice contradicts his halakhic attitude in his religious books?

2.2. Maimonides: a brief biography

Moses ben Maimon (Maimonides, Rambam, 1138-1204) was a medieval Sephardic Jewish Rabbi who became one of the most prolific and influential Torah scholars of the Middle Ages. Maimonides was halakhic authority,

philosopher and also a preeminent physician. He was born to a distinguished family in Cordova, Spain in 1138. When the Almohads (الموحدون) from North Africa invaded the Iberian Peninsula in 1148 all non-Muslims were offered the choice of conversion, exile, or death. Maimonides' family was forced to leave Cordova and travel through southern Spain and arrived in Fez, Morocco in 1160. His first philosophic work of note was the *Treatise on the Art of Logic*. Around this time, he began work on his first religious masterpiece, the *Commentary on the Mishnah*, which was finished in 1168 (Langermann 2007, 726-727).

Maimonides arrived in Egypt in 1166 and eventually settled in Fustat, a section of Cairo, where he lived until his passing. In Egypt, Maimonides was supported by his brother David, a merchant who imported diamonds from India. His financial support gave Maimonides the ability to devote himself to the study of Torah and to author his scholarly work on the Mishnah. In his mid-fifties, Maimonides was appointed as a personal physician by a royal courtier and then to Saladin, the sultan of Egypt and Syria (Rosner 1969, 221-35; Goitein 2005, 134-35, 192). Beside his occupation as a physician, Maimonides wrote many medical works in Arabic, such as *Medical Aphorisms of Moses*; *Treatise on Hemorrhoids*; *Treatise on Asthma*; *Treatise on Poisons and Their Antidotes* and *Regimen of Health* (Meyerhof 1941, 265-301).



The statue of Maimonides in Córdoba, Spain

1. Providing medical services to gentiles patients in Maimonides halakhic works

In his halakhic tome *Mishne Torah*, Maimonides objected to treating non-Jews. His rigid attitude found expression in several aspects of helping and giving medical treatment to non-Jews (From now on, all the citations of the *Mishne Torah* are from Shabtai, 2002).

a. Circumcision

Based on the Babylonian Talmud, Avoda Zara 26b, he permits the circumcision of non-Jews (**goyim**) in order to fulfill the commandment of circumcision, however not when it has medical purposes. In Mishne Torah, Hilkhhot Mila 3:7 he writes: "It is forbidden for a Jew to circumcise gentile (**goy**) who is forced to remove his foreskin because of a wound or because of a tumor, since we are instructed neither to save the gentiles (**goyim**) from death, nor to cause them to die (see also Maimonides 1958, Vol. 1, siman 148, p. 282).

b. Midwifing and nursing non-Jews

Maimonides forbids midwife non-Jews women [**nuchrit**] and nurse their children. In Mishne Torah, Hilkhhot Avoda Zara, 9:16 he writes: "A Jewish woman [*Bat Israel*] should not nurse the child of an idolater [**nuchrit**], since, by doing so, she raises a son who will be an idolater. She should not serve as a midwife for an idolatrous woman [**nuchrit**]. She may, however, do so for a fee, lest strife arise. An idolatrous woman [**nuchrit**] may serve as a midwife for a Jewess [*Bat Israel*] and nurse her child. [This must be done] in premises belonging to a Jew, lest the idolatrous woman kill the child."

Concerning delivering the babies of non-Jews Maimonides distinguishes between *goy* and *ger toshav* [partial proselyte]: "We should not help non-Jew woman (**goya**) give birth on the Sabbath, even if payment is offered. We do not worry about the possibility of ill-feelings being aroused. This applies even when there is no violation [of the Sabbath laws] involved. In contrast, one may offer assistance to a daughter of a *ger toshav* woman who gives birth, since we are commanded to secure her well-being. We may not, however, violate the Sabbath laws on her behalf" (Mishne Torah, Hilkhhot Shabat 2:12).

c. Assisting non-Jews in a case of a landslide

Maimonides also forbids assisting non-Jews (**goyim**) in the case of a landslide that occurs on the Sabbath. In this case, he does not permit to rescue or to help non-Jews in order not to desecrate the Sabbath. In Mishne Torah, Hilkhhot Shabat 2:20-21 he writes: "When an avalanche falls on a courtyard in which are located both non-Jews (**goyim**) and Jews (*Israelim*) - even if there are a thousand gentiles and only one Jew, we should remove all [the debris] for the sake of the Jew".

e. Providing medical services

With regard to providing medical services to non-Jews, Maimonides distinguishes between *oved avoda zara* (an idolater) and *ger toshav*. In Mishne Torah, Hilkhhot Avoda Zara, 10:2 he writes: "Hence, it is forbidden to offer medical treatment to **ovedei avoda zara** even when offered a wage. If, however, one is afraid of the consequences or fears that ill feeling will be aroused, one may treat them for a wage, but to treat them for free is

forbidden. [With regard to] a **ger toshav**, since we are commanded to secure his well-being, he may be given medical treatment at no cost.”

