

Centre of Biomedical Ethics and Culture

Bioethics Links

In this edition, historian Dr. Mubarak Ali, writes about Muslim education through the ages, based on his recent talk at the CBEC symposium, "Bioethics goes to school." In our series of writings by PGD alumni, Dr. Faisal Rashid Khan reflects on his experience of discussing pharma-physician relationships with medical students. Also included are brief reports on other national activities related to bioethics, and an account by Dr. Shahid Shamim of the 16th Asian Bioethics Conference held in Manila, Philippines in November. Editor

Historical Perspectives of Muslim Education

*Mubarak Ali**

In the process of development and expansion, when a religion becomes complex, it needs the interpretation of its sacred texts and legal codes to be adjusted to the changing conditions. At this stage, society requires religious experts and well-versed scholars who can explain, interpret, and expound religious tenets to the people. The requirement to produce religious scholars is fulfilled by the religious schools known in the Christian world as seminaries and in the Muslim world as *madaris* (singular *madrasa*).

In the early period of Muslim history, there were no educational institutions in the Muslim world. The *ulema* (religious scholars) either used mosques or their residences as centres of learning where they gathered students around them and delivered their lessons. As books and writing material were rare, students were expected to memorize the lessons of their teachers. Lessons were written down on parchment or papyrus which was possessed only by the rulers and aristocrats. Teachers instructed students to memorize each and every word of a book so that if it was lost, he could reproduce it on the basis of his memory.

In 751 C.E, the Arabs came to know about the technique of paper manufacturing from the

Chinese. In 793 C.E, the first paper manufacturing factory was set up in Baghdad. This was followed by the manufacture of paper in Morocco and Grenada in Muslim Spain, from where the art of making paper reached Europe. In the 13th century, the Turks brought it to India. The manufacturing of paper revolutionized education. Rare manuscripts which were inaccessible to scholars and students now became available. The calligraphists copied and supplied them to scholars. The manufacture of paper also facilitated administrative work and important events could also be recorded on paper.

In the early ninth century *Continued on page 4*



On the road to equal opportunities in Pakistan.
Photo: Waseem Nazir, Express Tribune, September 8, 2015

*Pakistani Historian, Activist, Author and Scholar

Blindfolded

*Faisal Rashid Khan**

Trust lies at the heart of the medical profession. It gives credence to the relationship between a doctor and a patient. It supersedes effective communication skills, the expression of empathy and evidence based clinical knowledge. The doctor is a custodian of this trust that patients place in the medical profession. It is a relationship where patients give access to their bodies with the faith that the doctor is working towards their best interest. But what about the patients who are 'blindfolded' by their limited understanding of scientific advancements and their inevitable financial underpinnings? This raises huge questions when we are confronted with issues related to conflict of interest in our healthcare system. It becomes even more pronounced in an environment where monetary interests reign supreme and poverty and ignorance render patients vulnerable to exploitation.

I would like to share my personal experience of teaching medical students about the ethical concerns of physician-pharmaceutical interaction. It was surprising to notice varied responses from medical students on interaction between physicians and drug companies. Many believed that this is an integral part of the medical profession and doctors are entitled to privileges and gifts offered by the drug companies' representatives. Their view was based on a rationalization that since the cost of medical education incurred by a student reaches around 2.5 to 3.0 million rupees, so once a person becomes a practicing doctor it is his or her right to earn back that money. One student added that she would not hesitate to ask a drug company to furnish her clinic with furniture and digital accessories as that company had been doing for her parents who both happened to be medical doctors. She

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uttered these words with a sense of excitement and pride. Another student expressed a desire to be flown to all parts of the world at the expense of drug companies since they have huge budgets allocated primarily for the purpose of entertaining doctors under the guise of international conferences. One student had the curiosity to ask me about the nature and extent of my relationship with the pharmaceutical companies as he assumed that no doctor was immune to their influence. Another common opinion was that considering the scarce health resources of our country, it is imperative that we as doctors involve drug companies in helping poor patients by arranging free drugs and less expensive diagnostic modalities. Free drug samples that adorn the tables of health professionals are a further testament to this widely held belief.

