

Centre of Biomedical Ethics and Culture

Bioethics Links

A sense of what constitutes right or wrong is shaped by, and in turn shapes, societal norms and values systems, the arts and literature. This issue of Bioethics Links focuses on the interplay of ethics and society. The Editor

Teaching Ethics through the Arts

*Amber Romasa Nagori**

Kant famously said that the highest significance of beauty is to symbolise moral good, while for Schelling and Hegel the greatest revelation of beauty rested in the arts. The relationship between ethics and beauty is considered to be an old one, rooted in the thoughts of the philosophers of antiquity. According to Xenophon's accounts Socrates equated beauty with goodness, while the wise man Confucius emphasised the role of arts in refining the human nature. To teach his students, Confucius, a highly demanding teacher, would ask his disciplines to read the "Book of Songs" (an ancient and highly revered anthology of poems in Confucius' time) to discover the metaphysical and ethical issues.

The questions that troubled the thinkers of centuries ago, still confront us today. What is moral behaviour? What constitutes 'right' and 'wrong'? Can these values be inculcated in an individual, and if yes, then how? Yet unlike the thinkers of antiquity, we have the additional challenge of globalisation and rapid technological innovations confronting us, which have caused a dramatic paradigm shift of values and knowledge. Knowledge accumulated over generations becomes quickly superfluous today; new skills have to be learnt which have no old wisdom to provide a framework: is it right of companies to monitor employees' emails, should governments have the right to block material on the Internet? Issues like euthanasia, organ transplant and eugenics confront us more than ever before and in each field where technology has pervaded, such difficult questions abound. Globalisation has also meant that we are forced to live in harmony with people with

different sets of norms guiding their understanding of right and wrong. The challenge poised by this is how to negotiate a space where the different sets of morality can co-exist? Should each culture and especially the dominant ones try to impose hegemony of their understanding of morality and ethics and is that a realistic possibility in today's world? Or do we try to follow Kant in "Act only according to that maxim by which you can at the same time will that it should become a universal law."

Today, maybe as a result of all these challenges, the wheel has turned a full-circle and the mainstream utilitarian, deontological and consequential theories of ethics have been followed

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Abdur Rahim Nagori: Tharri Landscape 2 - Oil on Canvas

* Ms. Amber Romasa is the author of the book *Nagori: Voice of Conscience*, Oxford University Press, 2006

“Too Little For Too Few”: Dilemmas of Treating HIV/AIDS in South Africa

*Renée C. Fox**

Much of the published literature about HIV/AIDS is focused on the challenges of expanding access to its treatment with affordable, effective, combinations of anti-retroviral (ARV) drugs. The problems of access to ARV treatment are attributed to three factors: an insufficient supply of these life-sustaining drugs due to cost which can exceed the capacity of individuals and the countries in which they reside (especially developing countries); national and international patent rules and laws that deter the production and export of key ARV drugs in low-cost, generic forms; and the lack of political will of some national governments to develop and implement plans that would make ARV medications and sustained treatment available for their citizens with HIV/AIDS. An underlying, unexamined assumption that prevails is that the “scaling-up” of access to ARV therapy will progressively eliminate the need to select the patients who receive it, and thereby resolve the medical and moral questions that such decision-making raises.

However desirable it may be to strive to make ARV treatment as widely available as possible, it is utopian to suppose that achieving this goal will dispel all issues of rationing. The experiences of a project to prevent and treat HIV/AIDS by the international medical humanitarian organization, Médecins Sans Frontières (Doctors Without Borders) in the Khayelitsha township of Cape Town, South Africa, provide an edifying glimpse of the Sisyphean nature of these issues.

Khayelitsha is an enclave of some 500,000 inhabitants, most of whom live in corrugated-iron shacks, without running water or electricity. Unemployment is extremely high; crime and violence...are rampant. The general prevalence of HIV/AIDS is 26%, measured among pregnant women. TB/HIV coinfection is very high, too: 63% of those with TB are also infected with HIV.

