

Centre of Biomedical Ethics and Culture

Bioethics Links

With advances in biomedical science and technologies, professionals related to healthcare fields are facing new, and complex, challenges to a traditional understanding of biomedical ethics. This edition of *Bioethics Links* highlights examples of some emerging issues.

Editor

Peeping into Minds: Unethical Application of Science, Collusion of Health Professionals

Amar Jesani*

Ethics and human rights are both perceived most acutely when they are violated, and a history of ethics violations is often also a history of violations of human rights and vice versa. In the last decade, especially following the 9/11 of 2001 in the United States, ethics is being increasingly replaced by expediency and pursuit of short-term efficacies. All political systems, and governments representing them, usually argue that extra-ordinary times demand extra-ordinary measures, and in this process the first thing discarded is ethics. Such extra-ordinary measures of the last decade include unethical use of science for interrogations and torture, and bringing about a consensus among health professions to act in ways that fundamentally violate their professional codes of ethics.

During the 1960s and 1970s members of health professions had reached a consensus that they would not participate in torture and death penalties. In different parts of the world, they actively participated with human rights organizations to bring about a moratorium on both. The World Medical Association, followed by other medical associations, adopted declarations and

codes that not only prohibited doctors from participating in these activities but also made it their ethical obligation to report torture. The United Nations also adopted a convention against torture. Torture came to be defined as the use by public authority,

Continued on page 4

Sadequain's Rendition of Ghalib



ان آبلوں سے پاؤں کے گھبرا گیا تھا میں

جی خوش ہوا ہے راہ کو پھر خار دیکھ کر

For translation, please see page 7

*Human Rights Activist, Trustee, Anusandhan Trust, India.

Academic Plagiarism; Ignorance or Malice?

*Bushra Shirazi **

The word plagiarism comes from the Latin word *plaga* which refers to a hunting net or snare used in capturing animals. By extension, the term later came to be used for the crime of kidnaping children and selling them as slaves. The person involved in these activities was labeled a "plagiarist." This term was first used in the sense we understand it today by the poet Marcus Valerius Martial (popularly called Martial) who died in 103 A.D. He employed this term for the theft of intellectual material without acknowledging the source from where it was taken. Hereafter, the term plagiarism also came to be referred to literary theft.¹

Plagiarism is therefore an offence that has been present in different forms in society for hundreds of years, but over time it has become a commonplace problem within the halls of academia. John Barrie (creator of a software program for the detection of plagiarism) terms plagiarism as "the capital crime in academics."² This practice has moved to the forefront in academic and professional circles due to peer pressure to get ahead, and institutional demands of "publish or perish." With the electronic revolution of the last few decades enabling access to all kinds of information with the click of a button, plagiarism has assumed the scale of an international epidemic that knows no borders.

Not surprisingly, plagiarism has also reared its ugly head in many academic institutions in Pakistan including its major universities. It makes its appearance in

many forms including in presentations made in scientific conferences, articles submitted to professional journals, and use of research data without acknowledging the source. In the year 2007, several senior faculty members in a leading public university in Punjab were accused of plagiarism. When the university failed to take what was deemed to be appropriate action against the professors, there was an uproar in the academic community and within the news media.

This incident led to the active involvement of the Higher Education Commission (HEC) resulting in proper investigation and the involved faculty members being relieved from their positions. Subsequently, the HEC formulated clear guidelines defining various forms of plagiarism, and actions that institutions must take against plagiarists.³ These guidelines, published in the form of the *Little Book on Plagiarism*, were forwarded to all major universities in Pakistan.

Continued on page 6



Dr. Bushra Shirazi (right) with Dr. Anoja Fernando (center) and Dr. Anant Bhan at the Asian Bioethics Conferences in Yogyakarta, Indonesia (November 3-8, 2008)

* Assistant Professor, Department of Surgery, Ziauddin University, Karachi, Pakistan.

The Physician-Pharma Nexus: an Unholy Alliance?

*Aamir Jafarey **

The physician-pharma nexus has come increasingly under public scrutiny in the recent past. The enhanced public awareness is perhaps because this issue has been raised by the Pakistan Medical Association and also in the press by concerned physicians. The resulting debate in letters to the editor of a leading newspaper has become quite polarized; physicians are mostly on the offensive portraying the industry as the main source of all evil, while the industry is taking a defensive stance and quoting strict adherence to its own code of conduct which keeps it on the virtuous path. The truth lies probably somewhere in the middle.

The pharmaceutical (and medical device) industry is an indispensable partner of the physician in delivering health care. However, the objectives of the two partners are different and should be understood as such. Whereas the primary objective of physicians is to heal patients, the industry is focused on making a profit from the sale of its products. Like any profit driven enterprise, the industry employs a number of marketing methods to promote its sales.

