

# Centre of Biomedical Ethics and Culture

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# Bioethics Links

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This edition features a lead article by Dr. Elizabeth Bukusi about her evolving interest in bioethics and a collaborative bioethics program between CBEC and the Kenya Medical Research Institute, (KEMRI) that began this year. Dr. Aamir Jafarey provides a brief report on this program's first academic activities in Nairobi, in November 2017. Also included are first person narratives by CBEC alumni and a formal announcement of CBEC's designation as the 9th WHO Collaborating Centre for Bioethics.

Editor

## It's not an ordinary day!

*Nazli Hossein\**

It all begins on an emergency day of the unit in March. A woman who is seven months pregnant comes in with a cough, fever, shortness of breath and a history of recent travel. Under ordinary circumstances she would have been diagnosed with pneumonia or eclampsia, but these are different days. The on duty chief resident sensibly sends the other postgraduates away from the triage and starts examining the woman. She is not in labor so she is sent to the control and command room of the hospital. The chief resident takes her phone number to stay in touch.

The woman goes and finds a long line of patients, and returns home. The resident informs me about the situation. I ring up my infectious diseases colleague who advises that till the woman's status is discovered, the resident should go home. My resident has two kids at home, she asks me "Where else can I go?" Finally, we agree upon her parents' home, and wait for the results.

Meanwhile, the woman switches off her cell phone after going home and we all start praying for our dear resident. In the morning hours the administration wakes up, traces the area from where the woman has come, and first requests and then threatens the family to come back and get the test done. The couple returns in the afternoon to get tested. Fortunately the test is negative but by this time we have recited all the prayers we know for the safety and well being of our residents and our patients.

One of the consultants is continuously on whatsapp messaging and following the news. She appears paranoid and I keep a safe watch on her, begging her to stay away from her phone.

I divide the consultants on emergency days for triage in order to provide relief to residents in the morning. I want them to know that they are not alone, we are all standing with them. After many years I fill blood request forms and draw blood, as I used to do it during my internship.

We are falling short of our front line warriors. Those who went home for the Pakistan day holiday are unable to come back as travel advisory restricts movement. The online taxi services have been suspended, how to reach the hospital? The administration is requested to provide transport, and college points are arranged on limited routes. One of the residents is having watery diarrhea and she is on duty in the emergency department. The staff nurse maintains an intravenous line and we ask her to only make discharges in the ward, and keep herself self hydrated. Next day she sends me a heart wrenching text, stating that "All the doctors are looking

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\*Elizabeth A. Bukusi, Chief Research Officer, Center for Microbiology Research, KEMRI, Kenya

at me as if I have been tested positive for Corona!” I call to pacify her, it will be over soon.

Meanwhile at home my brother complains to my elder sister that he and his children have not seen me for one week, as I am not interacting with them. She tries to make him understand: she needs to observe precautions as she is a health worker. The basic science fellows bombarding my inbox with research proposals for expedited review. I end up making a special folder in my inbox titled 'Research in the days of Corona.

## Walking on a minefield ....

*Faseeha Sohail\**

January and February have always been difficult months to bear with for patients with weak respiratory tracts. We all lived through the Karachi port incident. And then came this Wuhan virus. There was an overwhelming feeling of uneasiness. Would we be able to cope up with it if it entered Pakistan? And then it finally happened.

I had a 50-year-old patient admitted in ICU with cough, fever and shortness of breath, turning out to be a viral pneumonia. I conveyed my suspicion to the infectious control person. My biggest fear was not the virus but the chances of a confidentiality breach. After two hours, it was the talk of the town. Thank God, It was not Covid, but he was positive for H1N1, more contagious and deadly than Covid. I took Tamiflu for 5 days as I was exposed. Administration thought it was not their responsibility to provide the medicine to doctors or nurses. It was just a sneak peek of the situation that was about to come.

Initially, we saw patients who were returning from umrah and *ijtima* with symptoms. Labs were refused by the authorities "as they were not from China and Iran". The situation intensified day by day.