During the discussion, a number of students acknowledged that they found no issue with going to five star hotels for luncheons and dinners as it served both the purposes of listening to eminent speakers and having a lavish meal. Their opinion was further reinforced by a recently held conference in the same institute that boasted huge stalls and posters from the drug and instrument making companies. The majority were flattered by the "izzat" (respect) extended to doctors by medical representatives. A specific observation was the sight of a medical representative carrying a doctor's handbag right from his office till he sat down in his car. For the students, this was a moment of gratification and pride. There were a few concerned voices as well which questioned the basis of this interaction as it *Continued on page 6*

A series of writings in which CBEC alumni share their professional and personal experiences with our readers.

**16th Asian Bioethics Conference, Quezon City, Manila, Philippines
November 3-8, 2015**

*Shahid Shamim**

My recent participation in the 16th Asian Bioethics Conference (ABC16) held by the Asian Bioethics Association (ABA), in Manila, Philippines, strengthened my belief that “birds of a feather flock together.” The socio-cultural similarities among Asian countries make ABA a potentially effective platform for discussing ethics related issues, talking over ideas and sharing efforts for implementing solutions with others. Thereby, the meeting furthers the Association's vision of “providing a forum for intercultural and multidisciplinary dialogue on bioethics.”

This year, the prestigious event with the theme of “Bioethical Challenges and Responses to the New Global Knowledge Economy” was hosted by St. Paul University, Quezon City and De La Salle University, Manila, in partnership with the Philippine Ministry of Health, EUBIOS Ethics Institute and the American University of Sovereign Nations.

The ABC16 provided an opportunity for interaction and dissemination of ideas for social workers, researchers and educators in bioethics from Asian countries, including Turkey, Pakistan, India, Bangladesh, Malaysia, Indonesia, Philippines, Korea, Taiwan and Japan. Participants from these regions were joined by colleagues from some non-Asian countries like Mexico, Nigeria, Malawi, New Zealand, Australia and Italy to deliberate and discuss ethical concerns with each other.

International participants discussed matters related to national policies, social issues, and topics concerning

environment, education and research in bioethics. As the Vice President of the ABA from Pakistan, I was invited to present a paper and attend the board meetings of the ABA for planning out the next two years of activities. The paper I presented highlighted the need for a contextually relevant ethics curriculum for the undergraduate medical curriculum in the region. My colleague, Dr. Aamir Jafarey, faculty of the Centre of Biomedical Ethics and Culture, SIUT, Karachi also participated from Pakistan. Dr. Jafarey, who is a past president of the ABA, presented a report on research ethics from Pakistan. Both these papers were well received by the participants.

An extremely impressive aspect of the conference was the simplicity maintained during the five day event. It was heartening to see that from the conference venue to the guests' food and lodging facilities, all arrangements stayed constant to the vision of moderation, without jeopardizing comfort. This commendable restraint clearly showed the ethical approach chosen by the organizers of this conference.



Dr. Shahid Shamim, VP Pakistan Section of ABA, (seated front right) with delegates at the ABC16, Manila

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C.E, the Abbasid Caliph Haroon ur Rashid founded the *Baitul Hikmat* (House of Wisdom), which was further patronized by his successor Caliph al-Mamoon. It was an institute of higher learning in which famous scholars were appointed to undertake research work as well as translations from Greek and Indian philosophy. Among these scholars there were Christians, Jews, Indians and Muslims. Al-Mamoon also built an observatory for the scientists who were working there. The institute possessed an excellent library that consisted of rare manuscripts and books. In 1258, the institute was burnt down by Halagu Khan who invaded Baghdad. It was said that when the manuscripts were thrown in the river of Tigris, the water turned black because of the ink of the manuscripts.