However the pharma industry, unlike other industries, has to rely on the physicians to augment sales rather than on the consumers themselves. The ploys used by the industry to promote its brands are well known and need not be listed here. The massive amounts of funding required for these physician-focused promotional activities obviously come from the sales of medicines, the pricing of which takes these expenses into account. This complicates the issue since it is the patient who is ultimately footing the bill for all the perks being handed out to physicians by the

industry.

Another major concern in the physician-industry connection is that it may not always be the patients' best interest that physicians have in mind while writing one brand of a drug versus another. The concern is that the influence wielded by the industry may persuade physicians to keep their own interest paramount. For instance, often with little or no difference between competing brands, the correct sort of "persuasion" from a medical rep can help convince the physician to "support" the desired brand.

However, this is only one side of the coin. The industry and its foot soldiers (the "reps") armed with an assortment of gifts and incentives are only effective because physicians are unwilling to put up any sort of resistance. In fact, physicians expect benefits from the industry as their right. Physicians continue to insist that they are not influenced by the generosity of the industry even when it has been conclusively demonstrated through research that gifts create indebtedness and a need for reciprocity on the part of the physicians.¹ The industry has obviously done its homework before allocating huge amounts of money into its marketing efforts. In fact, the industry initiates its efforts very early, beginning at the level of medical students.²

The relentless efforts of the industry and the unabashed greed of the physicians have resulted in erosion of the high public esteem that the medical profession once enjoyed. The fact that physicians are eager and willing partners of this increasingly problematic relationship compounds the disillusionment of the public. What is perhaps even more alarming is that physicians do not seem to realize the ethical implications of cultivating

*Associate Professor, CBEC, SIUT, Karachi, Pakistan.

“Peeping into Minds,” Continued from page 1

or persons acting on behalf of a public authority, of methods that degrade persons against their will in order to extract information or confessions.

“Sanitizing” torture: Gory details of broken bones, blood, pain, extreme forms of deprivation, and psychological cruelty, can help in garnering public support, but it must be remembered that the absence of these elements does not mean that other methods of interrogation do not also qualify as forms of torture. The last decade is marked by “sanitization” of torture by moving it into the sterile environment of operation theaters of hospitals and by replacing menacing figures of police with doctors and behavioral scientists. The medieval instruments of torture beatings with hands and rods, use of ropes and wooden wheels, electricity, and bath tubs full of excreta, etc. have been replaced by modern methods such as injections and intra-venous drips, voice-stress recorders and polygraphs, Electroencephalographs (EEG) and Functional Magnetic Resonance Imaging (fMRI) machines.

In the pursuit of obtaining “reliable” evidence, the use of neuroscience has not only changed settings in which police interrogations take place, but also drawn health professions, hospitals and others to participate in a process that could seriously harm, physically, psychologically, and socially, the individual being interrogated.¹

Unethical use of modern medical technologies: Increasingly, polygraphs and voice stress recorders for detecting deception during interrogation are giving way to the use of more sophisticated medical technologies such as EEG and

fMRI. Their use does not even require that the accused be made to talk; instead, brain responses to a stimulus, questions, or photographs are recorded and judgments made about whether the person knows something or has made a correct statement. This is occurring despite reviews of advances in neuroscience that state clearly that evidence for the reliability and validity of such methods to detect deception is still primitive, and warnings against premature forensic use.²

Similar physiological responses of the body and various organs (including the brain) can also occur due to a variety of other reasons present during interrogation. This can lead to significantly high rates of false-positive and false-negative results that may implicate the innocent and let the real culprit go free. More importantly, there are reports that a person's fantasies, wishes, or anger (which may never have translated into a criminal act) may get recorded as truths. The use of EEG and fMRI essentially bypasses a person's right to remain silent, and assaults an individual's right to think and thus his/her cognitive liberty.

Mind alteration with “Truth Serum”: Also called narco-analysis, this is a popular method used in India to make a person speak the “truth.” Undertaken in operating theatres of hospitals, Sodium Pentothal (SP), an ultra short acting anesthetic agent is used to produce a trans-like state (second stage of anesthesia) during which a person is interrogated. The hypothesis is that Gamma Amino Butyric Acid (GABA) in the brain cortex enables a person to decide what to say and what to filter out. The SP has an inhibitory effect on GABA and it is assumed that under its

Continued on page 5



CBEC conduct a conference and workshop on "Emerging Issues in Bioethics," on October 25, 26 2008 Dr. Mala Ramanathan and Dr. Amar Jesani conducting small group discussion sessions during seminar.

Continued from page 4

effect the person provides "unfiltered" information which by definition must be the truth.