OPDs of 100 people with three attendants per patient gave me nightmares. What if anyone was a carrier! A few colleagues thought that I was overreacting to the situation. It was a steep uphill climb. Finally, they agreed to close extra gates, ask patients not to bring attendants along but refused to cancel elective clinics.

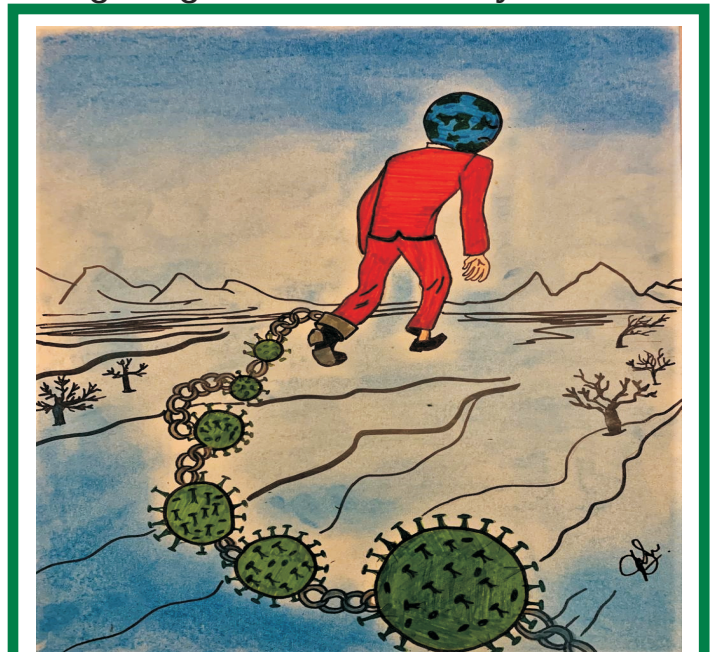
It was a futile exercise teaching the importance of self-isolation, social distancing, and hand washing to a community that wanted to treat the virus only with faith.

I am seeing patients on a regular basis, number is increasing day by day. Saw 20 patients this morning, 18 with strong clinical suspicion of COVID-19. I was lucky enough to buy an N 95 mask (that I have been using for 10 days) a scrub and a green gown that I wash every afternoon with bleach. Hoping for the best, thinking of the worst.

My children watching the news and observing me ask me every day, when will it end? I reply with a smile.

Four days back, I had a sore throat with a dry cough. Don't know what it was...don't want to know. Never had I imagined that I as a clinician would experience this feeling. A feeling similar to that of a soldier who is walking through a minefield, trying to clear it. Fearful of the unknown, bound by his duty, filled with love for the nation he serves. Knowing that it could result in self-destruction.

But faith has proven to be my driving force in these tough times. Prayers were never so satisfying. I could feel the divine being with me every day, killing my anxiety and fear. How ignorant we were not to thank Him enough. The fear of the unknown is there but faith dominates it.



CBEC alumni with Kenyan participants in Nairobi for CK-BTI's first Research Ethics Course and Practicum - from left to right: Sarah Karanja, Nerbert Mchidi, James Diso

\*Abeer Salim, Manager Quality Assurance, National Institute of Child Health, Karachi; Madiha Farhan, Senior Nursing Manager, Tabba Kidney Institute, Karachi

## OCTOPUS OF DREADFUL PANDEMIC: Voice of an anaesthesiologist

*Rafia Tabassum\**

Third week of lock down has ended, the busy roads of my city are deprived of inhabitants and the emptiness is enhancing fear and dismay in our souls. It was the end of January when we were gossiping about the viral disease in China. The very next month, the fire flared and reached our doorstep and the sign board of 'COVID-19 isolation ward' placed at the old Paediatric ward building created alarm and watchfulness.

As an anaesthesiologist, my team and I are at the forefront of this deadly defensive battle against COVID-19 and combating with scarce weapons - as bravery and passion are not sufficient to fight or thrive in this lethal war. As soon as we received the first positive patient, the isolation ward with facilities for dealing with respiratory and oxygen therapy was set up overnight with the simultaneous establishment of an intensive care unit for ventilatory support.