The institution of *madrassa* was first introduced in Khurasan at the turn of the tenth century C.E. Subsequently, *madaris* were set up in every city of the Islamic world. The main emphasis of the *madaris* was on the four schools of Islamic jurisprudence: Hanafi, Maliki, Shafa'i and Hanbali. The students of these schools frequently quarrelled with each other which affected the religious atmosphere of the cities. Instead of producing religious scholars who could interpret religion to the common people, the seminaries became centres of communal movements. Among them, the Hanbalis were extremists who disturbed the social and musical gatherings in the city of Baghdad. According to historians, Baghdad and Nishapur suffered heavily as a result of these conflicts.

In 972 C.E, the Fatimid Caliphate founded the university of Al-Azhar in Cairo. Its objective was to train missionaries for the propagation of Ismaili teachings. To counter this move and defend the orthodoxy, Nizam-

ul-Mulk Tusi, the prime minister belonging to the Saljuq dynasty established *Madrasa Nizamia* at Baghdad. Its first principal was the well known religious scholar, Imam Abu Hamid Ghazali, (d.1111 C.E) who was reputed to be rigid and orthodox.

There were two types of curriculums in these *madaris*. One was known as *Maqool* (logic, reason) which emphasized jurisprudence and logic. It produced *qazis* (judges), *muftis* (legal experts) and *mohtasibs* (ombudsmen) who became the state officials. The second type of curriculum was known as *Manqool* (tradition, transmission), which laid stress on learning the Holy Quran and traditions of the Holy Prophet (PBUH). Those who completed this education became *imams* (prayer leaders), *khateeb*s (orators) or *muezzins* (those who give the call for prayer).

Generally, *madaris* were financially supported either by endowments or donations from the rulers and the nobility. In the time of the Mughals in India, it was a tradition to allot a small piece of land known as *Madade Muaash* (economic assistance) to *Continued on page 5*



"Stories of Life, Death and Brain Surgery:" Mr. Henry Marsh, neurosurgeon and author of *Do No Harm*, led a CBEC Forum on November 12, 2015. He explored the problems of balancing professional detachment with empathy, breaking bad news, and facing failures in surgery. This was followed by a lively discussion in which participants shared their experiences in Pakistan.

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the *ulema*. In this period, secular education in subjects such as architecture, medicine, engineering, carpentry and calligraphy was communicated through a system of apprenticeship with masters taking apprentices in their fields. In some cases these were family professions which were inherited from one generation to another.

In 1866, when the Deoband *madrasa*, *Darul Uloom*, was founded in India, its founders adopted modern educational practices such as annual examinations, awarding degrees and holding convocations. They also divided education into different departments. The most important department was *Darul Ifta* or Department of Jurisprudence. These responded to questions asked by the Muslim community on different social, political and economic issues. Later, the collection of these *fatawa* (religious opinions) was published in book form for public knowledge. The curriculum of the Deoband *madrasa* did not include philosophy or any subject relating to the social sciences. At the time of its foundation, it was suggested that the students should also be trained for different professions, such as carpentry, pottery making and weaving. This was opposed by the teachers as well as students, who regarded it below the dignity of a religious scholar to learn such crafts.

After the emergence of modern education which imparted secular knowledge, the *madrasa* became important as a centre of purely religious education. This divided the educational system and produced people with two different kinds of education. Today, the *madrasa* educated are perceived to be religiously orthodox and conservative while those with modern education are considered as enlightened and progressive. In practical life, it has progressively become difficult for *madrasa*

educated students to get respectable jobs leading to unemployment and frustration among them. There is a need to bring the *madaris* into the mainstream of education so that their students can receive modern and up-to-date education to become useful citizens of society.

