

Centre of Biomedical Ethics and Culture, SIUT

Bioethics Links

Pakistan is a land of paradoxes and contradictions, a mixture of the lofty and the arid. CBEC dedicates this issue of Bioethics Links to Karachi, its home town. The City of Lights plunged into darkness on May 12, 2007 but will shine again. The Editor

Reflections on Our Mind Set

*Manzoor Ahmed**

The problems which our society confronts are partly because we partake in the global ambience and partly due to our own cultural underpinnings. The decreasing tolerance level, the increasing aggression and violence, the dulling of moral sensitivity and brash dogmatism are becoming the hall mark of the very same Pakistani society, which fifty years ago was more benign and less offensive. Surely, there are socio-cultural factors, yet it must have something to do with the learning behavior of the youth of today. There is also a tragic change in the attitudes and mental make up especially of those whose basic function was to serve as the conscience of our society i.e., the upholders of religion.

Where is the moral outrage of the sacred segment of Pakistani society against gang rape, *karo kari* and honour killing commensurate with the outrage shown against the levy of bank interest? What has happened to our moral sense and to a balanced personality? Why have we started hanging the sacred names of God on electric poles and have emptied our hearts of His love? Why have facades become more important to us than our inner pathos? Why has law become an end itself and not the moral existence of a person? It is probably a singular distinction for Pakistan that even educated and enlightened members of its Senate failed to vote for a resolution condemning the honour killing of a girl in broad daylight, and where an educated mother of a high-brow family was involved in the murder of her daughter.

All these questions are disturbing and may not have any thing to do with madness as a disease but I believe they are related to the wholesome mental health of our nation. And it is important to find the psychological and conceptual causes of this

phenomenon in the hope of finding some effective therapy.

It is important to analyze the Muslim mind to understand, at least partly, as to why it is becoming increasingly myopic. Let me borrow the paradigm from Erich Fromm. His analysis of European acceptance of dictatorships in terms of escape from responsibilities is a plausible psychological explanation. This partly applies to any mental make up which accepts authoritarian roles of any kind. In addition to this general pervasive principle there are

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"The Alley Beyond," by Shakeel Siddiqui (Reproduced with permission)

* Rector, International Islamic University, Islamabad, and Member, Board of Studies, CBEC, Karachi

Battling Kidney Trade in Pakistan: The Struggle Continues

*Farhat Moazam**

Scale of Problem: Pakistan continues to remain among the few countries in the world that lack any legislation concerning tissue and organ transplantation. Several attempts have been made since 1994 to introduce bills on organ transplantation for debate in the Houses of Parliament. The Sindh Institute of Urology and Transplantation (SIUT) in Karachi, the parent institution of the Center of Biomedical Ethics and Culture (CBEC), has been the most active in this effort for over 2 decades. Relevant bills, with clauses pertaining to brain death, development of deceased donor programs, and prohibition of organ trade, have yet to make it to the Parliament floor for discussion. In the absence of national legislation, hospitals in the private sector in Punjab (Lahore and Rawalpindi in particular) continue open advertisement campaigns, nationally and internationally, via the internet and through personal contacts, offering “kidney transplant packages” that include “donor services.” (See for example, www.aadilhospital.com)

It is widely known that the euphemistically labeled “donors” are in fact the most disadvantaged of Pakistani society, the poorest of the poor from villages in Punjab, often kiln workers and bonded laborers, who are approached by middlemen and convinced to sell a kidney. Preliminary surveys indicate that the primary reason for selling a kidney is to pay off loans often owed to the landowners on whose lands the vendors toil. What is also clear is that a majority of the recipients of these kidneys are affluent individuals many of whom travel to Pakistan from other countries especially from the Middle East. The scale of this practice has led Pakistan to be widely referred to as “the organ bazaar of the world” in national and international press and TV reports.

