

Bioethics Links

Volume 1, Issue 1 (April 2005)

about cbec

Questions about what constitutes ethical personal and professional lives have engaged all human societies. Traditional codes of conduct for physicians date back to antiquity, but with the rapid advance in the 20th century of scientific knowledge, biomedical research, and technology these were considered inadequate to guide the conduct of healthcare professionals and researchers. Contemporary bioethics was born in the US in the 1960s to address this situation. Since then there has been rapid "globalization" of bioethics, but as is the case with modern science and technology, the flow has been predominantly from the "West" to the "East." However there is now growing realization that ethics and morality of a people is shaped also by indigenous value systems that are informed and modulated through cultural norms, religious beliefs, and socioeconomic realities.

The birth of CBEC:

In industrialized countries philosophers and theologians, together with legal and public pressures, have played significant roles in the birth and evolution of contemporary bioethics. In contrast, in Pakistan the primary catalysts for increasing interest in bioethics have been healthcare professionals, especially physicians. Trained in modern science and technology they must apply these in a world of deeply rooted cultural norms and strong religious values (many of which they share) and socioeconomic realities that differ in significant ways from countries where bioethics was founded. Bioethics workshops and seminars are on the rise in Pakistan; what is striking is that alongside discussions of the "secular" aspects of bioethics (primarily the four bioethical principles of Tom Beauchamp and James Childress¹), there is a growing focus on exploring indigenous value systems including Muslim sources and opinions of *ulema* and jurists on issues such as abortion, brain

death, reproductive technology etc. Nevertheless, until last year the country lacked an identifiable national center devoted to undertaking educational and research activities in bioethics in an organized fashion, and tailoring these for maximum relevance to the needs of the country. The inauguration on October 8, 2004 of the Center of Biomedical Ethics and Culture (CBEC), at the



Prof. Atta-ur-Rahman inaugurating the Centre of Biomedical Ethics and Culture. Also seen are Prof. Adibul Hasan Rizvi, Prof. Farhat Moazam, Dr. K. Bile, Dr. Luc Noel, and Dr. Paul Lombardo

Sindh Institute of Urology and Transplantation in Karachi is a step towards addressing this deficiency.

Goals:

The primary goal of CBEC is to serve as an academic and intellectual resource for Pakistan and the region in bioethical

education, quantitative and qualitative research, and capacity building of future faculty. Other aims include establishing links and collaborations with centres of biomedical ethics and relevant organizations in other countries. Established in a country with rich cultural traditions, an important function of CBEC will be to contribute unique cultural and religious perspectives to enrich the predominantly secular and philosophical nature of contemporary bioethical discourse.

Reference:

1. Tom L. Beauchamp and James F. Childress, Principles of Biomedical Ethics, 5th ed. (Oxford, New York: Oxford University Press, 2001)

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First International Seminar and Intensive Course

**Foundations of Moral Thought:
from the Greeks to Contemporary Bioethics**

An International Seminar and Intensive Course entitled "Foundations of Moral Thought: from the Greeks to Contemporary Bioethics" was organized in Karachi by the Center of Biomedical Ethics and Culture (CBEC) in the Sindh Institute of Urology and Transplantation (SIUT). The well attended event was conducted from April 5 to 9, 2005 and funded entirely by SIUT. The aim of this first major educational activity of CBEC was to introduce participants to the ways in which historically, religious, secular, and cultural values have been linked in the evolution of human ethical thought, and how these continue to shape and modulate moral comprehension. The teaching faculty for the seminar and course was drawn from national and international scholars and academicians.

One of the distinctive features of the five day event was a focus on the historical contributions of Muslim philosophers, theologians, *fuqaha*, and *ulema* to the human chain of moral thought. In current international bioethical seminars and conferences whereas the role of secular Anglo-European and American thinkers is well documented, references to enduring religious moral traditions, especially those originating in Islam, receive insufficient attention. A second, and equally important, goal of the organizers was to offer a constructive critique of secular, philosophical bioethics, and to emphasize that one cannot dismiss the profound influence of indigenous values, cultural and religious norms, and socioeconomic realities on how individuals and communities arrive at decisions about ethical personal and professional relationships.