**National Bioethics Committee (NBC),
Pakistan meeting, Islamabad,
September 30, 2015**



At the NBC meeting on September 30, 2015, standing from left to right: Drs. Aamir Jafarey, Faiza Bashir (PGD class of 2014) of PMRC, Farhat Moazam, Ambreen Muneer (PGD class of 2008), Saima Pervaiz Iqbal (PGD class of 2008, MBE class of 2011), Jamshed Akhtar (PGD class of 2008) and Salman Ahmad Tipu (PGD class of 2014)

The National Bioethics Committee, Pakistan (<http://nbcPakistan.org.pk/>) was constituted in 2014 to enhance bioethics in the country. Its Research Ethics Committee (REC) has the responsibility to review multinationally funded research proposals, and its Healthcare Ethics Committee (HCEC) provides bioethics education in research and clinical medicine in all provinces of Pakistan.

The September meeting included recently elected NBC members, many of whom (pictured above) are graduates of CBEC programs, a matter of pride for the Centre.

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undermined the integrity of the medical profession by influencing the doctor's objective clinical decision making. For the few concerned students, these interactions were tantamount to taking bribes. In their opinion, there are no free gifts in the world and the pharmaceutical companies have some hidden agenda behind their dealings.

This interaction reflects the state of values that students carry with them into a medical school. Unfortunately, the majority already hold beliefs that doctors are only taking their due by accepting gifts and privileges from the industry. These beliefs are further reinforced once they observe doctors in the real world working in an environment with blurred demarcation between professional and personal interests. But the question arises that should the doctors be held to such high ethical standards when most of the affairs otherwise in the country are seeing a moral decline? Some would argue that most of the junior doctors in our country are stuck at the first stage of Maslow's hierarchy of needs. So why hold them accountable for something which is additional to the fulfillment of basic needs? In my view this is a weak argument. Rather it is a defensive rationalization for an act which is difficult for them to accept as it is morally wrong in its essentiality.

Medicine is a profession and as professionals working in the field, physicians are bound to abide by a certain code of ethics. The whole context of medical care revolves around patients and it is their best interest that has to be protected. Any act on the part of the doctor that compromises this fiduciary relationship is detrimental to the trust that the patients place in this profession. Therefore it is difficult to defend collaboration between two partners who are safeguarding different interests which can be at the cost of the vulnerable patient. The need of the hour is to enable our medical students to develop a

thinking that allows them to reflect and critique. Once they develop this thought process they will be better able to make morally correct choices. Vitality, that choice would stem from deep reflection rather than blindly adopted prevalent practices. Unless we sensitize our medical students to the ethical basis of their conduct, we would find them as blindfolded to the truth as the patients are in the current healthcare scenario.

Medical Error Workshops in Karachi



Drs. Nida Wahid Bashir and Bushra Shirazi with participants in the AKU workshop

Issues related to medical error and negligence have recently been in the forefront in the media. To address these issues, Drs. Nida Bashir (Patel Hospital), and Bushra Shirazi and Aamir Jafarey (CBEC) have been conducting a series of workshops on medical error and negligence. The first was held on March 11, 2015 for Aga Khan University (AKU) students enrolled in the Masters program in nursing. Similar workshops were undertaken at Ziauddin University for physicians, administrators and nursing staff in May, for the medical and nursing staff of Tabba Heart Hospital, Karachi in September, followed by another at AKU as component of the Department of Surgery Annual Conference in November. Another workshop is planned on December 9 during the International SIUT Conference for attending physicians.

NBC Bioethics Workshop and a Bioethics Seminar, in Lahore, August 23-24, 2015



Dr. Farkhanda Ghafoor, NBC member and a CBEC alumnus, taking a session in the NBC workshop held for members of the Punjab Provincial Bioethics Committee.

As part of the ongoing efforts of the National Bioethics Committee (NBC, Pakistan) to raise national capacity in bioethics, a workshop was organized for members of the Punjab Provincial Bioethics Committee (PBC). The workshop was held in Lahore at the Office of the Director General Health, Punjab and was attended by PBC members as well as faculty of teaching institutions.

The workshop, conducted by Dr. Farhat Moazam and Dr. Aamir Jafarey was facilitated by Dr. Natasha Anwar, (member, Punjab PBC), and Dr. Farkhanda Ghafoor, (member, NBC and Punjab PBC).