These data reflect in microcosm the epidemic proportions of HIV/AIDS in South Africa. A governmental survey conducted in October 2005 estimated that in a population of 45.5 million people, as many as 5.5 million are living with the virus.

In this context, the healthcare professionals involved in the care of HIV/AIDS patients have developed a set of medical, social, and “adherence” criteria intended to guide their decisions about the appropriateness for a patient to be launched on a regimen of ARV treatment. The social criteria include indicators of patients' likelihood of taking the ARV medications regularly-- such as their records of keeping clinic appointments, commitment to safe-sex practices, a willingness to attend counseling sessions, and to participate in ARV support groups. The importance attached to adherence includes concern for the well-being of ARV recipients and the public health danger that the patients taking these drugs irregularly will develop and transmit a multi-drug resistant form of HIV/AIDS.

At the inception of the Khayelitsha project in 2001, only 180 patients could be supplied with ARV treatment due to a lack of funds and AIDS drugs. Even then, the staff found it difficult to refuse treatment to any patient, despite the existence of a committee that was responsible for “patient selection.” Throughout the history of the project the staff has done everything possible to resist ever “definitively giv[ing] a 'no' to any patient for ARV.” Since 2003, increased funding for ARV treatment from the provincial government, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the utilization of generic forms of first-line ARV drugs (supplied by several Indian companies and one in Johannesburg), have made it possible to enroll as many persons with HIV/AIDS for ARV treatment to fill more highly paid positions.

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* Annenberg Professor Emerita of Social Sciences, University of Pennsylvania, USA

Cricket and Ethics

*Saad Shafqat**

One of the pleasures of cricket is how closely the game mirrors life. Take any situation in the real world and chances are that with a bit of mental effort and the indispensable pinch of salt, you will be able to find a cricket analogy that fits.

Not long ago a colleague asked me for some friendly advice. He had worked hard at his job and exceeded all expectations, yet he had still been denied an honor he was due. He felt dismayed and disheartened. I tried to explain that unfairness was part of life. There was no choice for him but to accept what had happened, so he might as well do it with grace and dignity. Although I urged him to persevere in his efforts he was bright and motivated and success was sure to follow I felt my words were lacking impact.

Luckily, both of us spoke a common language in cricket. "Sometimes, you get a bad decision," I told him. "Everybody knows it's not out, yet there it is the umpire's raised finger. You've just got to grit your teeth and take it." With these words, I could see I had finally engaged my friend. Once you understand it, there's something about cricket that resonates within you.

Still, it was hard for him to get over his disappointments. "Stay at the wicket and the runs will come," I said, and watched a smile crease his lips. The greatest teams, I told my aggrieved friend, are those who can put disappointments immediately behind them. Look at Australia they never rue dropped catches or near-LBWs. The moment it happens, it's in the past, and then they're back at it with the same ferocity.

Cricket has a lot to teach us. It has everything that life has conflict and competition, cooperation and partnership, honor and dignity, humiliation and failure. There is drama, passion, pain, pathos, and tragedy. Interestingly, being the most human of games, cricket also has its share of deceit and dishonesty. This is the most compelling aspect that makes cricket so life-like.

If a sport is to properly model life, the first thing it has to incorporate is injustice. Traditionalists like to say that cricket builds character. Indeed, but as with life, good governance is crucial, otherwise there is no character left to build. The context is provided by the rules of governance and a moral framework elements enshrined in cricket by the hallowed MCC Laws, and by the spirit in which the game is supposed to be played.

As with the real world, injustices in cricket are centered around the use of authority. The commonest one is the analogy I used to pacify my friend the example of a batsman being judged out incorrectly. The error can be unintentional (an honest mistake) or intentional (downright cheating). Often, the default human impulse is to be devious, so honesty has to be enforced through watchful governance. The higher the stakes, the more closely the behavior of players and officials must be monitored, because the more likely it is to be shaped by rewards and penalties.