To accommodate as many interested people as possible, the morning "seminar" component (8:30 am to 12 noon daily) consisting of talks by the course faculty was kept open to general public. The "intensive course" component with additional talks and interactive sessions extended to 5 pm every day. The number of participants for this was restricted to 40 in order to optimize discussions and interactions among participants and with the teaching faculty. Participants were provided selected reading material a month prior to the course to enable greater familiarity with topics to be covered.

The response to the announcements of the CBEC seminar and course was overwhelming. Over a hundred applications were received for the available seats, both from within Pakistan and from countries of the region. The final 40 participants were selected to maximize diversity and included physicians from various specialties, nurses, journalists, lawyers, pharmaceutical industry representatives, government functionaries, hospital administrators, social workers, and philosophy students. The group also included representatives from Iran, Kuwait, Oman, UAE, and Turkey. Other international applicants (from Sri Lanka, India, Nigeria, Cameroon, Egypt and the Netherlands) were unable to attend due to their inability to obtain funding for traveling to Pakistan.

The April Seminar and Course is the first of a number of educational activities planned by CBEC for this year.

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International Conference held on December 11-14, 2004

Islamic Code for Medical and Health Ethics

A report by Dr. Farhat Moazam

The Islamic Organization of Medical Sciences (IOMS) of Kuwait organized this conference in collaboration with the Eastern Mediterranean Regional Office (EMRO) of WHO, the Islamic Educational, Scientific and Cultural Organization (ISESCO), the Council for International Organization of Medical Sciences (CIOMS), and AJMAN NET. The conference was held in Cairo from December 11-14, 2004. It was widely attended with the large hall filled with over a hundred participants present for each session. Invited speakers included ulema, fuqaha, scholars, physicians and scientists from countries of the Middle East, as well as from Iran, Pakistan, Indonesia, Europe and the United States. The format of the conference included brief thematic presentations in Arabic or English (simultaneous translations were provided in both languages for all sessions) by invited scholars and scientists followed by open and lively discussions as well as questions and answers from the floor. Each day ended with a small appointed committee to review the discussions of the day and formulate a record of the proceedings.

Day 1 was devoted to discussions on how best to modify and expand the 1981 IOMS Islamic Code of Ethics (<http://www.islamset.com/ethics/code/index.html>) in light of the continuing advances in medicine, scientific knowledge and biomedical research. Many speakers emphasized a Muslim belief that practice of medicine is a sacred trust, and the physician is "an instrument of God's mercy on earth." Others noted that although Muslim moral discourse utilizes human reason yet it must rely on moral principles and guidance drawn from the Qur'an and Sunna (al-'aql wa 'l-shari'ah). The conclusion arrived by consensus was that the major document emanating from the Cairo Conference will be called the Islamic Charter of Medical and Health Ethics. The Charter will be more detailed and comprehensive than the previous Islamic Code of Ethics, and the preamble will include a list of virtues and moral traits that Muslim physicians are expected to cultivate and teach to their students.

It was also decided that the Charter will be translated into English and French to make it accessible to Muslims (and non-Muslims) not conversant with Arabic. The second day was spent in presentations, discussions and comments on a pre-circulated document listing "Islamic Perspectives" on the 21 International Ethical Guidelines for Biomedical Research Involving Human Subjects developed in 1982 by CIOMS and last modified in 2002. There was general agreement that recommendations within the CIOMS document for respecting the rights of research subjects, balancing these carefully against the welfare of the community, and the responsibility of researchers in protecting the vulnerable against exploitation, are in line with juristic principles in Islamic Law, and the emphasis on justice in human interactions that pervades the Shari'a. It was also suggested that further collaboration between IOMS and CIOMS would help to deepen and enrich future proceedings of both organizations.

Day 3 began with the presentation of a document entitled "Islamic Vision for Certain New Issues in Science and Medicine." The text was a compilation of historic and contemporary juristic opinions - controversies, consensus and disagreements - on subjects as varied as permissibility or not of milk and skin banks, in vitro fertilization, organ and tissue transplantation, cosmetic surgery, genetic engineering and therapy, and cloning. Discussions among ulema and fuqaha present in the conference echoed the diversity of opinions and flexibility reflected in the document on many issues even while adhering to the broad parameters of Islamic law. The sessions of this day also provided important opportunities for physicians and scientists in the audience to elaborate on details of the newest scientific advances for the benefit of the ulema.

The last day of the conference was used to summarize the major elements and decisions reached on the three broad themes discussed in the preceding days.

