

Centre of Biomedical Ethics and Culture

Bioethics Links

The lead article by James Dwyer, highlighting ethics as “lived experience” and a need to move beyond “textbook ethics,” sets the theme for this edition of *Bioethics Links*. Reports describe engaging with ethics on the ground in Pakistan - PGD alumni experiences in introducing this discipline within their institutions, CBEC's increasing involvement at the national level in undergraduate and postgraduate ethics for healthcare professionals, and its first steps toward bringing ethics into classrooms at primary and secondary grade levels. Editor

Ethics in Context: Case Studies in Pakistan

*James Dwyer**

I was excited to be on my way to Pakistan, but my family and colleagues were worried. Over a year ago, I was invited to teach in the Center of Biomedical Ethics and Culture (CBEC), SIUT in Karachi. I accepted the invitation immediately because I wanted to contribute to the Clinical Ethics Module for students enrolled in CBEC's Postgraduate and MA in Bioethics programs, and because I wanted to learn from people in Pakistan. But now an anti-Islamic film trailer “Innocence of Muslims” had been posted on the Internet. Demonstrations were expected throughout the Muslim world.

In spite of the bad timing, everything about my visit went smoothly and safely. I had a great experience, and got to do what I wanted: to contribute to the programs and to learn a lot. I left Karachi with many deep impressions: the smell and taste of the food, the sights and sounds of the city, the sincerity of the people, the tradition of *zakat* (mandatory wealth tax on Muslims), the involvement of families in patient care, and the eagerness of the students to learn.

But what left the deepest impression on me were the ethical problems that concerned people face. My “students” at CBEC were medical doctors, clinical teachers, and hospital administrators in the middle of their

careers. So I taught in a way that encouraged them to articulate ethical problems that arise in their lives. The work of articulating ethical problems in lived experience involves more than textbook ethics. It involves phenomenology, ethnology, politics, religious studies, patience, and skill. It also involves willing and disciplined students. With a little help from me, the students brought to light ethical problems that were intellectually interesting and vitally important. The problems were also disconcerting because they poignantly raised the

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Living bioethics in Pakistan: When security roadblocks made it impossible to reach Peshawar airport by car after an ethics workshop at Khyber Medical University, Dr Moazam hitched a ride on a *tanga* to reach her destination.

*Associate Professor, Centre for Bioethics and Humanities, Upstate Medical University, Syracuse, New York

“Bringing Ethics into Classrooms”- the first workshop for school teachers

*Anika Khan**

For the last five years, CBEC faculty has conducted enthusiastically attended ethics sessions for high school students who enrol in the SIUT Student Volunteer Program. As the next step, on June 17 and 18, CBEC organized a two-day workshop for school teachers entitled 'Bringing Ethics into Classrooms.' Ethics is currently not a part of most school curriculums in Pakistan. However, in recent years, there is growing interest in ethics education and a number of schools have initiated programs for developing character and ethical values in students. This workshop for teachers was developed to demonstrate interactive ways of teaching ethics and using simple tools to engage children in ethical reflection.

Thirteen participants representing different schools in Karachi attended the workshop. Most among them are actively involved in teaching different school grades (ranging from primary to secondary grades) at Habib Public School, Karachi Grammar School, The Lyceum, Dawood Public School, Indus Academy and Saifiyah Boys' High School. Participants also included remedial teachers from READyslexics and two women working on educational projects for adults in low income areas of Karachi.

Workshop sessions dealt with issues like development of character, virtues such as honesty and fairness, and plagiarism, and aimed to show participants how children belonging to different age groups can be encouraged to develop moral reasoning. The highly interactive group of participants was engaged in activities for fostering critical thinking through the use of varied materials: they examined the ethical questions arising out of simple everyday life events, discussed ethical dilemmas and saw how fables and stories could provide opportunities for

further exploration of ethical questions. Another teaching tool that prompted a great deal of discussion was video clips that raised ethical issues. At the end of the workshop one participant remarked, “I've started to look at the flip side of things.” A lot of the workshop material is adaptable and could be used for students of different ages.