Cricket and ethics are so closely allied that the game has entered common parlance as a metaphor for morality. "It's not cricket," goes the well known idiom, meaning it's not right or proper. Yet cricket and ethics have not been getting along lately. On Sunday August 20, 2006, during a Test match against England at the Oval, umpire Darrell Hair accused the Pakistan team of cheating. He asked to see the ball during play and made a judgment that its condition had been unfairly changed to assist the Pakistan bowlers. Subsequent events have been widely covered in the media. Pakistan captain Inzamamul Haq, seething from humiliation, reacted with his own judgment. Enough was enough, he decided, and refused to play the match any further. In effect, Inzamam said it's not cricket, and many agreed with him.

Strictly interpreted, Hair's actions were within the letter of the law. The umpire is given the privilege of inspecting the ball on demand, and may pass judgment on whether its condition has been tampered with.

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* Associate Professor of Neurology, Aga Khan University, Karachi

“Muslim Voices From the East Mediterranean Region” at

The 8th Congress, International Association of Bioethics (IAB) Beijing, China (August 4-9, 2006)

Farhat Moazam*

An IAB session entitled “Muslim Voices from the East Mediterranean Region” organized by the Center of Biomedical Ethics and Culture (CBEC), and sponsored by EMRO-WHO, took place on August 7, 2006. The aim of the presentations was to touch on the rich diversity of history, culture, indigenous value systems, languages, and social realities that characterize Muslim lives in the region.

Gamal Serour, an Obstetrician/Gynecologist and Professor at Al- Azhar University, discussed “Assisted Reproductive Technologies (ART) in Egypt: Cultural, Religious and Ethical Issues.” He elaborated on the cultural, religious and ethical issues facing Muslim physicians and patients in Egypt with the advent of rapid advances in ART, and demonstrated how these matters are being addressed within the framework of Shari’a guidelines.

Farhat Moazam, Pediatric Surgeon, Professor and Chairperson of CBEC in Karachi, spoke on “Live, Related Kidney Donation: Cultural, Religious, and Socioeconomic Influences on Patient-Family-Physician Dynamics” based on the results of her ethnographic research in a transplantation Institution in Pakistan. She highlighted the centrality of the extended family in Pakistani lives, the manner in



Great Wall of China

which cultural beliefs and religious values color interactions within healthcare systems, and the focus placed on duties and obligations rather than on autonomy and individual rights.

Aamir Jafarey Consultant Surgeon and Assistant Professor in CBEC presented a talk on “Informed Consent Revisited: Views of Pakistani Physicians and Public” based on his study to assess attitudes of physicians and public in Karachi. He illustrated that in a society in which several generations of a family live interdependent and family-centered lives, it is difficult to interpret “autonomy” to mean that the individual is the locus for all decision making.

In her presentation entitled “Cultural and Religious Dimensions in Health Research: 25 Years of Community Medicine Projects in Kuwait,” Manal Bouhaimed, Ophthalmologist and Assistant Professor at Kuwait University, gave an overview of research projects conducted by Kuwaiti medical students. These revealed cultural concerns as well as religious dimensions, and included topics extending from issues of women's health and reproduction to cosmetic surgery and professional ethics .

* Professor and Chairperson, CBEC, SIUT, Karachi

Recent CBEC Faculty Publications

- Aamir Jafarey, “Informed Consent: Views from Karachi,” *Eastern Mediterranean Health Journal*, 2006 12(1): S50-S55
- Farhat Moazam, Invited Editorial, “To Eat an Elephant,” *Eastern Mediterranean Health Journal*, 2006 12(1): S10-S12
- Farhat Moazam, “Research and Developing Countries, Hopes and Hypes,” *Eastern Mediterranean Health Journal*, 2006 12(1):S30-S36
- Farhat Moazam, “Ethical and Social Dimensions of Brain Death,” *Pakistan Journal of Neurological Sciences*, 2006 1(1): 39-41