While in Lahore, CBEC faculty was invited by its alumnus, Dr. Farkhanda Ghafoor, to conduct a half day symposium on bioethics at the Shaikh Zayed Hospital (SZH). The event was inaugurated by Prof. Farrukh Iqbal, Chair and Dean, Shaikh Zayed Hospital. The symposium attracted over 150 participants, consisting of consultants, residents, hospital staff and medical students. Dr. Ghafoor, secretary of the ERC of SZH, also invited members of the committee to the symposium.

Launch of KBG Handbook “Understanding Medical Error” September 2, 2015

The Karachi Bioethics Group (KBG) was conceived in 2004 and consists of a group of healthcare related professionals from the city who meet every other month. These meetings provide a



*UNDERSTANDING
MEDICAL ERROR*

Karachi Bioethics Group

forum for members to discuss different ethical issues that arise in the country during biomedical research and clinical practices. It also provides an opportunity for medical students and postgraduate trainees to become familiar with such issues. The KBG also periodically undertakes initiatives for public awareness and education.

Previously, KBG has published a booklet to guide healthcare professionals towards ethical interaction with the pharmaceutical industry entitled “Institutional Ethical Guidelines for Physician Pharmaceutical Industry Interaction.” This year KBG produced a handbook, “Understanding Medical Error,” as an aid for practicing physicians. The handbook also suggests ways of identifying system flaws that lead to medical error and makes recommendations for improvement. It is freely available on the KBG website:

<http://karachibioethicsgroup.org/>.

The handbook on medical error was launched on September 2, 2015, at Patel Hospital which is hosting KBG meetings for the year 2015. The event was very well attended and drew healthcare professionals as well as people from varied backgrounds, from different institutions in the city.

**CBEC Symposium: “Bioethics goes to school,” Karachi
September 19, 2015**



An engrossed audience during a Symposium session

In September 2015, CBEC organised a symposium “Bioethics goes to school” building upon activities the Centre is already doing with schools through workshops for teachers and high school students. The one day event brought together scholars, teachers, and school and college students. An audience of more than three hundred people listened to scholarly talks on ethics in education and watched ethics related skits and debates by students. The focus of the day was on showing that ethics and opportunities for critical thinking can be incorporated across school curricula through many modalities such as research, drama and debate, and by creating environments that encourage respect and inclusivity. The response generated by the symposium indicates growing interest in Pakistan to incorporate ethics into educational systems beyond healthcare.

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**January 11-23, 2015: New
academic year begins at CBEC**

CBEC's new academic cycle for its Master in Bioethics (MBE) and Postgraduate Diploma in Biomedical Ethics (PGD) begins in January 2016. The incoming students include healthcare related professionals, educationists and researchers from Pakistan as well as from Kenya.

MBE, Class of 2017

Afshan Bandeali Teacher & Administrator TLT, Karachi	Caroline Kithinji Researcher KEMRI, Nairobi
Nazli Hossain Obstetrician & Gynaecologist DUHS, Karachi	Ali Lanewala Nephrologist SIUT, Karachi

PGD, Class of 2016

Saleha Anwar Radiologist LNMCH, Karachi	Yasmeen Jumani Educationist ITREB, Karachi
Aruna Dawani General Surgeon ZU, Karachi	M. Moin Khan Dentist HCMD, Karachi
Madiha Farhan Nurse Patel Hospital, Karachi	Haron Mongare Administrator KEMRI, Nairobi
Muhammad Fayyaz Physician Pakistan Army, DG Khan	Saima Naz Moshin Researcher PMRC, Lahore
Abeer Salim Habib Dentist & Administrator Patel Hospital, Karachi	Stephen Ombok Muhudhia Physician KEMRI, Nairobi
Qudsia Hassan Forensic Physician ZU, Karachi	Fasiha Sohail Physician ZU, Karachi