According to this version of halakha it is forbidden to offer medical treatment to **ovedei avoda zara**, that is an idolater (Frankel 2002, 540; Rabinowitz 2008, 778-779). However, there are many different versions of this source that might influence the meaning of the halakha. In many manuscripts and printing presses (*Defusim*) the version is: **goy ovedei avoda zara**. See for example:

1. Oxford, Bodleian Library 569 (ARCH. SELD.82).
2. Cambridge library Dd 13.1.
3. Oxford, Bodleian Library, Sephardic manuscript 572 [MICH. 624].
4. Kaufmann manuscript, Budapest library A77. VOL. IV).
5. *Defus R. Moses Ibn Shaltiel* [Spain or Portugal before 1492 or 1497, facsimile edition of the copy in the Jewish Theological Seminary of America. Introduction by Shlomo Zalman Havlin, Jerusalem 1975].
6. *Defus Romi* 240 (before 1480).
7. *Defus Constantina* 269 [=Constantinople 1509]
8. *Defus venezia* [=Venice] [Bragadin and Yuštinian 310-311 [=1550-1551].

In *Defus Venice* 334-336 [=1574-1576] and in most of the recent presses the version was changed to: **kuti oved Kochavim umazalot**. In several recent presses the version is: **goy aku”m** and in the new presses: **aku”m** (Shabtai Frankel edition, *Hilkhos Avoda Zara*, 10: 1-2, p. 540).

According to Frankel edition, in his medical laws Maimonides uses three different terms: *goy*, *oved avoda zara* and *nochri*. The term *goy* means gentile (not necessarily an idolater) and the two other means an idolater. Hence, the definition of non-Jews that he objects to provide medical treatment or delivering babies is not clear. It should be noted, that the standard printings of most rabbinic works, ancient or medieval, incorporate censors’ glosses with respect to all terms designating other religions, heresies, etc. Basic words like **goy** [gentile], **min** [sectarian, often referring to Jewish-Christians], **meshummad** [apostate] and others were replaced by **aku”m** (worshipper of stars and constellation—a term that was only invented in seventeenth-century Europe), **kuti or Kuthite** [i.e., Samaritan], **Sadducee**, etc., in order to remove or minimize the implication that they were referring to contemporary Christians (On the changes of the censors’ glosses in Venice press since 1534 see Shabtai 2002, 540).



Page of Mishneh Torah of Maimonides, Venice 1574

Maimonides permitted to providing medical treatment or delivering babies to for partial proselytes (*ger toshav*). He determines that *ger toshav* is a gentile who observes the seven Noahide Laws: “A person who accepts these seven *mitzvot* is a *ger toshav*. A *ger toshav* may be accepted only in the era when the [laws of the] Jubilee Year are observed” (Mishne Torah, Hilkhot Avoda Zara, 10:6. On the halakhic status of *ger toshav* according to Maimonides writings see Novak, 1983; Frimer 1986, 89-102; Fraade 1994, 145-165). Did he consider Muslims *ger toshav* as well? On one hand, Muslims keep the seven Noahide Laws, but on the other the laws of the Jubilee Year were not observed at that time, so Muslims might not be accepted as *ger toshav*.

Medieval halakhic authorities deliberated whether Muslims should be defined as idolaters. Maimonides claimed that Muslims are not idolaters since they believe in one god (monotheism) and do not worship idols (Maimonides 1938, siman 369). In Mishne Torah, Hilkhot Ma’achalot Asurot 11:7 he writes: “One who accepted the observance of seven Noahide Laws it is forbidden to drink his wine, but it is permitted to benefit from it. Any gentile who does not serve false deities, e.g., the *ishamaelim* [=Muslims] it is forbidden to drink their wine, but it is permitted to benefit from it. The *Geonim* rule in this manner”. In other words, Muslims are not partial proselytes, but they have the same status concerning wine. According to this, we may assume that Maimonides is of the opinion that they have the same status regarding medical treatment as well. But, in fact, there is no unequivocal proof of this (Houranin 1986, 153-165; Novak 1986, 233-250; Blidstein 1997-1998, 465-476; Lasker 2007, 167-82; Boušek 2011, 46-85).