During the concluding feedback session, participants stated that they found the workshop very useful and expressed enthusiasm about incorporating some of the ideas into their classrooms. Some also requested that CBEC assist them in holding similar ethics workshops within their schools. Participants were informed that CBEC resources and guidance would be available to them for any ethics sessions they plan to organize for their students.



Ms. Anika Khan (top left corner), organizer of the workshop, looks on as Dr. Bushra Shirazi takes a session on plagiarism with a rapt group of school teachers.

14th Asian Bioethics Conference
Loyola College, Chennai, India
November 19-23, 2013.

For abstract submission and registration,

Email: selvam.mariadoss@gmail.com

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New Informed Consents for SIUT



A session on informed consent with SIUT nursing staff in progress.

At the request of Dr. Adib Rizvi, Professor and Director of SIUT, the CBEC faculty formulated and introduced new, comprehensive informed consents for all invasive diagnostic and therapeutic interventions, including chemotherapy and oncology, offered by the institution. This was done following 25 small group discussion sessions and a well attended ethics grand round with SIUT faculty and staff that included nurses and medical social officers who are essential members of the clinical team.

These sessions while exploring the ethical and legal basis of the process also served to highlight local hierarchical contexts, including the social position of women, which challenge the “standard model” of the informed consent. The new consent forms introduced in February 2013, English, Urdu, and Sindhi, have been modified appropriately to respect local norms while ensuring that patients' dignity and rights are protected.

CBEC and Bioethics Education: News from the National Front

Undergraduate education: Bioethics is not yet a mandatory part of medical and dental curricula in Pakistan. The Healthcare Ethics Committee (HCEC), constituted by the National Bioethics Committee (NBC) of Pakistan in December 2012 and chaired by Dr. Moazam, is developing national guidelines for undergraduate ethics curricula to rectify this deficiency. The Pakistan Medical and Dental Council (PMDC) is expected to ensure its implementation in public and private sector colleges.

Postgraduate education: The College of Physicians and Surgeons, Pakistan (CPSP) has contacted CBEC to initiate research ethics workshops for its faculty. CPSP is the national body that reviews and accredits clinical training programs and is responsible for certifying healthcare professionals in the country. The first CPSP workshop was held in Karachi on June 13, 2013. Similar workshops are planned in other cities in Pakistan in the future. During the workshop in Karachi, CPSP faculty discussed their interest in including formal bioethics sessions in the mandatory research workshops they hold for trainees in clinical programs of the country.



A view of the Research Ethics Workshop for CPSP faculty conducted in Karachi by CBEC.

PGD Alumni (Class of 2012) Projects

As an “internship” year following graduation from CBEC's Postgraduate Diploma program (PGD) in Biomedical Ethics, students are required to implement an ethics related “PGD Project” within their parent institutions. These projects can range from introducing bioethics to students or trainees, forming faculty bioethics groups, or initiating Ethics Review Committees. This year, eight PGD graduates, Class of 2012, joined forty one colleagues from previous years in this initiative. The excerpts below are taken from their postings on the Alumni Google Group Blog through which they stay in touch with CBEC faculty and each other regarding successes and difficulties in moving from being bioethics students to teachers. The Blog also provides faculty an opportunity to advise and help alumni as and when needed.

Dr. Faheem Khan: Psychiatry Residents, AKU Hospital, Karachi

“I feel that it's harder to teach than to study. I started with the plan that I will teach them bioethics but soon realized that this would be sharing of knowledge and experience, not just teaching...I found my colleagues at a very high level of knowledge and practice too. At the end of the session I was wondering who got the maximum benefit: me or them? I believe it's always bidirectional...A major outcome that we came up with at the end of the session was to formulate informed consent for electroconvulsive therapy that the institute doesn't have till now, 'a concrete outcome!’”

