

Centre of Biomedical Ethics and Culture

Bioethics Links

This edition's lead article is by anthropologist, Dr. Kamran Asdar Ali, who interprets women's friendships through Pakistani film *Saheli*. Dr. Bushra Shirazi writes from the trenches about a patient unwilling to undergo life-saving surgery and Dr. Aamir Jafarey reports on the continuing evolution of the CBEC-KEMRI Bioethics Training Initiative in Nairobi. We also introduce students selected for our Postgraduate Diploma in Biomedical Ethics (Class of 2020) and Master in Bioethics (Class of 2021).
Editor

Female Friendships and Pakistani Cinema

*Kamran Asdar Ali**

Scholarly literature on gender in Pakistan has traditionally ignored the everyday experience of women, especially the domestic experiences of women within the household.ⁱ In order to explore this gap, we may have to turn to women's voices that are present in non-formal archives such as diaries, biographies, memoirs, and even fiction sources where we find women speaking in non-public spaces (Rouse 1996).ⁱⁱ

Following the above discussion, I elaborate on these insights by focusing on the 1960 film *Saheli (Female Friend)*, to address the question of domestic life and sexuality in Pakistan by turning to an underused archive: cinema. This analysis enables me to open up an argument about women's representation in popular media in Pakistan, in order to create a different archive of women's cultural and sexual politics and histories.

The passing of the Family Law Ordinance in 1961 was seen as a major victory for women's rights in Pakistan as it provided some legal curbs against polygyny, expanded the right for women to initiate divorce proceedings and also dealt favorably with inheritance rights for women. This move by General Ayub's military government may not have been reflected in its cultural politics. The same year the Ordinance was passed, the film

Saheli received five President of Pakistan medals for different categories. The film's central theme was the friendship between two women and depicts one of them letting her friend marry her own husband as a second wife.

Let me offer a brief plot of the film and then share a reading that questions its more obvious interpretive reception (polygamy). The film was directed by S.M. Yusuf, a veteran of the Bombay film industry who had migrated to Pakistan and tells the story of two female friends, Jamila (Shamim Ara) and Razia (Nayyar Sultana), who grow up together in Rawalpindi with Jamila's

Continued on page 3



CBEC Journal Club - Faculty engage in an animated discussion led by Dr. Ali Lanewala (second from left) on the ethics of artificial wombs, on December 11, 2019

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A Page in the Life of a Surgeon

*Bushra Shirazi**

It is a routine Tuesday morning with my usual cup of tea in the solace of my room at work. This hour of tea is my time to kindle my thoughts: sit at the computer, check my mail, and meet some deadlines before the day begins. It's Tuesday and I have a theatre case, a mastectomy on a breast cancer patient. It's mundane, it's routine but I know from all these years of practice that for the patient it is a life changing day, I know there is hope for cure for which she lays her life in my hands.

Let's not dwell on these frills, it was a usual theatre morning where I go and the activities begin. Operation theatres have an exclusive atmosphere where there is the chitter chatter with residents and colleagues, pulling each other's leg as hardcore work is done. The theatre is like a charm bracelet, you love it without really knowing why. It is the same ring you wear every day, but if you forget to wear it on a particular day you feel incomplete. For some hardcore coffee drinkers, it is a freshly brewed shot of hot coffee and for the book lover a novel you would love reading again and again: there is no argument about the intensity of the relationship of a surgeon and her theatre.

Where was I? Yes, in theatre and I have just finished my breast case and enjoyed my second cup of tea when I receive a call from my registrar reminding me that it's my call day. There is a young woman with a gut perforation most likely due to typhoid. She is prepared for the standard emergency laparotomy and I have her shifted immediately to the theatre and the elective cases must go on waiting. Waiting, yet another classical experience in the OR - when will they shift the patient? Just as I decide to check, a female resident comes to the surgeons' room and says the patient is refusing surgery. My male colleagues, with

sarcastic humour, goad me to go and speak to the patient with compassion and empathy, which they believe are female traits, to convince the patient for the inevitable surgery.