Book Published

- Farhat Moazam *Bioethics and Organ Transplantation in a Muslim Society: A Study in Culture, Ethnography, and Religion*, Publisher Indiana University Press, Bloomington, Indiana, USA. 2006

Teaching Ethics through the Arts

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by an emergence of a renewed interest in the Aristotelian-inspired virtue ethics with an emphasis on the building of character as a primary step towards propagating ethical behaviour. For if only “dos” and “don'ts” are taught as a rule to a child, then there is a high possibility that in the rapidly changing world, by the time she/he grows up, the conditions to apply the rules learnt would have changed. However, if in conjunction, a virtuous, empathic and creative personality is developed, she/he would have the flexibility to adapt to the changed world. If this is the case, inculcating a virtuous character should be a priority which should begin at early educational levels, and amongst several routes available, and undoubtedly the more enjoyable one for the child, is through the arts, inclusive of music, visual arts, theatre and literature (oral and written).

There are those who might wonder whether the arts can instill ethics in a person. How could drawing a painting, watching a play or listening to ghazal actually make a person more virtuous or derive ethical principles? The answer lies in the power of the arts to foster imagination, sensitivity and creativity: the ingredients necessary in the formulation of an empathic personality receptive to the issues and complexities of our world. Aesthetic pleasure is sometimes defined as empathic pleasure where the object and the subject merge; and empathy or more appropriately 'Einfühlung' is the hallmark of creating or enjoying any of the arts (a major theme in the nineteenth century German aesthetics). The concept of empathy is powerfully captured by the Romantic Movement poet Keats on seeing a sparrow outside his ledge, who wrote, “I take part in its existence and pick about the gravel”. While Byron echoed a similar sentiment, “I live not in myself, but I become/ Portion of that around me...”. One could even say that the application of Kant's philosophical morality stance of “categorical imperative” requires imaginative projection.

It seems there is a natural instinct in humans to turn towards the arts. Even the cave man, with his naïve and primitive understanding of the world, was attracted towards illustrating his abode. The danger is that if the higher arts are not provided at

educational levels then people will turn solely to the cheap images flashed by the advertising industry and the soap operas and the mass conscience and values will be formed only by the images seen of television and the Internet. The values of the society would then not be shaped by the thoughts of leading intellectuals and creators but rather imbibe mediocrity.

This is not to assert that every person who has been exposed to the higher arts becomes ethically refined but it does mean that most of the people whose education includes art would have been provided with some of the key ingredients towards a personality type which is conducive towards ethics and vice versa. As articulated by Shakespeare in *The Merchant of Venice*, “the soul of a man without music is dark as Erebus (Greek god of darkness who lived underground), fit for treasons, stratagems and spoils, and no such man should be trusted.”

Even highly pessimistic philosopher Schopenhauer, whom Maupassant aptly called “the greatest shatterer of dreams,” conceded and glorified the power of arts for its ability to achieve momentary deliverance from the destructive powers of the Will. Through the arts, without being burdensome, harsh realities of life can be communicated. Pablo Neruda's poems became the soul of Chile, Mexican painters like Diego Rivera and Orozco effectively used mural to convey social injustice themes to the masses, Puskin's poetry resonates within the Russian spirit, while for decades to come, protest against the havoc of war has been encapsulated in Picasso's painting *Guernica*. It is important to note that the key element of the arts is that it is an enjoyable communication medium, which rests on the principle of harmony. Musical cords have to be in harmony as have to be the colours of a painting. This is its greatest merit, communicating even disconcerting thoughts while remaining harmonious.

It can be said that society can inculcate morality and ethics through different methods. In the ancient civilisation, both the Spartans and the Athenians endeavoured for morality and ethics, but for the Spartans it was *sans* the arts while the Athenians embraced art.