In the absence of a deceased donor program in the country, Pakistan like many other developing nations relies on kidneys obtained from living donors for transplantation. Over the last decade, a pattern of kidneys primarily donated by family members has been rapidly replaced by one in which kidneys are obtained from unrelated individuals through commercial transactions. In November 2005, SIUT hosted a WHO Regional Conference on tissue and

organ transplantation which included reports by country representatives. The report from Pakistan, presented by an SIUT nephrologist, revealed that in 1991, 75% of transplanted kidneys were donated by family members. In contrast, in 2003 80% of kidneys were obtained from unrelated donors with a majority of transplants being done in private hospitals in Punjab. Furthermore, of the more than 2000 kidney transplants performed in 2003 more than half were undertaken on non-Pakistanis. It is estimated that with “transplant packages” ranging from \$13,000 to \$25,000 the business garners close to \$15 million annually for transplant physicians and their hospitals. (F. Moazam, “Organ(ised) Crime,” *Dawn Magazine*, August 27, 2006).

Recent Developments: The last 5 years in Pakistan have also witnessed a growing public and professional awareness, and concern, about kidney trade with increasing calls for appropriate legislation to stem this practice. The Urdu and English press, and national and private television programs through panel discussions and exposes, have played a key role in keeping this issue alive. Recently, some villagers have approached the courts complaining of being “forced” or tricked into having a kidney removed. Others have appeared on television programs relating harrowing tales of their poverty and powerlessness, and physical and mental suffering after having sold a kidney.

In June 2006, the Supreme Court took *suo moto* notice of reports dealing with buying of organs from poor villagers in Punjab (30 cases from one village alone). In November of the same year, the SC summoned the Attorney General on the issue of buying and selling of human organs in Pakistan and inquired about the status of legislation to discourage this practice. He was asked to submit a report in 2 months. (*Dawn*, June 21, 2006; *Dawn*, November 23, 2006) Under mounting pressure from the SC, the Provincial Health Department of Punjab sent out a circular in January 2007 stating that criminal cases would be registered against any public sector health facilities found involved in sale of kidneys. This move was dismissed by the Pakistan Medical Association and others as eyewash as it is common knowledge

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* Professor and Chairperson, CBEC, SIUT, Karachi

The First 14 Healthcare Professionals in Pakistan receive Diplomas in Biomedical Ethics

*Report by Aamir Jafarey**

The Centre of Biomedical Ethics and Culture (CBEC), SIUT held a Graduation Ceremony on February 4, 2007 for 14 students completing a one year CBEC Postgraduate Diploma (PGD) course in Biomedical Ethics. This is the only postgraduate degree in ethics in Pakistan, and is awarded through University of Karachi. The Class of 2006 was handed out diplomas by Professor Attaur Rehman Chairman of the Higher Education Commission who had also inaugurated CBEC in October 2004.

Dr. Adibul Hasan Rizvi, Director SIUT, welcomed the audience and informed them of plans in the wings towards developing an MA program in Bioethics in the future.

Dr. Farhat Moazam, Chairperson of CBEC, outlined the objectives of the PGD program, and described ethics projects that each graduating student will undertake in his/her parent institution or organization. These projects will be assisted and monitored by CBEC in the coming years.

The Class of 2006 will continue to stay in touch with CBEC faculty and each other through an



Dr. Atta Ur Rehman, CBEC Faculty, and Graduating Class of 2006

“email group” formulated for them during the PGD year for discussions on ethical issues.

The audience was also introduced to the incoming Class of 2007 which includes 14 students from Karachi, Islamabad and Lahore, consisting of physicians, researchers and a physiotherapist. The class was selected from over 70 applications received from all over Pakistan.

* Assistant Professor, CBEC, SIUT, Karachi

SIUT's Volunteer Program for School Children



Certificate Awarding Ceremony for Student Volunteers. Zainab Imran, a visually impaired young woman, plays the keyboard as SIUT pediatric patients look on

The Sindh Institute of Urology and Transplantation (SIUT) is among the busiest healthcare institutions in the public sector in Pakistan. It is unique in offering dialysis and kidney transplants (with kidneys obtained from genetically related donors) free of cost to patients.

In December 2006, SIUT initiated a Voluntary Services Program for school children interested in community work. This program is open to Matric, Intermediate, O Levels, and A Levels students who can choose to spend 30 or 60 hours of volunteering in different SIUT departments. So far, 304 students have participated in the Program.