I walk into the theatre and see a young woman who is supposed to be twenty-five years of age but looks no more than eighteen, beautiful in her simplicity, insisting that she will be fine. She does not want surgery. I begin to explain what is wrong in a language (Urdu) which I believe she understands. I explain that her life is of value and attempt to explore her fears but all I get is refusal and that she will become OK. I emotionally blackmail her: she has six children who need her and this is a routine surgery. I reinforce that she should trust us. There is no shift, instead she asks me if I believe in God and when I acknowledge this I am told, "For the love of God I don't want surgery, it does not matter if I die." I walk out of OR flustered and upset wondering how this mother of six can be so stubborn. I doubt her comprehension, and am willing to deceive her and have her anaesthetized with absolutely no moral discomfort. Controlling my frustration and anger I decide to call her husband who had consented for her surgery. My colleague, observing the drama, teases me that this paternalism goes against the ethics of care I am known to talk about.

My patient is in a state of emergency, in sepsis, kidneys going into failure with a pathetic nutritional status. Her husband, gowned, comes to the operating theater to speak to her. A cute couple, he patiently tries to explain to her that it is for her good, she argues with him and says you deceived me into coming to the big city, just take me back, I don't want this surgery. Others in the room are viewers of the communication but the

Continued on page 7

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“Female Friendships and Pakistani Cinema” from page 1

mother and her elder brother.

When Razia is called away to her relatives in Hyderabad, the two friends constantly miss each other and write letters to stay in touch. But these are intercepted by Jamila's brother who has a soft spot for Razia, yet also has a mistress whom he keeps promising to marry. The friends, hence, are unable to communicate.

Pining for her friend, Jamila fakes an illness and wants the doctor to tell her mother that she should be sent to Razia to recuperate. The doctor, played by Darpan, falls in love with Jamila. She reciprocates his feeling and their marriage date is fixed. On the day of the wedding, the doctor dies in a car accident and Jamila, traumatized, enters a shock-like condition. The family takes her to Karachi to a specialist renowned for healing psychological problems. When Jamila opens her eyes in the Karachi hospital she sees Darpan again, who is now playing the character of the elder brother of the deceased doctor (but looks identical) and is married to Razia.

Jamila, of course, does not know this and she is eager to get married to the doctor. Razia persuades her husband to marry her friend as that is the only way she would recover from her condition. Jamila gets married without knowing that Darpan is already married to Razia.

Jamila's brother in the meantime takes the intercepted letters to Darpan and convinces him that his first wife, Razia was actually in love with him (Jamila's brother). The letters were of course addressed to Jamila but only through the term of endearment, *habib* (my love), and were signed by Razia. The doctor is convinced of his first wife's unfaithfulness and is willing to give her up.

In the meantime, the doctor's loyal servant tells Jamila that the person she was supposed to marry was dead and that Razia had sacrificed her marriage for Jamila's happiness. Jamila calls Razia on the phone

and hears her shriek. Jamila's brother, who lusted after Razia, had forcefully entered her house and was threatening to rape her. Jamila arrives at the house with a gun, confronts her brother and shoots him through a broken window-pane.

The movie is actually a flashback that Jamila narrates in front of the judge hearing the murder trial. At the end, Jamila's brother's long-suffering mistress comes forward and says that he was actually killed by her bullet. She killed him, she says in her testimony, because she could not see him ruin another life. The last shot shows the two friends embracing each other and then riding back to their mutual home in a large convertible, the husband nowhere to be seen.

In her book *Between Women: Friendship, Desire, and Marriage in Victorian England* (2007), Sharon Marcus reads Victorian fiction to discuss female relationships in England of that era. She shows the intensity of these relationships in terms of mother-daughter dynamics, in female friendships, in the mutual investment of women in images of femininity and the range of

Continued on page 4



“The HIV Epidemic: Time for Introspection,” June 29, 2019 - In the wake of the HIV epidemic that hit Ratodero, Sindh in May 2019, Dr. Asma Nasim, infectious diseases specialist at SIUT, Karachi and CBEC PGD alumna, led a CBEC Forum on the science and ethics of HIV. In her session, she focused on sociocultural reasons that led to the epidemic. The event was attended by a large audience of nurses, physicians and people from non-medical backgrounds.

“Female Friendships and Pakistani Cinema” from page 3

different ways women associated with each other.

These homo-social relationships were deeply imbued by ideas of altruism, generosity and mutual indebtedness. The book concedes that the power of men, patriarchy and the institution of heterosexual marriage defined lives for these women, but also asserts that we need to understand the strong affective and complex bonds that women had between each other that these forces could not undermine.