Dr. Shazia Fatima: Postgraduate Students, The Nuclear Medicine, Oncology and Radiotherapy Institute, Islamabad

“Clinical and research aspects of postgraduate training programmes lack the vital components of ethical analysis and reasoning skills...In my first two sessions, trainees appreciated the non-formal way of teaching, especially the videos related to topics. The trainees relate topics to their day to day experiences and problems very easily. Sometimes, it seems hard to steer the discussion. I am having difficulty in controlling the discussion of participants and this has resulted in making the sessions longer. Feedback from participants after two lectures is encouraging and the use of case/scenario based examples was

unanimously liked.”

Dr. Mohsin-e-Azam: Hospital and Physicians Staff, Memon Medical Institute, Karachi

“This was a new experience for all the audience. I stuck to the bare basics and kept the session mostly interactive...I didn't use the traditional method of definitions or classifications to avoid scaring them away from the future sessions. I have included presentations, videos, photographs and scenarios as teaching tools...”

“So far I have taken the first four sessions...as part of the ongoing CME at the hospital. The experience has been educational for me as well. It is extremely satisfying to see the evolution in participants as the sessions are becoming more and more interactive. They bring forth their own experiences and questions and the discussion at times goes beyond the prescribed time.”



A Bioethics Group meeting being conducted by Dr Mohsin-e-Azam for physicians and staff at Memon Medical Institute,

Dr. Naima Rasool: Surgical Faculty, Military Hospital, Rawalpindi

“I (had a) problem in motivating people to take active part in discussion. People want decisions and judgements. Probably due to inexperience, I am not able to convey my point of view or handle diverse experiences of others. Especially, I had problems when they (the participants) asked me the ‘verdict’ or ‘Law’ on any dilemma.

“Subsequently, I managed to arrange two joint sessions on ‘Informed Consent’ with Dr. Shazia Umar and on ‘Virtue Ethics’ and ‘Aristotle’s Golden Mean’ with Dr. Tayyaba Batool [both are PGD alumni]. Joint session approach is extremely helpful, not only in teaching but in learning bioethics as well.”

Dr. Maaria Zafar: Bioethics Group, NED University of Engineering and Technology, Karachi

“It needs a lot of reading and research for active open discussions on existing and upcoming issues. Unfortunately, most of us are not very keen on reading ourselves and prefer listening to others...I am not expecting a big response in the beginning, but hope that with an increasing awareness and understanding of its importance, the university administration may introduce bioethics as a mandatory course to be taught at undergraduate level.”

Ms. Shabana Tabassum: Nursing Students, Patel Hospital, Karachi

“Teaching Biomedical Ethics to nurses is a new but enjoyable experience for me. My students and I are learning from each other’s experience as most of my students are very vocal and taking great interest in the topic...The students see things in black and white, as right and wrong, guiding them through biomedical ethics is like helping them step over in a grey area, but keeping

morals and values as top priority.”

Dr. Manzar Anwar: Undergraduate BDS Students, Khyber College of Dentistry, Peshawar

“This class has a total strength of 80 students (out of which) 58 students got promoted to second year. I gave them (an) introductory lecture on bioethics. The students were eagerly listening to me and they asked a lot of questions which showed their interest and enthusiasm. I think and hope when this class reaches final year and then into the practical world (they) would know a lot about bioethics.”

Ms. Farzana Amir: Establishing IRB, Tabba Heart Institute, Karachi

“We had a formal training session for selected IRB members in February. Two of my classmates (Dr. Faheem and Dr. Bilal) had joined me for this IRB as external members...At our institution we have finally achieved certain changes including establishment of a central pool for donated drugs and samples for needy patients and regulating the visits of pharmaceutical representatives, as per KBG guidelines.

“Support from CBEC faculty, my senior CBEC alumni and my colleagues is giving me strength and I don’t feel alone at any time.”



As her PGD project, Farzana Amir Ali organized a workshop for IRB members at Tabba Heart Institute in February 2013.

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question of what we should do, and they left me with the feeling that I was not doing enough. Here are a few problems that we discussed.