Volunteers spend time in departments including Rehabilitation, Pediatrics, Lithotripsy, Nephrology, Urology, Dialysis and Radiology. Their tasks include facilitating patient services.

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PGD Graduates of 2006 and their Ethics Projects

Dr. Ali Azmat Abidi, MBBS, MPA
Administrator
Liaquat National Hospital, Karachi
Project: Hospital Ethics Committee

Dr. Faisal Ghani, MBBS, FCPS
General Surgeon
Liaquat University of Medical and Health
Sciences, Jamshoro, Hyderabad
Project: Ethics curriculum for medical students

Ms. Farkhanda Ghafoor, MSc
Research Officer
Pakistan Medical Research Council
Shaikh Zaid Medical Complex, Lahore
Project: IRB for Research Ethics

Mr. Abdul Ghani, MA, LLB
Training Officer
Government of Baluchistan, Quetta
Project: Ethics course for Medical Technicians

Dr. Sultana Habibullah, MBBS, MPH
Senior Medical Officer
Pakistan Medical Research Councils (PMRC)
Dow Medical College, Karachi
Project: Ethics curriculum for medical students

Dr. Mahjabeen Khan, MBBS, MCPS, MS
Obstetrician and Gynecologist
Dow University of Health Sciences, Karachi
Project: Ethics Curriculum for High School Students

Dr. Rana Muzaffar, Ph.D
Molecular Biologist
SIUT, Karachi
**Project: Code of conduct for healthcare
professionals-pharmaceutical interactions**

Dr. Inayat Ullah Memon, MBBS, MCPS
Senior Pathologist
Liaquat University Hospital, Jamshoro,
Hyderabad
Project: Ethics education of postgraduate trainees

Dr. Rubina Naqvi, MBBS, MD
Nephrologist
SIUT, Karachi
**Project: Ethics curriculum for biotechnology
students in SIUT**

Dr. Tashmeem Razzaki, Ph.D
Molecular Biologist
SIUT, Karachi
Project: Guidelines for stem cell research in SIUT

Dr. Anjum Shahid, Ph.D.
Senior Research Officer
Pakistan Medical Research Councils (PMRC)
National Institute of Child Health, Karachi
Project: IRB/ERC For Research Ethics

Dr. Sajid Sultan, MBBS, FCPS, FEBU
Pediatric Urologist
SIUT, Karachi
Project: DNR policy for SIUT

Dr. Ghazala Usman, MBBS, MPH
Lecturer
Sindh Medical College, Karachi
Project: Ethics curriculum for medical students

Dr. Yasmin Wajahat, MBBS, FCPS
Obstetrician and Gynecologist
Sindh Government Qatar Hospital, Karachi
Project: Ethics education of postgraduate trainees

SIUT's Volunteer Program for School Children

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and teaching patients and attendants about basic healthcare measures. A popular site is the Pediatric Ward where students entertain children by organizing singing competitions, painting and coloring competitions, and story telling sessions. In the SIUT

rehabilitation Department volunteers assist patients in learning skills such as computers, sewing, craft making, and basic English. Students completing the program receive certificates at a special function held on the premises of SIUT.

Reflections on Our Mind Set

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additional factors working in the mental make up of Muslims, one of which is the crisis of identity and a subconscious 'dread' of disintegration. This dread is not a new factor in Muslim history; from the very early days it began to play a baneful role in our society. If we look back in time we will discover that right from the very beginning of Islam, Muslim polity began to face threatening situations.

The death of Prophet Mohammed (SAW), though a natural event, was a very traumatic experience for the nascent Muslim society. Imagine a person of Hazrat Umar's ® caliber threatening to kill people if they said that the Prophet (SAW) was dead. Immediately after the Prophet's death rose the fear that the young Muslim society may disintegrate if someone was not found immediately to control the centrifugal tendencies of the tribes. Hazrat Abu Bakar ®, the first caliph, had to face ridda wars, and it was only with difficulty and using tact that mutinous tendencies were checked. The first 40 years of Muslim history were marked by difficult situations of wars and conflict. Eventually, stability was achieved when a form of monarchy was established and the Muslim state was transformed into an imperial power. The dread of disintegration forced the society to accept and acquiesce to not only political authority of the monarchs but to also develop their entire Structure of knowledge on that basis.