Although the film can be read as a melodrama, following Marcus, we can acknowledge that the two women protagonists of this film were part of a male dominated society where they could be seen to perpetuate the institution of heterosexual marriage and even polygamy. But the viewers also witness that the bond between Jamila and Razia is far stronger than what they have with their respective male companions. At the very beginning of the film, the script allows them to address each other as *habib* and *mahboob*, both terms of endearment used for lovers in the Urdu language. In fact, when they write to each other they do not address each other by name, but rather with terms that are normally reserved for relationships between men and women (there is clearly an eroticized message being conveyed, which the censors or the general public did not object to).

Since the strongest bond of affection in the film is among these two women, the separation created by Razia's departure to Hyderabad results in a creative dilemma that the script needs to resolve. This is akin to the tropes of *firaq* (separation) and *vasl* (meeting), so common in Urdu literary writings. In this case, irrespective of the conventional tropes, the reunion of these women could only happen with the removal of one male love interest. Hence, Jamila's fiancé had to be killed in order for the friends to be

together again, without conforming to the demands of two husbands. We may condemn the institution of polygamy, but in this film we may want to see it as cultural metaphor (a bowing to convention or a cinematic sleight of hand) that allows the two who truly desired each other to come together within the patriarchal tradition of taking the second wife. As mentioned above, despite the twists and turns, the relationship between *Continued on page 5*

**“DUHS Bioethics Course”
Dow University of Health Sciences
December 5, 2019, Karachi**



Seated from left to right: Dr. Akram, Dr. Aamir Jafarey, Dr. Nazli Hossain and Dr. Ammarah. Standing at the back are residents from Surgery, Medicine, Pediatrics and Obstetrics/ Gynecology who attended the course.

Dr Aamir Jafarey was the guest speaker at the concluding session of the Second Course of Bioethics for postgraduates at Dow University of Health Sciences (DUHS). The course is run by Dr. Nazli Hossain, CBEC MBE alumnus and Professor of Obstetrics and Gynecology at DUHS, as a series of monthly bioethics lectures. Its third cycle will begin in 2020.

In his talk, entitled “Bioethics in Clinical Practice,” Dr. Jafarey spoke about his bioethics journey over the years. He ended by describing the trajectory which the discipline of bioethics is taking in Pakistan.

CBEC Launches Two New Bioethics Teaching Videos



Dr. Bushra Shirazi in action at CBEC, SIUT, directing a scene from the film "Between Hope and Despair," which touches on the challenges faced in the process of organ donation

As a WHO Collaborative Centre for Bioethics, CBEC has developed three bioethics related teaching videos in the past two years. The first of these, "Between Hope and Despair," centred on ethical challenges following the outbreak of an epidemic and was reported in CBEC's December 2017 newsletter. Since then, CBEC has launched two new teaching videos, "Between a Rock and a Hard Place," and "Pushing Boundaries."

"Between a Rock and a Hard Place" depicts the interaction between a family with a brain dead relative on a ventilator and a transplant coordinator who seeks permission for obtaining the brain dead kin's organs. The film was used successfully in a two day conference for training potential transplant coordinators, held at CBEC in collaboration with WHO in June 2019.

The production "Pushing Boundaries," highlights the social and cultural factors surrounding reproduction and the stigma of childlessness in married women in the context of Pakistan. As in CBEC's previous ventures, both films used the acting talents of faculty, alumni and friends.

"Female Friendships..." from page 4

the two women is the one that triumphs and the last scene focuses on them, while the husband is off camera.

The film does develop a triangle of desire between the two females and their mutual husband, but the male character remains superfluous and is used like a prop. In *Saheli*, the affection between the two women remains paramount and the narrative arc creates an ending that shows them being together. This in itself was a radical decision by the director. He pushes this narrative by subtly bringing attention to how women work, live, care for, provide support to, and also desire other women.

My revisiting (and re-reading) *Saheli* may be a small step in opening up a discussion on forms of cultural aesthetics in Pakistan and their representation of what may remain unsaid and silenced in national histories, the history of desire, of sexuality, of domestic violence, of gendered subordination.