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Teaching Ethics through the Arts

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Today we remember Athenians for their contributions to civilisation and democracy while the Spartan existence is disparaged. Historical choices often recur. Present society will have the choice to accept or reject the arts and its role in shaping the character of its people. It would be a pity not to

utilise the full power of humanity's artistic heritage to help improve the world of tomorrow. Today we have not one but many such "Books of Songs" but do we have the wisdom of Confucius to utilise them to teach ethics to those looking for the answers?

"Too Little For Too Few": Dilemmas of Treating HIV/AIDS in South Africa

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as the program can handle. There are now three selection committees rather than one to expedite the review of some 30 to 40 patient-candidates by each clinic every month. Paradoxically, partly because the shortage of funding and of ARV drugs has abated, the emotional and moral angst that the health care team feels about denying this treatment to any person with HIV/AIDS has intensified. In effect, their "selection" committees have become what staff members half-humorously refer to as "patient preparation" or "patient readiness" committees, because when patients do not meet some of the adherence criteria, the staff is nonetheless inclined to admit them into the ARV program on the assumption that they can be helped to fulfill required conditions with the assistance of counselors and fellow patients. They also find it difficult to accept the fact that there are some patients who may never reach, or be able to maintain the "preparedness" level to receive ARV treatment required by the criteria, others who may not want to start the treatment, and still others who, for medical or psychosocial reasons, may not benefit from the treatment.

The attitudes and the conduct of the Khayelitsha staff are not singularly related to the conditions that characterize the milieu of a black, South African township, or to the concomitants of caring for persons with HIV/AIDS. In the 1960s, in the United States, at a time when only a limited number of artificial kidney machines and meager financial resources were available for the treatment of patients with end-stage renal disease, the Artificial Kidney Center in Seattle, Washington created an Admissions and Policy Committee to screen and select patients to be dialyzed. Like the committees in Khayelitsha, they focused mainly on choosing

patients for this treatment rather than on deselecting them. After 1972, when a law was passed by the U.S. Congress that made the dialysis treatment of end-stage renal disease financially accessible to almost the entire American population, health professionals found it even more difficult to deny it to such patients, even when it might not benefit them, or could increase their suffering.

The Khayelitsha project currently faces a number of problems other than a shortage of funds, which curtail how many patients with HIV/AIDS they can treat; this confronts the staff with what they experience as the threatening prospect of having to choose which patients they will, and which they will not enroll for ARV treatment. Foremost among these is a shortage of medical personnel. A program such as Khayelitsha's, which is engaged in scaling up efforts to deliver ARV drugs to socially disadvantaged persons, needs many health workers especially nurses to insure regularity of medication intake and to monitor side effects. Even though the salaries in South Africa are sufficient to attract medical and nursing personnel from neighboring African countries, hundreds of South African health care professionals have been recruited to the United Kingdom, Canada, Australia, and the United States

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Dr. Farhat Moazam

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Dr. Anwar Naqvi

Professor and Coordinator

Sakina Najmuddin

Secretary to Chairperson

Dr. Aamir Jafarey

Assistant Professor

“Too Little For Too Few”: Dilemmas of Treating HIV/AIDS in South Africa

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In addition, the HIV virus is contributing to the dearth of health workers. At the 16th International AIDS Conference, held in Toronto in August 2006, Dr. James McIntyre, a South African AIDS expert, stated that countries like South Africa, with 15 percent HIV prevalence rates, can be expected to lose 30 percent of their health workers from AIDS over a 10-year period.