Recent Publications of Interest

1. Aamir M. Jafarey, Arshi Farooqui, "Informed Consent in the Pakistani Milieu: The Physicians perspective," *J Med Ethics* 31 (2005): 93-96.
2. Farhat Moazam, Aamir M. Jafarey, "Pakistan and Biomedical Ethics: Report from a Muslim Country," *Cambridge Quarterly of Healthcare Ethics*, 14 (2005): 249-255.
3. Farhat Moazam, "The Hudud Ordinances of Pakistan," *Journal of Middle Eastern and South Asian Studies*, (Fall 2004): 33-52.
4. Farhat Moazam, "Feminist Discourse on Sex Screening and Selective Abortion of Female Fetuses," *Bioethics*, vol. 18, no. 3 (June 2004): 205-220.
5. Farhat Moazam, Riffat M. Zaman, "At The Interface of Cultures," *The Journal of Clinical Ethics*, vol. 14, no. 4 (Winter 2003): 246-258.
6. Aamir M. Jafarey, "Bioethics and Medical Education, Editorial," *Journal of Pakistan Medical Association*, vol. 53 no. 6 (June 2003): 209-10.

International Conference held on March 17-19, 2005

Sixth Global Forum for Bioethics in Research

A report by Dr. Aamir M. Jafarey

The Global Forum on Bioethics in Research is an "an informal partnership established by a number of organizations with a shared interest in the ethics of conducting research involving human beings in developing countries."¹ The Forum was created with an aim to maintain and strengthen the protection of human participants involved in health research and to provide an opportunity for developing country participants to present their views and concerns in the ethics of health research. The Forum provides opportunities to participants from the developing world for capacity enhancement in research ethics and helps to bridge the north-south divide by bringing researchers, ethicists, sponsors, funders and policy makers together from all parts of the world to confer and debate contentious issues in research ethics. This meeting also provides an excellent opportunity to network and develop contacts between participants of the Forum. Several of the contacts made at these sessions translate into fruitful joint venues.

The Forum holds annual meetings at different locations around the world, both in the developed and developing nations where discussions are generally held around specific themes. As an established tradition, one partner in the group takes on the responsibility of organizing and sponsoring a meeting each year. Specific funding is made available to enable developing world participants to attend the meetings. The first Forum was held in Bethesda in 1999, the second in Bangkok in 2000, the third in Cape Town in 2002, the fourth in Brasilia in 2002 and the fifth in Paris in 2004. This was the sixth Global Forum which was held in Blantyre, Malawi with one hundred and fifty participants from 80 countries attending. The next Forum is scheduled for 2006 in mid February in Karachi.

Forum participants in Malawi included researchers, academics, pharmaceutical representatives, bioethicists, policy makers and members of research ethics committees. There was a strong African presence at this particular meeting. Also present were key representatives of major funding agencies such as the US National Institutes of Health and the UK Wellcome Trust who were also the main organizers and sponsors of this year's event.

The theme of this Forum was "what happens when research is over?" and this was highlighted by plenary talks. These were followed by breakaway groups in which small groups of

participants discussed specific composite cases highlighting the theme. The groups then reassembled for presentations by rapporteurs from each small group and a moderated open discussion. Participants of the small groups examined issues related to post-trial access to the researched products including drugs, devices and vaccines. They debated issues such as who should benefit from the process and the possible products of research: the research participants, the community to which they belong or the entire country where the research took place. Issues like who has the responsibility of providing the benefits were also taken up. Is it the responsibility of the researchers, sponsors, funders or governments, and for how long should they be expected to provide the benefits?

As is expected in such conferences, no consensus was reached, but two clear views emerged. One was a somewhat flexible pro-researcher view, not surprisingly supported by researchers in the conference, while the other was a more pro-participant view asking for greater benefits for research participants and communities. It was apparent that the answer lies in a balance between the two points of view. One area of agreement that emerged was that what happens after the research is over must be thought about and decided with consensus before the research is initiated. In order to accomplish this, there needs to be a dialogue between all stake holders including the researchers, research participants, community representatives, sponsors, funders and the government, about the outcome of the project. For the dialogue to be meaningful, all stakeholders have to be equal partners so that all views are considered and a realistic as well as equitable consensus can be reached at the outset. The need for this is even greater when it is a north-south venture and industrialized nation sponsors are funding research in the developing world.

Reference:

1. <http://www.gfbronline.com>

Information

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