Fortunately for Muslims, they came in contact with Aristotelian logic which provided a wonderful deductive system to support their psychological requirements. Historically, this deductive system of logic provided the bedrock for the development of Muslim dogma which gradually and imperceptibly replaced the original thrust of religious experience. In Pakistan, this same dogma now provides the given major premise which cannot be challenged and cannot be understood differently from what it apparently meant to the early people, and conclusions can only be deduced through discovering analogous situations. Any conclusion, evidently, cannot contain anything more or extra than what is already given in the major premise. Under this paradigm it is easy to see what happens to the whole structure of knowledge. In the field of morality nothing can be good or bad sui generic; it becomes good or bad by a fiat, by declaring it to be good or bad

as coming from God who is all knowing and all powerful, and He can well reverse His orders if He wished.

Law making also remains dependent on this logic; laws can only be deduced from what is given and nothing new can be entertained which is not already subsumed in the given premises, i.e., Quran and Sunna. Both morality and law are thus seen to be based on an irrefutable, given proposition, and rejection of this logic is seen as tantamount to heresy. Naturally this paradigm of knowledge was, and is, very conducive to political authority. Thus the whole society was constructed on the 'command-obedience' frame work and free play of mind was considered to be a disintegrating factor.

Muslim society flourished well for about one thousand years, where, though changes occurred, they were not so drastic so as to force this logico-political structure to break down. The qualitative change in Human society occurred only during Renaissance in the 17th century where the rationalism of Aristotle started crumbling. Descartes broke the monolithic structure of reality and bifurcated the domains of mind and matter. From then onwards science, medicine and psychology took a new turn and starting with a new experience of reality, looked for verifiable causes of events whether mental or physical. Today's psychology owes a great deal to Descartes, and howsoever 'psycho' and 'soma' may be connected, their domains remain distinct. The Cartesian revolution did not stop only at the level of psychology and physics; it also drastically influenced concepts of society, of behavior and of religion.

Muslims on the whole failed to appreciate the significance of this revolution and, unlike their predecessors who had readily accepted Greek logic and sciences, closed their minds totally and remained mired in the paradigm they had developed earlier. This was based on an abounding fear that they would loose their identity if they accepted the conceptual structures of the West. From amongst all the major religions of the world, both of East and West, it is only the Muslim religion which has largely remained as it was five hundreds years ago in its moral, legal and social percepts. This is the mind that we encounter today. It is a closed mind and though

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seemingly Muslims know the language of modern thought, it does not mean the same for them. This is a form of mental block which cannot be removed unless we shift our dogmatic paradigm and open ourselves to the possibility of pluralistic logical discourses. In my opinion, this is neither the work of a single person nor of a single discipline.

To unravel the working of a closed mind and to suggest ways and means of opening it is a multifaceted

task. Inputs have to come from Sociology, Psychology, Philosophy and Religion for working out reasonable criteria and norms for developing a balanced mind. Social policies of Pakistan have to be redesigned accordingly. It is a tremendous task but I should think that it is worth our while that we begin talking about it so that one day we may start reversing The mental decay that has set in our society.

Battling Kidney Trade in Pakistan: The Struggle Continues

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that hospitals in the private and not the public sector are involved in organ trade.

On February 15, 2007 a small news item appeared in the local press that the Federal Cabinet and the Ministry of Health had “approved” a Transplantation of Human Organs and Tissues Ordinance 2007 and, following “vetting” by the Law Ministry, this was to be “promulgated” through signature of the President (bypassing debate in Assembly which was not in session) to become law. Within a week, the text of the proposed Ordinance 2007 (although stamped “Secret”) had been leaked widely. It soon found its way to many, including SIUT and CBEC, involved in the struggle to get appropriate legislation in place.