Other medical problems involved in the persistence of troublesome issues associated with patient selection include the prevalence of intertwined tuberculosis and AIDS virus infections leading to an inclination of the Khayelitsha program to exclude patients with active TB from ARV treatment. The administration of ARV drugs is likely to cause such patients' clinical status to worsen as the result of an immune reconstitution. A specter that now hangs over Khayelitsha are the recent reports of highly virulent strains of tuberculosis, resistant to all standard first- and second-line drugs for TB, which rapidly killed 52 out of 53 patients coinfecting with TB and HIV, between 2005 and March 2006, in a rural hospital in South Africa

Another medical development that has been causing concern about access to and distribution of AIDS drugs among patients derives from increasing evidence of serious, long-term side effects of the most commonly used first-line antiretrovirals. For patients who experience these side effects, access to first-line regimens containing the ARV drug tenofovir is an urgent necessity. However, tenofovir is very costly and out of reach of most patients in a developing country like South Africa. In addition, numerous patients develop resistance to the first-line ARVs and need to switch to second-line drugs. The most recent data from Khayelitsha show that 16.8% of patients on first-line treatment for 48 months had to make such a switch; but “at current prices, treating 58 patients on second-line drugs costs the same as treating over 550 patients on first-line [ones.]” Thus far, pharmaceutical companies have not made a serious attempt to register or market these more expensive drugs in countries like South Africa. In the words of Médecins Sans Frontières, the result is that there is “too little for too few.”

What this synoptic overview of the challenges that the selection of patients for ARV treatment with which the

Khayelitsha project has been struggling reveals is that they are not only tenacious, but also metamorphic. It is not without irony that some of the newer problems of selection have resulted from the capacity that the program has developed to sustain the lives of a growing number of patients on long-term treatment. When one moves from the confines of a single township to a national scale, and considers what would be required to provide affordable, generic, antiretroviral medications and ongoing care to the millions of South Africans with HIV/AIDS, while dealing with all the other health problems of the country, it becomes apparent that it calls for nothing less than reorganizing the society's entire healthcare system.

Dr. Abigail Zucker, working in a New York clinic, has attested to the fact that this is also true “in the developed world.” He says, “With our 10-year head start in disbursing AIDS drugs, we have learned many times over that the drugs are just the beginning. Once they are bought and dispensed, the work only gets harder. Side effects and failures are just part of it. Eventually, inevitably, you have to deal with the leaky foundation the health care system itself.”

The Greek myth of Sisyphus, with its symbolic image of a man perpetually trying to push a huge stone to the top of a hill that continually rolls down again, is poignantly applicable.

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Abdur Rahim Nagori: Predator - Oil on board

“Too Little For Too Few”: Dilemmas of Treating HIV/AIDS in South Africa

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Cricket and Ethics

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All the same, circumstances strongly suggest that Hair's intention was to create mischief. He did not, for example, seek a private discussion with the fielding captain prior to reaching his verdict, an omission that went against the spirit of cricket.

What do you do when an action follows the letter of the law but violates its spirit? It is a classic conundrum that has haunted civilization over the ages, crystallizing grave conflicts in ponderous circumstances. Trust cricket to have come up with it too.

Ethics is full of fine lines dividing vast and complex worlds that are at pains to co-exist. One of these is the line between the letter of the law and the spirit of the law. It is a very delicate line, yet it takes up a great deal of space, a space occupied by morality. Morality is doing the right thing, and when reasonable people cannot agree on what exactly the right thing is, you've got yourselves a moral dilemma.

Cricket raises a host of moral dilemmas that are, in principle, no different from equivalent dilemmas in the

rest of society. For example, one of the core questions posed by the Oval incident is something that bedevils any kind of human governance namely, what to do when an authority figure overreaches his authority.

Dilemmas, by definition, have no clear answers. Yet this maddening aspect is also ultimately their charm. A lack of clear answers is also the definition of a mystery, and mystery commands interest. Although it is nearly 200 years old, cricket continues to produce dilemmas regularly. This is a virtual guarantee that the human appetite for this game will remain endless.

As with life, cricket's moral dilemmas can often be reduced to conflicts between the individual good and the common good. Making an example of Darrell Hair will be a victory for Pakistan but, because it threatens to bring umpiring authority down a notch or two, may be bad for cricket. So what does one do? With enough introspection and analysis, you may be able to convince yourself of a “right” approach, but it often turns out to be much harder to convince others.

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