In contrast, others, such as Rabbi David ibn Avi Zimra (Radbaz, Egypt and Israel, 1479-1573) claimed that the Muslim faith is complete idolatry (Ibn Avi Zimra 1892, siman 1123). Hence, Maimonides is of the opinion that Muslims are not partial proselytes, but they are not considered idolaters (*akum*). The question is: does Maimonides think that people of this status are entitled to receive medical support from Jews?

3. The historical Reality: Maimonides the court physician of Fadil

In practice, despite his radical halakhic position on treating non-Jews Maimonides treated Muslims, both lords and common people. The Arab physician and historian Ibn Abi Usaibia (ابن أبي أصيبعة, 1203-1270) reports that Maimonides was appointed one of the court physicians of Ṣalāḥ ad-Dīn Yūsuf ibn Ayyūb (Saladin, d. 1193) (Ibn Abi Usaibia 1965, 582; Jadon 1970, 64–75). Modern scholars, such as Bernard Lewis, have doubted this historical fact (Lewis, 1984, 152-161), at any rate, it is obvious that Maimonides served as the personal physician and court physician of Saladin's son, the Egyptian Ayoubi ruler El Fadil (الفاضل).

In his letters, Maimonides describes the large crowd of gentiles that sought his medical services: “When I return to Egypt [=Cairo] after half a day [...] I find all the balconies full of gentiles, important people and non-important people, judges and officers. The masses know the time of my return to the city [...] I bear the burden of treating the gentiles” (Shilat 1987-1978, vol. II, 550-552). Were Muslims treated based on the belief that they are not idolaters? Or, was there another reason, such as need for sources of subsistence and inevitability? There is no explicit reference in Maimonides writing.

3.1. Maimonides treats gentiles vs. his halakhic rulings: Late explanations of the rabbis

A few rabbis tried to explain the contradiction between Maimonides attitude to medical relationships between Jews and non-Jews in his halakhic writings and the fact that he served as a doctor of the Ayoubi ruler. R. Moses ben Jacob of Coucy, known also as Moses Mikkotsi (the thirteenth century), the French Tosafist and authority on Jewish law is the earliest rabbi who tried to explain Maimonides “problematic occupation”. In his book *Sefer Mitzvot Gadol* he writes: „In the chapter “*Me Shehachazo*” [Babylonian Talmud, Gittin 70a] it is deduced that it is permitted to cure gentile, at least for a wage. It was said there that R. Shimi treated one gentile and he was cured. And on this [legal precedence] our rabbi Moses relied to be a physician in Egypt for the Ishmaelites [=Muslims]” (*Sefer Mitzvot Gadol*, Jerusalem: Mechon Jerusalem and Mechon Shlomo Uman, 2003, Lo ta'ase, siman 45, p. 81).

Moses Mikkotsi claims that Maimonides cured Muslims for a wage and according to the Talmudic story one of the sages did so. He is in doubt if this story determines the halakha, anyway he does not mention the explanation that the Muslims are not idolaters. In fact, Maimonides prohibited offering medical treatment to gentiles even when offered a wage, unless avoidance of treating might endanger the doctor (see above). According to this, it might be understood that Moses Mikkotsi thinks that Maimonides was obliged to cure the Muslims.

Rabbi Joseph Karo (Israel, 16th century) in his commentary *Kesef Mishne*

on *Mishne Torah* of Maimonides, claimed that Maimonides believed that the rabbinical prohibition against treating non-Jews refers only to those idolaters that lived when the injunction was given, e.g., in the Tanaaitic and Amoraic era (R. Joseph Karo, *Kesef Mishne*, Hilkhot Avodat Kochavim, 10:2). Rabbi Karo stated this principle in general without specifically mentioning Muslims, however we may assume that this was his intention.