The main issue I am facing in this deadly pandemic is that some among my highly committed co-workers are reluctant to perform duties at the isolation ward and ICU. Media worldwide is not only highlighting the spread of pandemics but also portraying health care professionals (HCPs) as superhuman and martyrs: their sole duty is to serve ailing humanity, forgetting about their chance of contracting infection and subsequent risk of carrying it back home to their loved ones.

'Supererogatory' is very cool to fantasize but extremely difficult to execute if you are working as a technician on a contract that requires renewal after every six months and have 6 or more family members to support.

Daily, I hear assertive claims by government officials and politicians on media about the provision of personal protective equipment (PPE) to healthcare workers but the ground realities are quite different. PPE and other safety equipment that protects from aerosol exposure of virus during endotracheal intubation are very scarce. Initially, we arranged for these ourselves but now these are being provided by other sources including the government and pharmaceuticals. Diagnostic kits are still very scarce so presently we are exposed to a large number of undiagnosed infected patients.

Mental distress is at its peak as the responsibility to take decisions for patient triage with limited resources lies on our shoulders. At my institution we are running a 12 bedded fully equipped surgical ICU, but able to accommodate 16 or more patients at a time from various surgical disciplines for hemodynamic and ventilatory support. It remains heavily occupied throughout the year. It's a dilemma for me to choose among a young polytrauma patient with a head injury, a middle aged man following laparotomy, a young eclamptic primigravida and COVID-19 patients requiring ventilation.

Interestingly, for the very first time, we are not facing any pressure, influence or interference from families, politicians, journalists, and social workers or being threatened by a mob in the delivery of our services. I don't know when this contingency will end but its root effects have deeply infiltrated into our minds and cannot be erased.

\*Asma Nasim, Infectious Diseases Specialist, Sindh Institute of Urology & Transplantation, Karachi

**“Everything in the world appeared to be worthless  
And meaningless when....”**

*Shanza Agha\**

Since February 26, 2020, we are living in a constant environment of fear, uncertainty and depression. For millions of healthcare workers like me there has been not a single day of staying home or staying safe. Working in the Corona triage and then in a busy emergency room, we were constantly encouraged by our Medical Superintendent who called us “frontline healthcare workers”. But after work, instead of feeling like a front line worker, I felt like a factory of viruses ready to put my loved ones at risk. Hugging and kissing my own children felt like a sin and till I sanitized myself, all they could hear was “Don't come near or touch Mama.”

Then when a ceremonial guard of honor was given to health care workers, especially doctors, we were treated as warriors going to a battlefield. But we were not provided with adequate PPEs and were called brave for performing duties without it. But I felt like I was going on a suicide mission every day without adequate PPEs. With news circulating of hospital staff being infected and two doctors from the country giving their lives to Corona while on duty, we were being called martyrs. But what if we don't want to be martyrs? What if we don't want to be front line? What if we want to live a healthy life with our family? All these confusing thoughts spun in my mind but I thought it would be cowardly to discuss them with someone. So with extreme fear but with a fake, fearless face, I continued my duties. One day two of my colleagues did not turn up at the emergency and we were informed about them being corona positive. When I heard this, my whole world turned upside down and it felt like a death sentence to hear that I had been directly exposed to the virus. Every worldly thing appeared worthless and meaningless. All that was important to me was the air I was breathing in, my life! In my mind, I was asking forgiveness from Allah the Almighty for whatever bad I had done in my life. Gradually after 20 minutes, I brought myself back to reality and the next challenge was to get the test done and quarantine. Never before in my life have I feared a medical test. The test turned out to be negative, bringing me back to life. Because of the shortage of doctors, I was not allowed to stay in quarantine despite being exposed, and here I am again with all my fears ready to serve humanity.