Our review of the Ordinance reveals that although it recommends some necessary steps, such as registration of transplant centers and transplant teams and maintenance of a registry for organ transplantations, it also includes several clauses that raise serious ethical questions. In our opinion, if promulgated in its current form, the Ordinance incorporates sufficient loopholes, either knowingly or inadvertently, to defeat its stated objective, i.e. to prevent sales of organs and check exploitation of the most vulnerable in society. In fact it can be argued that the current text can serve to provide legal protection to some of the very activities it sets out to control.

Proposed Ordinance 2007 CBEC Questions and Concerns: Some of our concerns, shared by many of our colleagues, include -

1. The category of “close blood relatives” has been expanded to include “wet mothers” and their children. We consider this to be a rather novel interpretation of “blood” relationships. Not only is it impossible to confirm such relationships, several family members of

a woman said to have nursed an individual during infancy would automatically qualify as living donors.

2. The term “non-blood relatives” includes spouses but also all in-laws through marriage. This will open the door for marriages of convenience. The proposed Ordinance fails to acknowledge the vulnerable position of women in an androcentric, society and provides no measures to protect them and their families against exploitation as living donors.

3. In view of the current rampant exploitation of unrelated donors in the country, sections dealing with this issue raise profound ethical concerns. The Ordinance approves “unrelated donors” in the case of “threat to life of an end stage renal disease [ESRD] patient.” Curiously, it fails to mention renal dialysis which would be the medically preferred approach for such patients, and makes no mention here of the necessity for establishing deceased donor programs as an alternative (also the only modality for those suffering from end stage liver and cardiac diseases).

The Ordinance recommends formation of national “Evaluation Committees” to assess and approve “unrelated donors.” This ignores the experience in India of similar “Authorization Committees” which, instead of serving as watchdogs to prevent exploitation of the poor, rapidly became colluders in kidney commerce. (S. Nagral, “The Indian Kidney Bazaar,” *India Together*, December 8, 2005)

In yet another section, the Ordinance states that the “amount of compensation payable to donor shall be recovered from the recipient.” Payments for organs fly in the face of international ethical standards for transplantation and are in direct conflict with WHO International Guiding Principles for Human Tissue and Organ Transplantation.

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The Ordinance also recommends the establishment of an "available pool" of "voluntary" donors. This, when combined with the clause sanctioning "payments," in fact describes the current situation in Pakistan villages in Punjab are already serving as "pools" from which kidneys are obtained through "payment" by recipients. Passage of the Ordinance in this form would in effect provide legal cover to the very practice it professes to eliminate.

4. Sections dealing with appointment of Evaluation Committees stipulate that these will consist of a "medical specialist, a surgical specialist and a notable person from the public" (no qualifications are listed). In addition to "approval" of unrelated donors, these committees will not only be responsible for "determining brain-stem death" of persons, but also the "propriety of retrieval of organs" using brain death protocol, and for determining fitness for transplantation.

This is contrary to international professional and ethical norms that committees determining brain death not be involved in any other aspect of the transplantation process to avoid conflicts of interest and loss of public trust.

5. Of equal concern is the role of the Monitoring Authority with oversight responsibilities which will be "appointed" by the Federal Government. Under "Cognizance of Offences" (Clause 14), it is stated that "no court shall take cognizance of an offence under this Ordinance except upon complaint in writing by the Monitoring Authority."

We consider this to be an extraordinary clause that violates a citizen's fundamental right to approach the courts if he/she believes that injustice has been done. In our opinion, the unethical and

unconstitutional nature of this clause is compounded by the addition of the section "Good Faith" (Clause 16) which states that no legal proceedings can be taken against any person for "anything done in good faith."

The Struggle Continues: Ironically, the covering letter from the Health Secretary that accompanied Ordinance 2007 when it was submitted to the Cabinet states that the text was formulated in consultation with "all important stakeholders, including the World Health Organization." We remain bemused as to who the stakeholders are who were consulted and what was the consultative process that was undertaken with WHO.