(Endnotes for this article are available in the online version of Bioethics Links, Volume 15, Issue 2)



"Looking for Ahmed Faraz," November 30, 2019 - Dr. Syed Nomanul Haq, an internationally renowned scholar led a CBEC Forum on iconic Pakistani poet, Ahmed Faraz. Dr. Nomanul Haq argued that Faraz's poetry was romantic in essence and it was a mistake to think of him as a revolutionary poet. He also presented reasons for the disappearance of Faraz's poetry from public view. The audience was captivated by his reading of Faraz's poetry which he compared to the work of other important Urdu poets.

CBEC-KEMRI Bioethics Training Initiative (CK-BTI) in Its Third Year

*Aamir Jafarey**



Participants in CK-BTI's Research Ethics and Public Health Certificate course engage in moral games during a session on gender

CK-BTI's NIH funded collaborative program in Nairobi is now into its third year. So far, almost 250 people from Kenya, Tanzania, Uganda and Nigeria have attended the three certificate courses that are currently being offered: Research Ethics and Public Health Ethics course, Clinical Ethics course and Research Methodology course. Additionally, 14 Pakistani participants have attended the Research Ethics and Public Health Ethics course and a practicum to help establish ethical review committees and gain experience in administrative matters of such committees. This is an excellent fully funded opportunity for Pakistani participants to learn the details of running ethics committee secretariats, since such training opportunities are not available in Pakistan.

This year two CBEC alumni, Ms. Farzana Amir Hashmi from Tabba Heart Institute, Karachi, Dr. Salman Tipu from Isra University, Islamabad, and two nominees of CBEC alumni, Dr. Amir Haleem from the Trauma Centre, Karachi and Dr. Kashif Shafiq from the Dow University of Health Sciences, Karachi spent two weeks in Nairobi as part of this training initiative.

By 2021, CK-BTI plans to offer a Postgraduate Diploma in Biomedical Ethics

(PGD) followed by a Master in Bioethics (MBE) based in Nairobi so that ethics education is easier to access for Kenyan and other East African participants. The certificate courses currently being offered are a preparation towards this larger goal.

Another preparatory move continuing in tandem with the certificate courses is the adaptation of the ethics curriculum used in CBEC's formal programs to suit the needs of CK-BTI programs. A series of workshops are being conducted in Karachi and in Nairobi to develop learning objectives, teaching methodologies and assessment strategies in time for the launch of CK-BTI's PGD and MBE programs. This has been a capacity building exercise not only for the Kenyan team but also for the Pakistani team who have harnessed the services of medical educationists to help understand the intricacies of curriculum development and assessment.

The capacity development for the Kenyan team has been going on for several years through CBEC programs based in Karachi. At the end of CK-BTI's Research Ethics and Public Health Certificate Course held in Nairobi from October 28-November 9, 2019, several Kenyan graduates of CBEC programs received their awards in a simple ceremony. Those receiving a Postgraduate Diploma in Biomedical Ethics were James N. Wanja, Yvonne Oponga, John Weru and Gideon Cornel Msee. Carolyn Kithinji received her Master's degree in Bioethics.

CBEC faculty, although overstretched due to commitments in Pakistan, is dedicated to developing the CK-BTI programs. It is encouraging that despite apparent cultural differences between Pakistan and Kenya, there are similarities which give CK-BTI a unified focus of providing a broad based ethics education to help foster better healthcare and human subject research.

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“A Page in the Life of a Surgeon” from page 2

couple is oblivious to everyone.

Some intervene and try to make her see the light. Her husband and a technician switch into their local dialect, and between her half “yes” and half “no” and the husband by her side with his arms around her, she is anaesthetized and the operation is underway.

Routine typhoid perforation, contamination that requires a thorough washout and a stoma (temporary opening made in the intestine) for she is nutritionally depleted and her parameters would not take anything else. Registrars do a good job and she is shifted to a step-down ICU and does well.

The next day her parameters improving, she is talking. Her stoma is a little slow to function but that is expected after such a surgery. She demands food which most of us believe is a good sign of recovery. However, her husband is told that only sips of water are allowed. I believe that within the next twenty-four hours she can take fluids and suck on sweets for taste; feel pleased at seeing her expression when she sips packaged mango juice, savoring the flavor she wants to gulp it down fast. Smiling, I ask her to take it slow and to drink more after a while. She changes her role and becomes a friend, complaining about her husband not giving her anything to eat or drink. I tell her, he is just carrying out doctors' orders. Humorously, I tell the husband that your wife though delicate, is a headstrong woman, and I take my leave feeling happy. Tomorrow is another day, should one not feel happy or satisfied?