Rabbi Chaim Benveniste (1603–1673), a prominent rabbinical authority in Izmir, Turkey was one of the rabbis who was in favor of providing medical care for Muslims. When asked by a Jewish midwife whether it is permitted to assist a “*Togarmi* woman” (=Muslim of Turkish origin) giving birth on the Sabbath, he claimed that the prohibition against assisting in labor and treating non-Jewish patients refers to idolaters, while Muslims believe in God and therefore are not included (Benveniste, 1987, siman 330, 187; Benveniste 1997, Lavin 45, 18-19; Benveniste 2008, siman 154:6, 129-130). As he understood the matter, Maimonides forbade the treatment or assisting in the labor of idolaters, and Muslims are not considered idolaters. However, Maimonides is of the opinion that there is halakhic prohibition to assist a Muslim woman giving birth in case of involving desecration of the Sabbath.

In his book *Dina Dehaya*, a commentary to *Sefer Mitzvot Gadol*, Benveniste mentions R. mikotsi position that Maimonides treated gentiles in Egypt for a wage. However, it seems that Benveniste himself thinks that Maimonides maintained that Muslims are not idolaters.

3.2. Discussion

Despite the classical rabbinical restrictions on medical relationships between Jews and non-Jews Maimonides treated gentiles. Understanding his position on treating the “new” gentiles, i.e. Christians and Muslims, is mainly a question of commentary and depends on different versions of his rulings in the *Mishneh Torah*. The basic assumption is that the medieval and modern halakhic authorities had to determine how much of the ancient religious and legal categories remained valid in the radically altered medieval realities, where the Roman empire and its polytheistic cult had been replaced by a different kind of gentile, adherents of Bible-based monotheistic religions, i.e. Christianity and Islam (Katz 1961, 24-36). For example, the Talmudic commentator, Rabbi Menachem Ha-Meiri (Provence, 13th Century) explicitly separated classical rabbinic categories of idolatry from the practices of his contemporary gentiles, and claimed that idolatry no longer exists in the world (HaMeiri 1971, 2b, 4; HaMeiri 1950, 113b, 320).

According to one understanding, Maimonides cured Muslims for a wage, which is permitted by the ancient Jewish sources. However, it seems that the main factor that may have facilitated Maimonides halakhic position is the identification of Islam as a non-idolatrous faith. Another factor that might influences the concession of Maimonides was the concern

of animosity and harassment by the Muslim environment. The inferior personal status of Jews as protected people (dhimmis, أهل الذمة) precluded the option of avoiding medical treatment of non-Jews. Jewish minorities' treatment of Muslim majority patients was a very sensitive issue. Thus, cases of complications or failed medical treatment might have resulted in undesirable actions against the Jewish physician or the entire Jewish community. In such circumstances, it was only natural that Maimonides or another halakhic authorities operating in Islamic countries gave their practical consent to providing medical services to non-Jews.

Interestingly, not only on medical issues did the Maimonides act differently than his halakhic rulings in *Mishne Torah*, rather in other areas as well. For example:

1. There is inconsistency between Maimonides' strict theoretical rulings about conditions requiring martyrdom under religious persecution in the *Mishneh Torah* (Hilkhot Yesode HaTora, 5: 1-4), as against his much more lenient guidance to persecuted communities in his "Iggeret ha-Shemad to the Jews of North Arica" (Hartman 1983, 362-403; Soloveitchik, 2013-2014, II, 331-337; Strikovski 1991, 242-275; Lorberbaum and Shapira, 2008, 123-169).

2. Maimonides ruled that Jews should not live in Egypt, while he himself lived and worked there (*Mishne Torah*, Hilkhot Melachim, 5: 7-8)

3. He ruled that it is forbidden to read the books of heretics (*Mishne Torah*, Hilkhot Avoda Zara, 2:2), but in his book *Guide for the Perplexed* he states that he himself had read them (Maimonides 1963-1965, 339-344; Fenton, 2004, 303-333).

These three examples of Maimonides' alleged behavior, which contradict his own halakhic writings, provide a more complex portrait of Maimonides. On the one hand, as a halakhic man who discusses and summarizes the Jewish laws, he is subject to the classical halakha of the ancient sages. On the other hand, Maimonides has a "practical halakha" which is compatible with his contemporary needs as a leader, philosopher, or a physician.

Conclusions

In fact, the contradiction between Maimonides' halakhic rulings and his practice as a physician is an unsolved issue. Maimonides does not refer to the discrepancy between his rulings and how he chose to behave. This is the reason for the varied explanations over the generations of why he served as a physician of the Ayoubi ruler. Did he rely on a halakhic argument in favor of treating gentiles, such as treating for a fee? Was it because he determined that Muslims are not idolaters? Alternatively, was he afraid to reject the ruler's request to be the palace physician? All these options are possible.

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