## Impact of COVID-19 on my life

*Rabia Jamil\**

This is the first time in my life I have encountered such a pandemic. It has affected my daily routine in a number of ways. Due to the lockdown public transportation is not available and reaching the hospital daily is a challenge. Careem and Uber are not working and I go in my own transport which is difficult. The second thing is the fear of being a source of infection. I live with my old mother and I have small kids at home. I am working in a setting where getting proper personal protective equipment (PPE) is still a challenge. I get a few things on call days and on other days there is not even a single mask available. I have seen doctors refuse to perform emergency procedures on suspected cases of Corona. Being a senior on duty I end up doing all procedures which increases the burden on me.

Some doctors have been exposed and sent into isolation. We are managing emergencies with very few doctors. The story does not end here, after going home with all my fears and overworked, tired body there are household chores waiting for me. All this is affecting my mental health. Everything is locked down. I cannot go out or take my family anywhere. Staying at home seems depressing and frustrating.

**“Urdu Baithak”**  
**August 26, 2017**  
*Nida Wahid Bashir\**

CBEC’s *Urdu Baithak* featured renowned Pakistani scholars and poets. Seen from left to right: Dr. Aamir Jafarey, Dr. Nomanul Haq, Ms. Zehra Nigah, Dr. Farhat Moazam, Dr. Arfa Sayeda Zehra, Dr. Adib Rizvi, Mr. Harris Khalique, Mr. Naseer Turabi and Dr. Anwar Naqvi

\*Nida Wahid Bashir, Consultant General Surgeon, Patel Hospital, Karachi

**7th Ethics Workshop for Schools at  
CBEC, SIUT  
October 7, 2017**

Participants from different schools during a session on gender

**New academic year begins at CBEC**

CBEC welcomes incoming students to its Master in Bioethics (Class of 2019) and Postgraduate Diploma in Biomedical Ethics (Class of 2018) programs, The first 'Foundation Module is scheduled from January 22 to February 3, 2018.

**MBE, Class of 2019**

**Natasha Anwar**  
Molecular Pathology  
Aga Khan University,  
Lahore

**Sharmeen Khan**  
Corporate Law  
Amgen, Dubai

**Francis Muregi**  
Research/Biochemistry  
Mount Kenya University  
Kenya

**Sualeha Siddiq**  
Social Sciences  
Centre of Biomedical  
Ethics and Culture, SIUT  
Karachi

**PGD, Class of 2018**

**Muhammad Ikram Ali**  
Forensic Medicine  
Ziauddin University  
Karachi

**Nighat Nisar**  
Community Medicine  
Dow University of Health  
Sciences, Karachi  
Karachi

**Murtaza Dhrolia**  
Nephrology  
The Kidney Centre  
Karachi

**Yvonne Opanga**  
Research Administration  
Amref Health Africa  
Kenya

**Sajid Hussain**  
Pediatrics  
Ayub Medical College  
Abbottabad

**Rafia Tabbasum**  
Anaesthesiology  
Peoples University of  
Medical & Health Sciences  
Nawabshah

**Syed Mudassir Laeeq**  
Gastroenterology  
Sindh Institute of Urology &  
Transplantation, Karachi

**James N. Wanja**  
Research Administration  
Kenya Medical Research  
Institute, Kenya

**Aamir R. Memon**  
Physical Therapy  
Peoples University of  
Medical & Health Sciences  
Nawabshah

**John Weru**  
Palliative Medicine  
Aga Khan Hospital  
Kenya

**Gideon Cornel Msee**  
Research Administration  
Kenya Medical Research  
Institute, Kenya

**Faisal Ziauddin**  
Gastroenterology  
Ziauddin University  
Karachi

**Centre of Biomedical Ethics and Culture**  
Sindh Institute of Urology and Transplantation  
7th Floor, Transplant Tower, Yaqoob Khan Road  
Near Civil Hospital, Karachi 74200, Pakistan.  
Phone: (92 21) 9921 6957

Email: [cbec.siut@gmail.com](mailto:cbec.siut@gmail.com) [www.siut.org/bioethics](http://www.siut.org/bioethics)  
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