Since February of this year, CBEC faculty, our colleagues from SIUT and other institutions, the Transplantation Society of Pakistan, Pakistan Medical Association, concerned NGOs, and members of the press and media have been actively working towards publicizing the lacunae and loopholes in the proposed Ordinance 2007. These must be removed. Significant opposition continues from the powerful organ trade lobby in the country which includes transplant physicians who stand to lose the most if transplantation legislation conforms to ethical standards, has built in mechanisms to halt exploitation, respects legal rights of citizens, and prohibits kidney commerce.

What we have accomplished so far is to at least halt the precipitous promulgation of Ordinance 2007 through a Presidential signature. Our hope remains that Pakistan will eventually pass a tissue and organ transplantation bill that stands up to ethical and legal scrutiny.

Eighth Asian Bioethics Conference (ABC), Thailand, Bangkok

The ABC held in Bangkok from March 19 to 23, 2007 included two panel presentations organized by CBEC and sponsored by the Eastern Mediterranean Regional Office of WHO. The first panel was entitled "Ethics and Research in the Eastern Mediterranean Region" and speakers were Farhat Moazam (CBEC), Henry Silverman (MERETI, Cairo, Egypt), Rana Muzaffar (SIUT), Hany Saleem (Tropical Medicine Research Institution, Cairo Egypt). The second panel focused on "Initiatives in Bioethics Education in Countries of the Eastern Mediterranean Region" and included Aamir Jafarey (CBEC), Ibrahim Rahmahi (National Institute of Forensic Medicine, Aman, Jordan), and Darryl Macer (UNESCO, Bangkok).



Colorful Bangkok

PGD Class of 2007

Dr. Naseer Ahmed, BDS, MCPS, FCPS
Orthodontist
Fatima Memorial Hospital, Lahore

Dr. Azra Amerjee, MBBS, FCPS
Gynaecologist
Lady Dufferin Hospital, Karachi

Dr. Natasha Anwar, Ph.D
Molecular Biologist and Researcher
Shaukat Khanum Memorial Cancer Hospital
and Research Centre, Lahore

Dr. Salah Uddin, MBBS, M.Phil
Public Health Professional
Hamdard College of Medicine and Dentistry,
Hamdard University, Karachi

Dr. Mujahid Hasan, FCPS
Gastroenterologist
SIUT, Karachi

Dr. Ashraf Hussain, MBBS
Physician and Researcher
Shifa College of Medicine, Islamabad

Dr. Bushra Khizar, FCPS
Internist
Shifa College of Medicine, Islamabad

Dr. Ali Asghar Lanewala, MBBS, DABIM, DAAP,
DAB Nephrology
Pediatric Nephrologist
SIUT, Karachi

Dr. Perwaiz Ahmed Makhdoom, MBBS, DMJ
Forensic Specialist
Sindh Medical College, Karachi



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Dr. Samina Mansoor, MBBS, M.S.
Pathologist
Shaukat Khanum Memorial Cancer Hospital and
Research Centre, Lahore

Mr. Hasan Abbas Rizvi, M.Sc., BS, B.Sc
Physical Therapist
Liaquat National Hospital, Karachi.

Dr. Bushra Shirazi, MBBS, FCPS
General Surgeon
Ziauddin Medical University Hospital, Karachi

Dr. Moinuddin Siddiqui, MBBS
Pathologist and Medical Educationist
Ziauddin Medical University Hospital, Karachi

Dr. Gauhar Sultan, MBBS, FCPS
Urologist
SIUT, Karachi

Centre of Biomedical Ethics and Culture

5th Floor, Dewan Farooq Medical Complex
Sindh Institute of Urology and Transplantation
Karachi-74200, Pakistan
Phone: (92-21) 272 6338 Fax: (92-21) 520 6738
Email: bioethics@siut.org
Website: www.siut.org/bioethics

CBEC Faculty and Staff

Dr. Farhat Moazam
Professor and Chairperson

Dr. Anwar Naqvi
Professor and Coordinator

Dr. Aamir Jafarey
Assistant Professor

Syed Nabeel Anwer
I.T. Engineer/Webmaster

Nanji Premji Solanki
Secretary to Chairperson