However, there is little scientific evidence to support this hypothesis. Psychiatrists who have used this technique to help patient articulate suppressed memories have found that it often leads to misleading information, and thus there has been a decline in its use. Nevertheless, narco-analysis continues to be used for interrogation, and most importantly, within hospitals with full participation of a qualified anesthetist, and a cardiologist and surgeon in attendance or on emergency call to address possible SP related complications such as depression of cardio-vascular and respiratory systems.

Law, informed consent, and the death penalty: Should doctors involve themselves in the use of medical technologies for interrogations in the absence of voluntary informed consent given by the person? Often such interrogations are carried out on court order to subject an accused to such tests and interrogations. There is as yet no decisive judgment by the courts to admit information gathered from such tests and interrogations as evidence against an

accused. However, investigation agencies have been trying hard, and sometimes succeeding, in getting such self-incriminatory information (without corroborative hard evidence) admitted into courts of law.

On the issue of death penalties, in India at least, over the years, courts have given orders that are in blatant violation of fundamental principles of health care ethics. For instance, in Jan. 1995 the Supreme Court ordered doctors' involvement in death penalty by hanging, with orders that "the condemned shall only remain suspended (on execution of death penalty by hanging) till the time medical officer present on the spot, declares him dead."

A matter of ethics: In both instances, interrogations and the death penalty, two cardinal principles of medical ethics are

Continued on page 6

Upcoming Bioethics Conferences

CBEC faculty will be participating in following meetings:

- ✍ Research Ethics Workshop, March 1, 2009, Shaukat Khanum Memorial Hospital and Cancer Research Centre, Lahore.
- ✍ Tenth Asian Bioethics Conference, April 26-29, 2009, Tehran Iran.
- ✍ World Congress of Nephrology, May 22-26, 2009, Milan, Italy.

“Academic Plagiarism,” continued from page 2

The ubiquity of plagiarism in Pakistan was brought home to the Centre of Biomedical Ethics and Culture (CBEC) through those applying for its Postgraduate Diploma Program in Biomedical Ethics (PGD). Among the essays submitted by applicants explaining why they wish to enroll in the PGD, almost 10% were found to include text plagiarized from internet sources. None of these applicants were selected into the program and each was informed in writing of the reason for this. Interestingly, in conversations with some who called CBEC to express their disappointment at not being selected, it seemed that many either did not understand the concept of plagiarism or did not believe that this constituted a form of theft.

To explore this further - whether plagiarism occurs in some cases from ignorance - CBEC undertook a pilot study, a questionnaire based survey on groups of students, trainees, and teaching faculty in medical institutions within Karachi. The data is currently being analyzed in detail. Some of the preliminary findings from medical students and faculty are presented here which support our suspicions.

On an average only 38% of participants seem to know that data obtained from web based sources must also be referenced in the text. Among the responders, merely 40% reveal an understanding that “cut and paste” sections must be placed within inverted commas, and also be appropriately referenced. Also remarkable was the finding that on an average only 20% of medical students and, surprisingly, medical faculty had complete knowledge about copyright issues. Our preliminary data, although not conclusive at this stage, suggest that knowledge and understanding of what constitutes plagiarism and copyright

regulations may be lacking among many who are members of academic institutions in Karachi, a city with many leading universities and colleges.

Unlike the “old fashioned” cheating in exams of days gone by, plagiarism is a far more complex issue which can be indulged in knowingly and maliciously, but in some cases, may also be the result of lack of knowledge and ignorance. Among the steps necessary in Pakistan to reduce this form of intellectual theft is the need for educational efforts - via workshops, seminars, curriculum content - to ensure greater understanding and clarity about what constitutes plagiarism and why this is unethical. Ignorance is bliss can no longer be taken as a valid excuse.

References:

1. http://www.wordinfo.info/words/index/info/view_unit/3424
2. <http://www.dailyprincetonian.com/archives/2006/04/04/news/15061.shtml>
3. <http://www.interface.edu.pk/students/Sep-07/HEC-New-Plagiarism-Policy.asp>

“Peeping into Minds,” continued from page 5

violated - do no harm, and intervene only for the benefit of the person. Society must do much more than merely using security agencies to control terrorism and crime. What is crucial is that mechanisms used to detect and bring criminals to justice, including employing science and emerging medical technologies meant to benefit humanity, ought not to be in violation of human rights and ethics. Similarly, health professionals have an obligation to not get involved in measures that violate the basic ethical principles of their profession.

References:

- (1) Luis Justo, “Doctors, interrogation and torture,” *BMJ* 332, 2006: 1462-3
- (2) Paul Root Whelp, Kenneth R. Foster, Daniel D. Langleben, “Emerging Neurotechnologies for Lie-Detection: Promises and Perils,” *American Journal of Bioethics* 5(2) 2005: 39-49

“The Physicians-Pharma Nexus,” continued from page 3

relationships with the industry.