1. *Families and decisions.* I quickly saw how involved families are in caring for patients and making medical decisions on their behalf. In discussions, a few students simply accepted the family as the legitimate source of all decisions for the patient. A few other students wanted to privilege the autonomous patient as the sole legitimate decision maker. But most of my students in Pakistan wanted to find ethical ways to live and work in the middle ground between these two positions. That made sense to me. People are deeply social, shaped and (to some extent) defined by a nexus of relationships. But that doesn't mean that we need to uncritically accept the existing relationships and initial requests. For example, tradition may give the eldest son more voice and authority than can be ethically justified in a particular situation. The doctor may need to elicit and listen to other voices. In many cases, the ethical task is to avoid marginalizing people while recognizing the importance of the family.

2. *The duty to treat.* Most students agreed that doctors have a duty to treat patients with infectious diseases. When people enter the medical profession, they tacitly agree to accept reasonable risks that are inherent in caring for patients. This view was not merely a theoretical conviction among my students. Many of them had experienced an occupational exposure. But when we pursued matters further, we came upon two problems. We weren't sure how well the duty to treat holds up when health care professionals lack proper equipment

and protection. The second problem focused on testing patients. In cases of occupational exposure, I think patients have a responsibility to be tested for the sake of the health care workers. But this view requires more discussion. The actual practices at Pakistani hospitals seem to have developed in different ways without adequate discussion.

3. *The responsibility to practice in Pakistan.* I discussed with the students the migration of health care workers from low and middle-income countries to wealthier countries. This was not a theoretical matter for the students. Many of them had trained or worked abroad, and many of them could leave and practice elsewhere. After we discussed the support that society provides to medical education, most agreed that physicians have some responsibility to practice in Pakistan, at least for a reasonable period of time. But all of us wondered how best to balance this social responsibility with family responsibilities and personal concerns. My students in Pakistan were rightly concerned about their own safety and the safety of the families. Here are many ethical questions to explore. When do family responsibilities and personal concerns overcome social responsibilities? What should the medical profession do to address violence against physicians? When are physician strikes ethically justified?

4. *Responses to disasters.* In the last decade, Pakistan has experienced a very serious earthquake and a number of severe floods. Many physicians have responded, individually and in groups, to help those affected. I deeply admire the values expressed by physicians' immediate response, but work of this kind must involve

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many ethical issues. We need to examine the issues that arise in responding to disasters, but also issues that arise about preventing, preparing for, and recovering from disasters. Indeed, the first step is to “de-naturalize” disasters: To examine how and where human conduct and social structures contribute to the casualties and losses. Climate change and deforestation contribute to flooding; social structures make some people more vulnerable than others. Here is an area where bioethics, public health ethics, environmental ethics, and social ethics overlap.

I have sketched four of the twenty ethical problems that I came home thinking about. I hope that students and teachers in Pakistan will write case studies that bring to life some of these problems. Too many case studies in bioethics leave aside the social context. We need case studies that provide a better sense of the social context in which reflection and discussion take places. Too many case studies are thin and schematic descriptions that aim to illustrate a theoretical conflict. We need thick and detailed descriptions that require us to pick out what is morally salient, engage all our moral capacities, discuss the matter with others, and respond in better ways. Too many case studies are narrowly focused on particular clinical problems. We need case studies that also address broad social, environmental, and human concerns. Too many case studies limit our choices so that we must decide between two conflicting values. But in ethical life, we often need to find creative ways to reconcile conflicting concerns, and to find ways that reframe the whole problem.

The case studies that I imagine would contribute to bioethics in Pakistan. But they would do more than that. They would contribute to bioethics in the rest of the world.

**CBEC Conference on “Emerging Issues in Bioethics”
December 6-7, 2013**

Themes:

- Ethical issues in pharmaceutical-physician interactions: The new frontiers
- Genetic advances: Emerging ethical challenges
- Deceased organ donation: Circumnavigating novel ethical challenges

International speakers include David Healy, psychiatrist, psychopharmacologist, scientist, and author of the book *Pharmageddon*, from UK; Sandhya Srinivasan, Executive Editor of the *Indian Journal of Medical Ethics*, from India.