I see her once in the morning when all is well, her stoma functioning and labs normalizing, but as the minutes turn to hours the picture has changed. By the end of the day there is something not right, she is restless and drowsy all in one, her urine is concentrated. Am I missing something, what can it be? I tell my registrar to keep a watch and make sure he

evaluates her again before he leaves at the end of the day. The next I hear of her being shifted to intensive care because of tachypnoea (fast breathing) and being electively ventilated with the expected need of inotropic support. Why for the life of me I ask, her chest was clear, her parameters were near normal, why, just why? It becomes a downhill ride from there on, she starts to get acidotic, we stand by the bedside and look at her head to toe, we debate her re-exploration, has she perforated again, there is a septic focus somewhere. The resuscitation goes on, the labs get repeated to no avail and we discuss and explore in search of a reason for sepsis. We remove the double lumen placed, we check the chest, to find no answers anywhere. The much-needed CT scan cannot be done for her condition would not allow that kind of movement.

Then begins a feeling of impending doom that most surgeons have experienced. The conversation becomes another set of routine sentences: Ph is acidotic, urine output is only 12 ml in the last hour, she cannot be dialyzed because her pressures are not being maintained, dose of inotropes have been increased but BP still low. Nothing, just nothing gets better and finally the call that always makes you feel you failed comes and the saga ends. Aptly said in such circumstances: “Man proposes and God disposes,” as mere humans we cannot fight fate.

Later in the day I ponder: where did I go wrong, what did I miss, I should not have forced the surgery. However, deep down I know if another such case came I would do the same thing, in the hope that this one would make it. I see her face and it is still painful, it is too soon to closet and move on. My eyes blur and I can say no more.

CBEC's 9th Ethics Workshop for Karachi Schools October 26, 2019



Participants representing different schools during a workshop session

CBEC's annual ethics workshop for schools was held on October 26, 2019. Teachers and senior administrators of diverse schools attended the one day round-table event with the central theme of "Language and ethics."

The workshop began with a discussion on the links between language and power in society and ended with a session in which participants reflected on the importance of language as a medium for teaching values. Both sessions used moral games, video clips and discussion as tools for examining the ethical aspects of language.

The highlight of the workshop was an interactive and thought-provoking session with well-known journalist and author, Ms. Zubeida Mustafa, in which she discussed the importance of the mother tongue as a medium for primary education, based on her journalistic research and writings on the topic.

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New Academic Year Begins at CBEC

CBEC's new academic cycle begins in January 2020 with fourteen PGD (Postgraduate Diploma in Biomedical Ethics) students and three MBE (Master in Bioethics) students attending the 'Foundation Module'.

MBE, Class of 2021

Farooq Azam Rathore
Rehabilitation Medicine
PNS Shifa Hospital
Karachi

John Komu Weru
Palliative Medicine
Aga Khan Hospital
Nairobi

Abeer Salim
Quality Assurance
National Institute of Cardio-vascular Disease, Karachi

PGD, Class of 2020

Shanza Agha
Obstetrics/Gynecology
Civil Hospital, Karachi

Fatema Ali Lanewala
Ophthalmology
Sindh Institute of Urology & Transplantation, Karachi

Saima Akhter
Pulmonary Medicine
Liaquat National Hospital
Karachi

Amjad Mahboob
Internal Medicine
Gajju Khan Medical College
Swabi

Syed Asadullah Jafri
Anaesthesia
Combined Military Hospital
Karachi

Teresia Wamuyu Maina
Public Health
Pwani University, Mombasa

Rabia Jamil
Obstetrics/Gynecology
Dow University of Health Sciences, Karachi

Mehwish Sajjad
Pathology
Dow University of Health Sciences, Karachi

Melba Katindi
Human Rights Law
Katindi & Company
Nairobi

Sara Salman
Public Health
World Health Organisation
Karachi

Timothy K. Kiplagat
Research/Administration
Kenya Medical Research Institute, Nairobi

Geoffrey K. N. Sang
Research/Administration
Kenya Medical Research Institute, Nairobi

Sadaf Kodwawwala
Pediatric Urology
Sindh Institute of Urology & Transplantation, Karachi

Uroosa Talib
Psychiatry
Karwan-e-Hayat
Karachi