A reflection of the extent of internalization of this process among young physicians can be seen in a picture that appeared recently in the daily newspaper Dawn showing proud graduates of a medical college posing with their gold medals that display prominent industry logos. (Reproduced below.) Clearly whereas the industry starts wielding its influence very early, there is no effort on the part of the training institutions to educate medical students and young physicians in medical ethics. The result is that young entrants to the field just follow the herd.

Measures need to be taken both by physicians as well as by the industry to stem this trend and salvage the lost reputation of the health profession. It is impractical to think that pharmaceutical funding for continuing medical education can be entirely eradicated. The industry remains a major source of funding for research and educational activities worldwide and this is not about to change. But there is no need to reinvent the wheel; models already exist describing ethical frameworks for physicians and institutions to interact with the industry.

Essentially, these frameworks aim at directing industry support for well defined educational and research activities towards institutions and away from direct physician-industry interactions. This eliminates the possibility of a benefactor-beneficiary relationship from being cultivated. With the Pakistan Medical and Dental Council maintaining silence on this issue, it is essential that institutions take this on as their own mission. They must formulate workable ethical guidelines to govern their

staff.

The existence of guidelines however is no guarantee that they will be adhered to. There is an equally important need to educate physicians and medical students about the problematic aspects of physician-pharma interactions and the dire need for reform. It is essential that medical students and young physicians are educated in medical ethics so that they are better prepared to enter health care professions and practice with dignity.

References:

- 1-Katz D, Caplan AI, Merz JF, “All gifts large and small: towards an understanding of the ethics of pharmaceutical industry gifts giving,” *Am J Bioethics* 3, 2003:39-462
- 2-Tom Jaconelli, “ The Pharmaceutical Industry and its influence on doctors and medical students,” *The Lancet Student* accessed at <http://www.thelancetstudent.com/2008/01/07/the-pharmaceutical-industry-and-its-influence-on-doctor-and-medical-students/>



Dawn, November 16, 2008, page 4

Sadequain’s Rendition of Ghalib

Image on page 1

This is a well known couplet of the famous Urdu poet Ghalib (1796-1869). The poet says that the “lover” is distressed by seeing his wounded feet, but finds solace upon realizing that this was the path he chose for himself, a path full of thorns. This painting by Sadequain (1930-1987) portrays the poet’s thoughts artistically.

(From a collection by United Bank Limited, 1970)



The PGD Class of 2008 with Internal and External Examiners

Students (standing, from left): Nausheen Saeed, Tayyaba Batool, Shahid Shamim, Mamun Mahmud, Jamshed Akhtar, Adil Jaan, Hamid Naseer, Saima Pervaiz Iqbal, Ambreen Munir.

Examiners (seated, from left): Naim Siddqui, Athula Samutipala, Rehana Kamal, Farhat Moazam, Rubina Naqvi, Aamir Jafarey.

CBEC: Recent International Activities

- ✍ Global Ministerial Forum on Research for Health, November 18, 2008, Mali, Africa. Farhat Moazam gave an invited talk entitled “Without Ethics, Research and Health make a Two-legged Stool.”
- ✍ 9th Asian Bioethics Conference, November 3-8, 2008, Yogyakarta, Indonesia. Aamir Jafarey participated in a panel on Regulating Organ Transplantation, and presented a paper, "An Ethnographic Study of Kidney Vendors of Pakistan." Bushra Shirazi presented the findings of her study on "Attitudes and Perceptions regarding Plagiarism."
- ✍ 9th World Congress of Bioethics, September 3-8, 2008, Rijeka, Croatia. Farhat Moazam delivered a keynote address on “Live Kidney Transplantation in Pakistan: Kinship, Language and Metaphors.”
- ✍ 2nd International Congress on Medical Ethics, April 16-18, 2008, Tehran, Iran. Farhat Moazam gave a keynote talk entitled “The Challenge: Indigenizing Medical Ethics.” Aamir Jafarey spoke on “The CBEC Initiative: An Educational Program in Bioethics”.

CEBC Staff and Faculty

Full Time Faculty

Farhat Moazam **Anwar Naqvi**
Professor and Chairperson Professor and Coordinator
Aamir Jafarey
Associate Professor

Associate Faculty

Bushra Shirazi **Rubina Naqvi,**
Assistant Professor, Assistant Professor, SIUT
Ziauddin University

Staff

Ali Bin Ayjaz **Nanji P. Solanki**
Administrative Assistant Secretary



Message on a wall in Bangalore, India. An effective way of enforcing an important public health measure.

Sindh Institute of Urology and Transplantation
Karachi 74200, Pakistan
Phone:(92 21) 272 6338 Fax:(92 21) 520 6738
E-mail: bioethics@siut.org www.siut.org/bioethics