Ethics Exam at ZA School of Medical Technology, June 19, 2013



Five years ago, Dr. Rubina Naqvi, SIUT nephrologist and CBEC alumnus (PGD, Class of 2006) developed an introductory course in medical ethics for B.S. students enrolled in SIUT’s Zainul Abideen School of Medical Technology. She is also the key individual in running and teaching this program. Here she is seen (in the white coat) invigilating technology students taking their written examination.

**Academic Programs in Bioethics Commencing January 2014
Call for Applications
Application Deadline: July 12, 2013**

Masters in Bioethics (MBE): Class of 2015

- Two year academic degree program requiring original research and thesis to graduate
- Four on-campus teaching modules lasting 7 to 14 days each and distance learning components
- Mandatory readings, class presentations, and written assignments
- Applicants must be professionals in a primary field such as healthcare related services, biomedical sciences, social sciences, law, education, etc.
- Preference will be given to those involved in education, training, and/or research programs

**Post Graduate Diploma in Bioethics (PGD):
Class of 2014**

- One year diploma program requiring development of ethics related project to graduate
- Four on-campus teaching modules lasting 7 to 14 days each and a final examination
- Distance learning assignments over the internet
- Class presentations, small group discussions
- Suitable for healthcare related professionals
- Preference will be given to those employed in academic/teaching institutions

No tuition fee for all students, and free accommodation for out of town candidates subject to availability
For information and application forms, visit: www.siut.org/bioethics

**Selected Publications
By CBEC Faculty**

- Aamir M. Jafarey, Saima P. Iqbal, Mariam Hassan. "Ethical review in Pakistan: the credibility gap." *Journal of Pakistan Medical Association*, vol. 62, no 12 (December 2012): 1354-1357
- Farhat Moazam, Aamir M. Jafarey, Bushra Shirazi, "To Donate a Kidney: Public perspectives from Pakistan," *Bioethics* (December 21, 2012) doi:10.1111/bioe.12010
- Farhat Moazam, "Pakistan and Kidney Trade: Battles won, battles to come," in *Journal of Medicine, Health Care and Philosophy* (December 1, 2012) DOI 10.1007/s11019-012-9451-3
- Farhat Moazam, "Doing Bioethics in Pakistan," in *Bioethics Forum*, The Hastings Center, NY: (May 18, 2012)
- Farhat Moazam, "Sharia Law and Organ Transplantation: Through the Lens of Muslim Jurists," *Asian Bioethics Review*, vol. 3, no. 4 (December 2011): 316-332
- Anika Khan, "Beyond Paternalism: The Physician's Identity in the Relational Web," *Asian Bioethics Review*, vol. 3, no. 2 (June 2011): 137-141

- Farhat Moazam, "Organ Donation and Transplantation through the Lens of Muslim Scholars," *Organ Transplantation: Ethical, Legal and Psychosocial Aspects* eds. W. Weimar, M.A. Bos and J.J. Busschbach, vol. 2 (May 2011)
- Aamir Jafarey, Farhat Moazam, Bushra Shirazi, "Perspectives from Pakistan after the transplant law: What next?" *Indian Journal of Medical Ethics*, vol. 7, no. 4 (Oct-Dec, 2010)
- Aamir M Jafarey, Farhat Moazam, "Indigenizing' Bioethics: The First Center for Bioethics in Pakistan," *Cambridge Quarterly of Healthcare Ethics*, vol. 19, no. 3 (July 2010): 353-362
- Aamir Jafarey, Farhat Moazam, "Informed consent is a moral imperative," *Indian Journal of Medical Ethics*, vol. 7, no 2 (April - June 2010): 101-103
- Bushra Shirazi, Aamir Jafarey, Farhat Moazam, "Plagiarism and the medical fraternity: A study of knowledge and attitudes," *Journal of the Pakistan Medical Association*, vol. 60, no. 4 (April 2010): 269-273

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